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The Effect of Implementing a Nursing Action Strategy on Client's Hallucinations on the Ability to Control Hallucinations.

Nurul Rezeki Rahmadhani¹, Narmi², Tahiruddin³

^{1,2,3}, Nursing Science Program, STIKes Karya Kesehatan, Indonesia.

Corresponding Author

Narmi

STIKes Karya Kesehatan

Email: narmikarkes@gmail.com

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Abstract. *Hallucinations are the loss of human ability to distinguish between internal stimuli (thoughts) and external stimuli (the outside world). Clients give perceptions or opinions about the environment without real objects or stimuli such as clients who listen to voices when no one is talking. The World Health Organization (WHO) reports that in 2018, there were about 300 million people (21%) affected by depression, 60 million people (36%) were affected by bipolar, and 23 million people (12%) were affected by schizophrenia, 50 million people. The purpose of this study was to determine the effect of implementing strategies for implementing client hallucinations on the ability to control auditory hallucinations at the Mental Hospital of Southeast Sulawesi Province. This study used a quasi-experimental design (pre-experimental) one group pretest-posttest design, the population of all patients with auditory hallucinations was 97 people, and a sample of 49 people who met the criteria with a simple random sampling technique located at the Mental Hospital of Southeast Sulawesi Province in August April to May 2020. From the results of the Wilcoxon test, it was found that the deviation value before and after the implementation of the implementation strategy in controlling hallucinations was that there was increased before and after the implementation strategy was given, the value was $0.000 < 0.05$, then H_1 was accepted, which means that there is an influence on the implementation of the strategy for implementing nursing actions. client hallucinations on the ability to control auditory hallucinations. There is an implementation strategy for implementing corrective actions for clients on the ability to control hearing so that researchers are expected to become nurses' knowledge about the client's ability to control hearing experienced during the recovery process.*

Introduction

Auditory hallucinations are errors in perceiving the sound heard by the client. Sounds can be fun, threatening, murderous, and destructive (1). The hallucinations that most suffered were auditory hallucinations reaching approximately 70%, while visual hallucinations were ranked second with an average of 20%, while other types of hallucinations, namely gustatory, tactile, kinesthetic, and anesthetic hallucinations, only accounted for for 10% (2). The World Health Organization (WHO)

reports that in 2018, there were about 300 million people (21%) affected by depression, 60 million people (36%) were affected by bipolar, 23 million people (12%) were affected by schizophrenia, 50 million people (29%) affected by dementia (3). shows that the problem of mental disorders in the world and a global health problem, characterized by distortions in thinking, perception, emotion, language, sense of self, behavior, and psychotic experiences and hallucinations (4). Based on the results of the United States population census according to the National Institute of

Mental Health (NIMH), it is estimated that (26%) of the population aged 18 years and over have mental disorders (5).

Based on data from the Ministry of Health of the Republic of Indonesia (DEPKES RI.2018), the number of people with mental disorders in Indonesia reaches 2.5 million people 200,000 new cases diagnosed with schizophrenia every year, and 2 million worldwide. Approximately 1% of the population suffers from schizophrenia. The incidence of schizophrenia occurs in older adolescents and young adults, the age of 50, although less frequently. 50% of schizophrenic clients attempt suicide (6). Then the data obtained from the Mental Hospital of Southeast Sulawesi Province in 2018-2019 were 137 patients with mental disorders. There were 97 patients with auditory hallucinations and mental disorders, 62 men and 35 women. (7). Mental nursing is presented as an effort to complete national health goals are part of mental and as a specialization in nursing practice that applies the theory of human behavior as a science and uses oneself therapeutically as a trick (8).

The results of research conducted by Sulahyuningsi 2017 on three room heads and three nurses at the Surakarta Regional General Hospital illustrate that sp has been applied but has not been applied optimally, especially in implementing the implementation strategy (SP) of nursing actions in hallucinating patients (9). The results of this study are in line with Retna Widuri's 2016 research on efforts to reduce the intensity of hallucinations by controlling hallucinations at Arif Zainudin Hospital Surakarta. The results obtained after three days of nursing care, patients with sensory perception disorders: auditory hallucinations can recognize the hallucinations experienced and can control and reduce the intensity of auditory hallucinations by controlling the hallucinations (10).

