
APPLICATION OF IMPLEMENTATION STRATEGIES IN PROVIDING MENTAL CARE TO MR. B WITH PROBLEMS OF SENSORY PERCEPTION DISORDERS: HALLUCINATIONS IN SPACE MANDAU 2 TAMPAN PEKANBARU MENTAL HOSPITAL IN 2023

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Abstract

Mental disorders are a serious health problem because the number of illnesses continues to increase, including chronic illnesses such as schizophrenia which affect the thinking processes of sufferers. As a result, schizophrenic sufferers have difficulty thinking, managing emotions, and socializing with other people. Schizophrenia is a chronic, severe, and disabling disease, a brain disorder characterized by chaotic thinking, delusions, delusions, hallucinations, and strange or catatonic behavior. Hallucinations are one of the symptoms of mental disorders in which clients experience changes in sensory perception, feeling false sensations in the form of sound, sight, taste, touch, or smell. The aim is to analyze the results of the implementation of nursing care with interventions implementing strategies for implementing sensory perception disorders: auditory hallucinations in patients with schizophrenia. This KIAN aims to provide an overview of nursing care for schizophrenic patients with nursing problems of sensory perception disorders: auditory hallucinations and the nursing intervention carried out by implementing implementation strategies (SP). The implementation strategy is the implementation of nursing care standards applied to patients to reduce the mental nursing problems being handled. The aim of providing implementation strategies (SP) for sensory perception disorders: auditory hallucinations is for the patient to recognize the hallucinations they are experiencing, control them, and follow the treatment program optimally.

Keywords: Mental Disorders, Schizophrenia, Sensory Perception Disorders: Auditory Hallucinations, Implementation Strategy (SP)

Application of Implementation Strategies in Providing Mental Care to Mr. B with Problems of Sensory Perception Disorders: Hallucinations in Space Mandau 2 Tampan Pekanbaru Mental Hospital in 2023

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Abstrak

Gangguan jiwa merupakan masalah kesehatan yang serius karena jumlah penyakit yang terus menerus meningkat, termasuk penyakit kronis seperti skizofrenia yang mempengaruhi proses berpikir bagi penderitanya. Akibatnya penderita skizofrenia sulit berpikir jernih, kesulitan manajemen emosi dan kesulitan bersosialisasi dengan orang lain. Skizofrenia merupakan penyakit kronis, parah, dan melumpuhkan, gangguan otak yang ditandai dengan pikiran kacau, waham, delusi, halusinasi, dan perilaku aneh atau katatonik. Halusinasi adalah salah satu gejala gangguan jiwa di mana klien mengalami perubahan sensori persepsi, merasakan sensasi palsu yang berupa suara, penglihatan, pengecap, perabaan, atau penghiduan. Tujuannya untuk menganalisa hasil dari implementasi asuhan keperawatan dengan intervensi penerapan strategi pelaksanaan gangguan persepsi sensori: halusinasi pendengaran pada pasien dengan skizofrenia. KIAN ini bertujuan untuk memberikan gambaran tentang asuhan keperawatan pada pasien skizofrenia dengan masalah keperawatan gangguan persepsi sensori: halusinasi pendengaran dan intervensi keperawatan yang dilakukan adalah dengan penerapan strategi pelaksanaan (SP). Strategi pelaksanaan adalah penerapan standar asuhan keperawatan yang diterapkan pada pasien yang bertujuan untuk mengurangi masalah keperawatan jiwa yang ditangani. Tujuan dari pemberian strategi pelaksanaan (SP) gangguan persepsi sensori: halusinasi pendengaran ini adalah pasien dapat mengenali halusinasi yang dialami, pasien dapat mengontrol halusinasi, serta pasien mengikuti program pengobatan secara optimal.

Kata Kunci: Gangguan Jiwa, Skizofrenia, Gangguan Persepsi Sensori: Halusinasi Pendengaran, Strategi Pelaksanaan (SP)

Introduction

Mental disorders are serious health problems because the number of illnesses continues to increase, including chronic illnesses such as schizophrenia affect the thinking processes of sufferers. As a result, schizophrenic sufferers have difficulty thinking, difficulty managing emotions, and have difficulty socializing with other people. Schizophrenia is a disease that affects the brain and causes strange thoughts, emotions, perceptions, movements, and behavior (Putri et al, 2021).

In 2012, WHO recorded that the number of people suffering from mental disorders in the world reached 450 million people, and in 2016, *World Health Organization* data showed that there were around 35 million people affected by depression, 60 million people affected by bipolar disorder, 21 million people affected by schizophrenia, and 47.5 million people affected by depression affected by dementia (WHO, 2016).

