

The Impact of Sensory Perception Disorder Implementation Strategy on Patient with Visual Hallucinations

Fatimah¹, Ana Puji Astuti²
^{1,2}Universitas Ngudi Waluyo

Article

Article History

Submitted: 2022-02-07

Accepted: 2022-03-08

Published: 2022-03-11

Keywords: Sensory Perception, Visual Hallucinations

Abstract

Sensory perception disorders are changes in perception that occur to stimuli that come from internal or external which are accompanied by reduced, exaggerated or distorted responses. The impact of someone experiencing hallucinations causes a lack of self-control such as excessive panic over something unreal that controls his mind. The purpose of this study is to describe nursing management with impaired sensory perception of visual hallucinations with visual hallucinations in Cinta Damai Village. The type of method used is descriptive with case study report. Data collection techniques were carried out by interview, observation and document study. Nursing actions were carried out for 3 days, namely, communication building a trusting relationship (BHSP), identifying the type, content, time, response, and frequency of hallucinations, training to control hallucinations correctly 5 ways to take medicine, training how to rebuke or refuse when hallucinations appear, and teach how to converse with other people. The results of the management obtained that the client was able to control hallucinations by rebuking, taking medication properly and conversing. Suggestions for families managing hallucinations are expected to improve nursing care for patients with mental disorders, especially hallucinations with the principles of therapeutic and applicable communication. Suggestions for the community and families to be able to change their views on discrimination against clients with mental disorders and be able to add insight into how the community and families are involved in care, especially for clients with sensory perception disorders.

Abstrak

Gangguan persepsi sensori adalah perubahan persepsi yang terjadi terhadap stimulus yang berasal dari internal atau pun eksternal yang disertai dengan respon yang berkurang, berlebihan atau distorsi. Dampak dari seseorang yang mengalami halusinasi menyebabkan kurangnya kontrol diri seperti panik yang berlebihan akan sesuatu hal yang tidak nyata yang mengendalikan pikirannya. Tujuan penulisan ini untuk menggambarkan pengelolaan keperawatan dengan gangguan persepsi sensori halusinasi penglihatan dengan halusinasi penglihatan di Desa Cinta Damai. Jenis metode yang digunakan adalah penelitian deskriptif. Penelitian deskriptif merupakan sebuah metode yang

Corresponding author:

Fatimah

fatimah3maret99@gmail.com

The 1st International Conference on Health, Faculty of Health

Universitas Ngudi Waluyo

menjelaskan serta menggambarkan bagaimana asuhan keperawatan jiwa dengan masalah halusinasi penglihatan. Teknik pengumpulan data dilakukan dengan wawancara, observasi dan studi dokumen. Tindakan keperawatan yang dilakukan selama 3 hari yaitu, komunikasi bina hubungan saling percaya (BHSP), mengidentifikasi jenis, isi, waktu, respon, dan frekuensi halusinasi, melatih mengontrol halusinasi dengan 5 benar cara minum obat, melatih cara menghardik atau menolak apabila halusinasi itu muncul, serta mengajarkan cara bercakap – cakap dengan orang lain. Hasil pengelolaan didapatkan klien mampu melakukan cara mengontrol halusinasi dengan cara menghardik, 5 benar minum obat dan bercakap-cakap. Saran bagi keluarga mengelola pasien halusinasi diharapkan untuk meningkatkan asuhan keperawatan pada pasien gangguan jiwa khususnya halusinasi dengan prinsip komunikasi terapeutik dan aplikatif. Saran bagi masyarakat dan keluarga agar dapat merubah pandangan terhadap diskriminasi klien gangguan jiwa dan mampu menambah wawasan bagaimana masyarakat dan keluarga terlibat dalam perawatan khususnya pada klien gangguan persepsi sensori

Introduction

Healthy is a prosperous condition from physic, mental, and social that allows each person to have a productive life both socially and economically (Prabowo, 2014). Health is a prosperous condition either physic, mental, soul, and social comprehensively and not limited from disease or disability (Robiatul, 2012). Based on this definition, it can be said that human is always seen as human who has a united entity. From this then implied that soul health is a piece that cannot be separated from health which is a main element in realizing a complete, quality life (Robiatul, 2012).

Mental health is a condition when an individual is able to develop physically, mentally, spiritually, and socially that this individual realize his/her own ability, is able to cope with pressure and work productively, as well as able to contribute in his/her community (Kementrian Hukum, 2014). One of the dangers of the impact of declining mental health is the occurrence of mental disorder. Mental disorder is a persons' behavioral pattern syndrome specifically relate to a symptom of suffering (distress) or

behavioral impairment inside one or more significant functions of human, which are psychological, behavioral, and biological function, where this disorder is not just in relation with this person, but also with society (Yusuf et al, 2015).

Prevalence of mental disorder in Indonesia has keep growing as can be seen from the Basic Health Research (Riskesdas) data in 2018. Riskesdas reported that ages 15 years old and older who suffer mild mental disorder has increased from 6% in 2013 to 9.8% in 2018. World Health Organization (WHO) stated that the number of those living with mental disorder is globally worrying, about 450 million people who suffer mental disorder consist of 150 million are depressed, 90 million have substance and alcohol use disorder, 38 million have epilepsy, 25 million suffered from schizophrenia, and a million committed suicide every year (Kementerian Kesehatan, 2018). People who suffered from severe mental disorder in Cinta Damai Village, there are two people with mental disorder.