Method

The method in this study used a quasi-experimental design (pre-experimental) one group pretest-posttest design, where in this study the population in this study were all patients who experienced auditory hallucinations as many as 97 people. Data

collection in this study used the formula of solving with the number of samples obtained in this study was 49 people.

Results

Table 1. Frequency distribution based on the characteristics of respondents in a mental hospital in Southeast Sulawesi Province

Variabel	f	%
Gender		
Male	26	53,1%
Female	23	46,9%
Age		
Mean (Min-Max)	35,6122	
20-30 years old	(23,00-53,00)	18,4%
31-40 years old	9	75,5%
41-50 years old	28	98,0%
51-60 years old	11	100,0%
Educations		
No Scholl	3	6,1%
SD	23	46,9%
SMP	18	36,7%
SMA	5	10,2%

Based on the table above, it shows that of the 49 respondents, the highest frequency is male, the frequency is 26 people (53.1%) while the female frequency is 23 people (46.9%). The characteristics of average age of the respondents are 35 years with the lowest age being 23 years and the highest being 53 years. In the characteristics of education, the highest number is elementary school as many as 23 people (46.9%) and the lowest number is not in school 3 people (6.1%).

Table 2. Distribution of abilities before being given the implementation of the client's hallucinatory nursing action implementation strategy

No	Pre-test	F	%	Mean	SD	Min – Max
1	Unable	27	55,1	9,43	2,245	5 – 14
2	Capable	22	44,9			
Total		49	100			

Based on the table above, shows that from 49 respondents with auditory hallucinations before being given a strategy for implementing client hallucinations nursing actions, 27 people (55.1%) had the category of not being able to control auditory

hallucinations, then as many as 22 people were able to control auditory hallucinations.

Table 3. Distribution of the ability to control hallucinations after being given the implementation of the strategy for implementing the action

No	Post-test	F	%	Mean	SD	Min – Max
1	Unable	4	8,2	13,06	2,601	6 – 17
2	Capable	45	91,8			
Total		49	100			

The table above shows that from 49 respondents after being given the implementation of the strategy for implementing the client's hallucinations nursing actions, 45 people (91.8%) had the ability to control hallucinations, and 4 people (8.2%) were unable to control hallucinations.

Table 4. The effect of implementing strategies for implementing auditory hallucinations nursing actions. Clients on the ability to control auditory hallucinations.

n	Z hitung	Median	Min/max	p value
49	-4.796 ^b	3,00	-4 - 9	0,000

Based on the table above shows the results of statistical tests using the Wilcoxon test on 49 respondents, the calculated Z value is -4.796 and the value is 0.000. The value of the T table is 1.67793 and the value of value <0.05, this means that H0 is rejected and H1 is accepted. This means that there is a significant effect of implementing strategies for implementing client hallucinations on the ability to control auditory hallucinations at the Mental Hospital of Southeast Sulawesi Province.

Discussion

The patient's ability to control auditory hallucinations after the implementation of nursing action strategies

Most auditory hallucinations patients before implementing the implementation of nursing action strategies were unable to control

hallucinations in the form of feelings when hallucinations occurred this was due to not being able to rebuke hallucinations in the form of knowing the effectiveness of how to control hallucinations and unable to demonstrate how to rebuke hallucinations by carrying out daily activities in the form of inability schedule daily activities. Not being able to carry out conversations to prevent hallucinations in the form of not being able to demonstrate the conversations that are carried out, unable to schedule conversations, and not being able to name three ways to control and prevent hallucinations. Furthermore, the patient was unable to comply with taking medication to prevent hallucinations, namely, the patient was unable to name five correctly taking medication independently.

However, there is also a small percentage, namely 44.9% who can recognize hallucinations in the form of hallucinatory contents, the time of the hallucinations, and the situation where the hallucinations occur. The patient can mention the methods that have been used to deal with hallucinations, the patient can mention how to deal with hallucinations by rebuking. The patient is also able to prevent hallucinations by doing usual activities, demonstrating usual activities, also mentioning two ways to control hallucinations. The patient can to converse to prevent hallucinations in the form of being able to name people who are usually invited to converse. Furthermore, the patient can comply with taking medication to prevent hallucinations and can mention the benefits of taking medication as well as not taking medication.