The prevalence of mental disorders in Indonesia is in first place, Bali Province at 11.1% and second, followed by DI Yogyakarta Province at 10.4%, NTB 9.6%, West Sumatra Province at 9.1%, South Sulawesi Province 8.8%, Province Aceh 8.7%, Central Java Province 8.7%, Central Sulawesi Province 8.2%, South Sumatra Province 8%, West Kalimantan Province 7.9%. Meanwhile, North Sumatra Province is in the 21st position with a prevalence of 6.3% (Ministry of Health, 2019).

Developing countries such as Indonesia suffer from mental disorders. From the data taken (Risksedas, 2018), schizophrenic

sufferers experienced an increase of 5.3%, especially for severe schizophrenia, such as behavioral disorders up to shackles. The highest cases were in Bali (11%), and in the East Java region, data recorded in 2018 for schizophrenic sufferers was 7.5% (Risksedas, 2018).

Schizophrenia is a chronic, severe, and disabling disease, a brain disorder characterized by chaotic thinking, delusions, delusions, hallucinations, and strange or catatonic behavior (Syahdi & Pardede, 2022). Hallucinations are disturbances or changes in perception where the patient perceives something that is not happening. Hallucinations are one of the symptoms of mental disorders in which clients experience changes in sensory perception, feeling false sensations in the form of sound, sight, taste, touch, or smell. Clients feel stimuli that don't exist (Pratama et al, 2022).

After conducting a survey, many patients experienced hallucinations, but the subject in this nursing care was Mr. B. The reason Mr B became the subject was because he had not been able to overcome his hallucinations. The aim of the nursing care that will be implemented is to teach strategies for implementing the problem of auditory hallucinations when Mr. B experiences these hallucinations. So the writer is interested in raising the case of Mr. B.

Basic Concepts of Hallucinations

Hallucinations are perceptual experiences that do not correspond to external reality. Hallucinations can occur in hearing, sight, smell, taste, or physical feelings. Hallucinations can also occur in the form of thoughts or feelings. Hallucinations are often found in patients with schizophrenia

or other mental illnesses but also occur in healthy individuals under certain conditions, such as when taking drugs or experiencing extreme stress (Saputra et al, 2023).

Hallucinations are disturbances or changes in sensory perception where the patient perceives something that is not happening. The Application of the five senses without external stimulation is an appreciation experienced by perception through the five senses without external stimulus or wrong perceptions. Hallucinations are one of the symptoms of mental disorders in which clients experience changes in sensory perception, feeling false sensations in the form of sound, sight, taste, touch, or smell. Clients feel a stimulus that doesn't exist (Pratama & Senja, 2022).

Based on the definition of hallucinations above, can be concluded that hallucinations are response disorders caused by stimuli or stimuli that make clients perceive something that does not exist (Pratama & Senja, 2022).

According to Pratama & Senja (2022), two risk factors influence the occurrence of hallucinations, namely predisposing factors, which are risk factors that influence the type and amount of resources individuals can produce to overcome stress obtained from clients and their families. Examples: developmental factors, sociocultural factors, biochemical factors, psychological factors, and genetic factors. Meanwhile, the triggering factor is the client's response to hallucinations in the form of suspicion, fear, curiosity, insecurity, and anxiety.

According to Muhit (2015), several signs and symptoms of hallucinations may appear, namely as follows: Talking and smiling to yourself; Withdrawing and avoiding others; inability to differentiate between real and unreal; Unable to focus and concentrate; Suspicious, hostile towards self, others and the environment; Afraid; Facial expressions are tense and irritable.

Several stages of hallucinations Pratama & Senja (2022) namely, the first stage: In this phase, the hallucinations are at a pleasant stage with a moderate level of anxiety in general, and the hallucinations are pleasant. The characteristics that appear in individuals are that people who hallucinate experience emotional states such as anxiety, loneliness, and feeling afraid and trying to focus on calming their minds to reduce anxiety. Second stage: At this stage, hallucinations are at the blaming stage with a heavy level of anxiety. Characteristics that appear in individuals are people who feel themselves losing control and may try to distance themselves from the sources provided individuals may feel ashamed of their sensory experiences and withdraw from other people.

Third stage: At this stage, the hallucinations are at the control stage with a severe level of anxiety sensory experience felt by the individual becomes the master. The characteristics seen in individuals are that they tend to give up fighting their hallucinatory experiences, let their hallucinations control them, and experience loneliness. Fourth stage: At this stage, the hallucinations are frightening stages with a panic level of anxiety. The characteristics that appear in individuals are that the sensory experience may be

frightening if the individual does not follow orders, and the hallucinations can last several hours or several days if there is no therapeutic intervention.