Mental disorder is a behavioral pattern that has a connection with distress and cause troubles in humans' life (Pinilih et al, 2015). Schizophrenia is a kind of mental disorders. It is a psychotic reaction that affects various individual function areas, such as the way of thinking, communicating, feeling, and showing emotion as well as brain disorders, indicated by delusion, distracted mind, strange behavior, and hallucination (Dermawan and Rusdi, 2013). Schizophrenia is an unknown etiology syndrome and indicated by cognition disorder distortion, emotion, perception, idea, and behavior (Sutejo, 2017).

One of the characteristics of schizophrenia is hallucination, which involves five senses and body sensation. Hallucination is where human lost his/her ability in distinguishing internal stimulus that come from mind and external stimulus (Afnuhazi, 2013). Hallucination is a symptom of mental disorder where the client's sensory is changing and experiencing fake-like sensation namely audition, vision, gustation, tactil and olfaction. The perception that appears without any stimulus from outside is visual hallucination (Mukhrpah, 2012). As can be seen from the explanation above, the cause of mental disorder is affected by emotional turbulent families, stress life event, discrimination, and poverty. Additionally, unstable emotional environment can also have a risk of developing mental disorder.

Method

The type of method used is descriptive research through case study approach with nursing care management, including assessment, data analysis, formulating nursing diagnosis, planning, implementation, and evaluation. This management is conducted on visual hallucination client in Cinta Damai Village from February 22 to February 24, 2021.

To collect the data, assessment form is involved. The licensing process is carried out through correspondence and collecting the data using interview, observation, and physical examination.

Results and Discussion

This assessment is carried out on Monday, February 22, 2021 at 09.00 AM Western Indonesia Time in Cinta Damai Village, using allowanamnesa and autoanamnesa methods. Data collection techniques were carried out by using observation, interview with the client's family who knows the client's condition, and documentation. This assessment is conducted in three days, started from February 22 to February 24, 2021. Data analysis is conducted by dividing them into subjective and objective data. The subjective data that has been collected is that the client claims that he sees odd shadows, such as ghosts and Allah. These shadows appear twice a day, in the night when the client is going to sleep and when being alone. When the shadows appear, the client is frightened and feels uncomfortable. The objective data that the client experienced is that he often seen smiling for no apparent reason, confused, at the time of the assessment his gaze was fixed on a certain angle, and his view is easily distracted.

The first next intervention is by utilizing hallucination control by rebuking. There are six activities in this third intervention namely, identifies the ways or actions to do when the hallucination occurred with the client by rebuking. Teach the client how he can rebuke the hallucination, help him do the way he has been taught and give him the chance to try it by himself. If he did it well, give a compliment and if not, give a motivation. Tell the client to join group activity and stimulus perception of reality orientation.

The second intervention is by explaining the benefits of the medicine properly in five steps. Discuss the benefits of the medicine with the client and the disadvantages when he stop taking it,



name, color, dosage, how to consume, side effects of the medicine, observe the client when he taking the medicine, give a compliment if the client taking the medicine properly, discuss the adverse effects if the client stop taking the medicine, and encourage him to consult with doctor or nurse if something unfavorable.

The third intervention is by encouraging the client to talk with other people when the hallucination occurs. This intervention consists of five steps, they are: identify with the client what can he do when the hallucination occurs by learning how to talk with other people, tell him to talk when the hallucination occurs, help the client to do what has been suggested and teach him to try and give him the chance to talk and give a compliment if the client managed to do it. Based on the data, nursing implementation is carried out in three days. On Monday, February 22, 2021 at 10 AM Western Indonesia Time. The implementation carried out in order to evaluate Planning Strategy 1, building trust in a relationship by utilizing therapeutic communication, determining the kind of the hallucination, introducing the hallucination contents, identifying the hallucination frequency, identify the situation that cause a hallucination, identifying the client's respond to hallucination, and teach the client how to rebuke.

Rebuking is a way to control hallucination by resisting when it occurred. The process of rebuking is: explain how to rebuke, demonstrate how to rebuke, ask the client to re-demonstrate and observe to strengthen his behavior (Pravitasari, 2015). To rebuke the hallucination, the client is asked to close his eyes and focus, and then shout "Go away, go away, I don't want to see you. You are not real", after that ask the client to repeat this until the hallucination is gone. The hallucination usually appears in the night when the client is going to sleep and when being alone.

The next nursing action to give SP2: teach how to control hallucination by taking the medicine regularly and properly, teaching five elements in taking medicine properly, proper medicine, proper client, proper way, proper time, and proper dosage. The medicines that the client takes are tryhexpenydil, risperidone, and clozapine. In this second implementation strategy, the writer teaches the client to know the medicine and its benefits, as well as the effects if he stop taking the medicine. The client can stop taking the medicine if he has been declared cured and no sign or symptom of the hallucination occurred.