The results of this study are also supported by the research of Aldam (2019), namely from the results obtained before the effectiveness of implementing generalist mental nursing action strategies in schizophrenic patients in reducing hallucinatory symptoms, the subject is unable to control hallucinations, is unable to converse with other people, and is unable to communicate with others. able to rebuke hallucinations (11).

The patient's ability to control auditory hallucinations after the implementation of nursing action strategies.

Almost all of them, namely 91.8% of auditory hallucinations, were able to recognize hallucinations after the implementation of nursing action strategies in the form of hallucinations content, the time of the hallucinations, the situation of the hallucinations, and the feelings when the hallucinations occurred. The patient is able to rebuke hallucinations by mentioning the methods that have been used to treat hallucinations, mentioning the effectiveness of how to control hallucinations, mentioning ways to overcome hallucinations by rebuking, and demonstrating how to rebuke hallucinations. Then the patient is able to prevent hallucinations by doing daily activities, namely by mentioning the usual activities, being able to demonstrate the usual activities, and mentioning two ways to control hallucinations. The patient is able to carry out conversations to prevent hallucinations by mentioning the person they usually talk to, being able to demonstrating the conversation they are doing, and mentioning three ways to control and prevent hallucinations. Furthermore, the patient is able to comply with taking medication to prevent hallucinations and can mention the benefits of taking medication, and the consequences of not taking medication.

There were 8.2% unable to control hallucinations because they were unable to prevent hallucinations by carrying out daily activities, namely arranging a daily activity schedule. Then the patient is unable to converse to prevent hallucinations by scheduling conversations. And the patient is not able to comply with taking medication to prevent hallucinations, namely by mentioning five correct taking drugs.

The results of this study are in line with research conducted by Meliana (2019) that after implementing implementation strategies on clients with the impaired sensory perception of auditory hallucinations showed an increase in the ability to control hallucinations and a 70% decrease in signs and symptoms (12). Furthermore, this research is in line with Umam Reliani (2016) after the implementation of the hallucinatory control technique: the client's

ability to control hallucinations found that most patients were categorized as good (13).

The effect of implementing the client's hallucinatory action strategy on the ability to control hearing

The results of the study showed that there was a development in the implementation of the strategy for implementing the client's hallucinatory treatment, and the ability to control hearing before and after the implementation of the implementation strategy, this was due to the number of auditory hallucinations patients who were able, before the implementation of the implementation strategy, a small portion was 44.9% (22 people). , and after being given the implementation of the implementation strategy the patient's ability increased to 91.8% (45 people). Meanwhile, of the 49 respondents who had hallucinations before being given an implementation strategy, there were only 8.2% of them, 4 people who had not been able to understand how to control their hallucinations, because of the stress of being in a locked room.

The results of statistical tests using the Wilcoxon test obtained a calculated Z value of -4.796 and a value of 0.000 this means that H0 is rejected and H1 is accepted. This means that there is a significant effect of implementing strategies for implementing client hallucinations on the ability to control auditory hallucinations at the Mental Hospital of Southeast Sulawesi Province.

This research is supported by Reliani (2016) that after the implementation of hallucinations control techniques: the ability of schizophrenia clients to control hallucinations, the results of the Wilcoxon signed rank test statistic that the level of control ability before being given treatment through hallucinatory control intervention obtained significant results showing $= 0.002 \leq 0.05$, so H0 is rejected and H1 is accepted, meaning that there are differences in the implementation of hallucinogenic control techniques on the ability of schizophrenic clients to control hallucinations (13). Then this study is in line with Juliandri (2019) that after being given implementation with hallucinatory client self-control in schizophrenia patients, a dependent T statistical test was obtained, from pre-test and post-test data ($p = 0.001 < 0.05$) meaning that there was an effect of the implementation of self-control client hallucinations in

schizophrenic patients at the Soeprapto Psychiatric Hospital, Bengkulu Province (14).

Conclusion

1. The patient's ability to control hearing before implementing the corrective action strategy on average had not been able to control hallucinations. The results obtained were 27 respondents (55.1%) and 22 respondents (44.9%).
2. The patient's ability to control hearing after the implementation of the action strategy included changes in most of the client's ability to control the results obtained by 45 respondents (91.8%) and 4 respondents (8.2%) unable to.
3. There is an effect of implementing the strategy of implementing the client's hallucinations on the ability to control the hearing value of $0.000 < 0.05$.

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