Hallucination complications can be a reason why clients commit acts of violent behavior. Because voices give them orders, making them vulnerable to non-adaptive behavior. Violent behavior occurs in schizophrenic clients and begins with feelings of worthlessness, fear, and rejection by the environment so that the individual will withdraw from interpersonal relationships with other people. Complications that can happen to clients with the main problem of sensory perception disorder hallucinations include the risk of violent behavior and low self-esteem (Indari et al, 2022).

Assessment

This assessment involved taking an anamnesis on the patient. Complete data that is collected or studied. These aspects include predisposing factors, precipitating factors, assessment of stressors, coping sources, and the client's coping abilities (Indari et al, 2022). In more detail, the mental nursing assessment process is as follows:

1. Client identity
 - a. Nurse makes introductions and contact with clients
 - b. Age and Medical record number
 - c. Religion
 - d. Address
 - e. Family Information
2. The main complaint
Ask the family why the client was admitted to a mental hospital
3. Predisposing factors

- a. Have you ever experienced mental disorders in the past
 - b. Have you ever experienced physical abuse?
 - c. Have you ever experienced family/environment rejection?
 - d. Have you ever experienced trauma and not remembering it in the past?
4. Physical Examination
 - a. TTV examination
 - b. Height
 - c. Other physical complaints
 5. Psychosocial
 - a. Genogram
 - b. Self-concept
 - c. Social relations
 - d. Spirit
 6. Mental status
 - a. Appearance
 - b. Conversation
 - c. Physical activity
 - d. The realm of feelings
 - e. Interview interaction
 - f. Thought process
 - g. Perception

Nursing Diagnoses

1. Risk of violent behavior (to yourself/others/environment)
2. Sensory perception disorders: auditory hallucinations
3. Social isolation disorder: withdrawal

Summary of Cases Managed

Mr. B is 33 years old. The patient is currently under treatment in the Mandau 2 ward at the Tampan Mental Hospital, Pekanbaru. The person responsible for the patient is his brother. The assessment was held on July 19th, 2023, at the Tampan Pekanbaru Mental Hospital with interviews with clients and officers on duty in the patient's room.

The patient said his family took him to the hospital with complaints of drug withdrawal for

approximately 7 months, felt anxious for 2nd weeks before entering the hospital, often heard whispering voices, felt anxiety when he heard voices, liked to get angry without reason, like to be naked, likes to throw away clothes, the patient often talks and talks to himself. Patients like to disturb residents. The patient said it was difficult to interact and socialize, and he tended to want to be alone, seemed to avoid interaction, seemed withdrawn, and looked sad.

Based on the studies that have been done, there are 2 diagnoses made, namely: Sensory perception disorders: auditory hallucinations, and Social isolation disorder: withdrawal. However, the priority is sensory perception disorders: auditory hallucinations.

Discussion

The nursing intervention given to Mr. B with the problem of Sensory Perception Disorder Auditory Hallucinations at the Tampan RSJ Pekanbaru was the application of the Hallucination Implementation Strategy (SP) to help patients recognize the types of hallucinations: content, time, frequency of hallucinations, the patient could control his hallucinations. The implementation strategy is the application of standard nursing care to patients to reduce mental nursing problems (Wulandari et al, 2023).

The author tried to give generalist therapy to Mr. B for 3 days. From this implementation, Mr. B can identify the content, frequency, time of occurrence, trigger situations, feelings, and responses to hallucinations, can control hallucinations by reprimanding them, can control

hallucinations by talking to other people, control hallucinations with scheduled activities, and can control hallucinations by taking medication regularly.

Similar to research conducted by Maudhunah (2020) the application of this implementation strategy (SP) is also very beneficial for other hallucinatory patients. The benefits of providing this therapy are as follows: the patient can identify the content, frequency, time of occurrence, trigger situation, feelings, and response to hallucinations, control hallucinations by rebuking, control hallucinations by conversing with other people, control hallucinations with scheduled activities, and control hallucinations by taking the medication regularly.

Conclusion

Based on the nursing care provided to Mr. B with a diagnosis of Paranoid Schizophrenia. Many health problems arise, and one of the Sensory Perception Disorders is hearing Hallucinations. Therefore, applying implementation strategies (SP) to patients can help patients and the Tampan Mental Hospital increase the application of implementation strategies (SP) for hallucinations or other mental disorders.

By implementing hallucinatory implementation strategies (SP), patients can identify the content, frequency, and time when they occur, trigger situations, feelings, and responses to hallucinations, control hallucinations by rebuking, control hallucinations by conversing with other people, control hallucinations with activities scheduled, and able to control hallucinations by taking medication regularly.

Recommendation

The Author hopes that the Tampan Pekanbaru Psychiatric Hospital will be better able to understand and understand the definition of hallucinations and can apply implementation strategies (SP) to patients suffering from schizophrenic or other mental disorders.

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