The writer then teaches the third SP by talking with the client. The purpose of doing this activity is so that the client is willing to adapt with his environment in order to distract the hallucination. This activity is in accordance with Zelika and Dermawan' opinion (2015) which stated that the appropriate action taken for the client who experience hallucination is by talking.

Evaluation is carried out on the date set at the time of making the diagnosis, which is Monday, February 22, 2021, with the result that the client is able to build trust in a relationship with the writer, indicated by the client's agreement to tell the writer about his hallucination. The client claims that he sees odd and unclear shadows resembling ghosts and Allah. The client has been taught how to rebuke the hallucination, however he forgot. After the writer teaches him, the client is able to control the hallucination by rebuking even with guidance. The next step is that the writer maintains the activity by building trust in a relationship and evaluates how to control hallucination by rebuking.

On Tuesday, February 23, 2021, the data shows that the client is no longer see any shadow. The writer then try to repeat how to control the hallucination by rebuking that has been taught on the first meeting. The client is able to control hallucination



by rebuking, and then the writer will teach how to control hallucination by teaching five elements in taking medicine properly. The client is able to name these elements, dose of the medicine taken, and what medicine to take. In the next meeting, the client will be taught how to control hallucination by talking.

On Wednesday, February 24, 2021, the data obtained is that the client sees the shadows once and is able to rebuke them. The writer then evaluates how to take medicine properly and teach how to control hallucination by talking with other people afterward. The client was not able to start a conversation at the time the writer taught him.

From the evaluation results obtained from the intervention set by the writer is not achieved yet. One of the interventions that is not achieved yet is to control hallucination by doing daily activity, because it is difficult to make the client do the activity. From the assessment result and implementation that has been done, the writer conclude that the client is still sees odd shadows, though it has been decreased. In this case management, the writer did it in three days.

Conclusion and Suggestion

Nursing assessment is a method of collecting subjective and objective data that can be obtained from the client tangibly. This assessment is carried out by using autoanamnesa and allowanamnesa methods.

The primary nursing diagnose occurred on the client when the assessment is carried out is sensory perception disorder: visual hallucination.

Nursing interventions that has been used are consist of building trust in a relationship, introducing hallucination, controlling hallucination by rebuking, teaching obedience of taking the medicine regularly, talking with other people, doing daily activity, and the importance of family's support in controlling hallucination.

The implementation the writer used to the client is in accordance with the nursing

plan that has been arranged. The nursing plan that can be implemented is by building trust in a relationship, teaching the client to control hallucination by rebuking, take the medicine regularly, and controlling hallucination by talking with other people.

The evaluation from all of the nursing care process that has been done to reduce or control hallucination for the client by using first implementation strategy is by rebuking, second implementation strategy is by taking the medicine regularly and properly, third implementation strategy is by talking with other people. The problem faced by the client is solved by utilizing these strategies.

Suggestions for families managing hallucinations are expected to improve nursing care for patients with mental disorders, especially hallucinations with the principles of therapeutic and applicable communication.

References

- Afnuhazi, R. (2015). *Komunikasi Terapeutik dalam Keperawatan Jiwa*. Yogyakarta: Gosyen Publishing.
- Dermawan, D., & Rusdi. (2013). *Keperawatan jiwa konsep dan kerangka kerja asuhan keperawatan jiwa*. Yogyakarta: Nuha Medika.
- Kementrian Hukum. (2014). Undang-Undang No.18 tahun 2014. *Buletin*. Available from: www.peraturan.go.id. [accessed 24 February 2021].
- Mukhrifah, d., & Iskandar, S. Kep., Ns. (2012). *Asuhan keperawatan klien gangguan persepsi sensori: halusinasi*. [accessed 30 April 2020].



- Pinilih, dkk. (2015). *Manajemen kesehatan jiwa berbasis komunitas melalui pelayanan*.
- Prabowo, Eko. (2014). *Konsep & Aplikasi Asuhan Keperawatan Jiwa*. Yogyakarta: Nuha Medika.
- Riskesdas (2018). *Kesehatan jiwa menurut Riskesdas 2013*. Available from: <https://www.depkes.go.id/article/print/1600700005/peran-keluarga-dukungan-kesehatan-jiwa-masyarakat.html>. [accessed 20 February 2020].
- Robiatul A. (2012). *Gambaran kesehatan pada anak usia sekolah di SD negeri 200-208 padangsidumpuan selatan*.
- Sutejo. (2017). *Keperawatan jiwa dan konsep praktik asuhan keperawatan kesehatan jiwa: gangguan jiwa dan psikososial*. Yogyakarta: PT Pustaka Baru.
- Yusuf, AH., Fitriyasari, R., & Nihayati, H.E. (2015). *Buku ajar keperawatan kesehatan jiwa*. Jakarta : Salemba Medika.
- Zelika, A. A., & Dermawan, D. (2015). *Kajian asuhan keperawatan jiwa halusinasi penglihatan pada sdr. D di ruang Nakula RSJD Surakarta. Prrofesi*, 12(2), 9. Available from: <http://www.ejournal.stikespku.ac.id/index.php/mpp/article/view/87>. [accessed 5 Juny 2020]

