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NURSING CARE FOR SCIZOPHRENIC PATIENTS WITH SENSORY PERCEPTION OF AUDITORY HALLUCINATION

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ABSTRACT

Introduction. *Humans will not be separated from all kinds of problems, one of is mental health problems. Mental health problems that often arise are schizophrenia and hallucinations. One of the treatment therapies is enhanced by talking therapy.*
Methods*. This case report was to describe nursing care to schizophrenic patients with auditory hallucination. It was conducted at RSJ Prof. Dr. Soerojo Magelang in May 2022. Patient assessment and evaluation using mental assessment format and PSYRATS. Two patient is treated with talking therapy.*
Results: *There was an improvement in the patient's condition and decrease in PSYRATS score*
Conclusion*: Talking therapy is useful for patient with hallucinations in schizophrenia.*
Keyword *: Nursing Care; Schizophrenia; Hallucinations; Talking therapy.*

Introduction

Over the years, humans have been inseparable from many kinds of problems in every sphere of life. For those who are incapable of facing the stressor or the pressure in life, their mental health will be disrupted (Febrianto, Liviana, & Indrayati, 2019).

Based on factual data, people with mental disorders range from various ages. The results of the 2018 RISKESDAS (Basic Health Research) showed that mental disorders could start to occur at the age of teenagers (ages 15-24), and the prevalence rate is 6,2%. The prevalence rate of people with mental disorders increases as they age, with the highest rate of 8,9% in people aged over 75, 8,0% in people aged 65-74, and 6,5% in people aged 55-64. The most common mental health disorder is schizophrenia. Schizophrenia is one of the mental disorder types that affects 24 million people worldwide and is characterized by distortions in reasoning, perception, emotion, language, self-esteem, and behavior (Riset Kesehatan Dasar, 2019). Of several provinces in Indonesia, the Central Java province has become the biggest five provinces with the most schizophrenia patients (Riset Kesehatan Dasar, 2019). From the data obtained from the Medical Records of Prof. Dr. Soerojo Psychiatric Hospital in Magelang, in 2021, 1700 patients were diagnosed with schizophrenia and had to be hospitalized. The nursing diagnosis that often arises is hallucinations with a total of 4769 patients.

Patients with the impaired sensory perception of auditory hallucinations will feel anxious and chatty and hear voices or whispers that will perceive or comment on the environment without real objects or real stimuli (Apriliani & Widiani, 2020). One of the methods to control hallucinations is

talking therapy. Having a conversation will distract the patient's hallucinations, as the patient's focus will shift to the conversations being carried out (Andri et al., 2019).

The results of the study showed that talking therapy have an impact on the symptoms of auditory hallucinations because this activity can minimize the patient's interaction with their own world and release thoughts, feelings, or emotions that are influencing the unconscious behavior (Larasaty & Hargiana, 2019). In addition, Sulahyuningsih et al. (2016), on the nurses' experience in providing talking therapy to patients with hallucinations, showed that patients responded well to control their hallucinations. The study also recommended that schizophrenia patients improve their ability to control hallucinations with talking therapy.

Methods.

This case report was to describe nursing care to schizophrenic patients with auditory hallucination. It was conducted at RSJ Prof. Dr. Soerojo Magelang in May 2022. Patient assessment and evaluation using mental assessment format and PSYRATS. Two patient is treated with talking therapy.

Result and Discussion.

Mr. P is 37 years old, male, Muslim, and Javanese; his last education was Vocational High School (SMK), and he worked as a farmer. The patient resides in Magelang Regency, Central Java. Besides, Mr. D is 38 years old, male, Catholic, and Javanese; his last education was junior high school. Mr. P was taken to Prof. Dr. Soerojo Psychiatric Hospital in Magelang by his family because the patient kept hearing voices in the absence of any speaker, talking to himself, and pacing back and forth. Meanwhile, Mr. D was taken to Prof. Dr. Soerojo Psychiatric Hospital in Magelang by his family because the patient kept pacing back and forth, preferred to be alone, confused, daydreaming, talking to himself, and also heard voices in the absence of any speaker. The precipitating factors for hallucinations in Mr. D were because he stopped the medication and often was aloof. The patient was taken to Prof. Dr. Soerojo Psychiatric Hospital in Magelang by his uncle as he often paces back and forth, prefers to be alone, confused, daydreaming, talking to himself, and hearing voices in the absence of any speaker. In the case of Mr. P, the patient experienced hallucinations since he had stopped working and had no activity to do. Meanwhile, Mr. P experienced hallucinations as he stopped the medication and preferred to be alone.

In terms of mental status, hallucinations in Mr. P scored 28 when it was measured using the Psychotic Symptom Rating Scales (PSYRATS) on the hallucination severity, which means that the hallucinations on Mr. P can be considered severe hallucinations. In addition, the perceptual hallucination data were obtained from subjective data in which the patient said that he often heard voices in the absence of any speaker, and the last time he heard the voices was the morning before this study took place (May 10th, 2022, at 05.00 a.m.). The patient said that sometimes the voices were telling him to get drunk, but more often, it was vague because there was more than one person speaking. According to the patient, the voices lasted three minutes and were frequently heard between 4:00 p.m. and 6:00 p.m., whether in a quiet or crowded place. Moreover, the

patient also said that the voices appeared erratic but could be up to five times a day. When the voices appeared, the patient remained silent, sometimes anxious dan emotional because the voice bothered him. Meanwhile, the objective data of Mr. P is that he has often seen daydreaming and aloofness. The patient tends to respond to and enjoys the voices that appear with aloofness, pacing back and forth, and daydreaming. The patient focuses less on his surroundings and seems to concentrate by frowning while directing his ear at a certain point.

As for Mr. D, the result of the Psychotic Symptom Rating Scales (PSYRATS) in the hallucination severity scored 26, which can be considered severe hallucinations. Moreover, the perceptual hallucinations data from the subjective data noted that Mr. D said that he often heard voices without any speaker present, and the last time he heard the voices was on May 10th, 2022, at 08.00 am. The voices told him that his strength was gone and that he should return home soon. The patient continuously heard the voices for approximately two minutes, two times a day (erratic), whether in a quiet or crowded place, and it often appeared at night and in the evening. The patient only silenced the voices, but sometimes the patient was anxious because the voices bothered him. In addition, the objective data on Mr. D is that he has often seen daydreaming, alone, and pacing back and forth. The patient interacts less with his environment and tends to respond and enjoy the voices by being alone and daydreaming.

Based on the assessment of Mr. P, it can be noted that his coping mechanism when he has a problem is to tell his mother as the closest person. In comparison, Mr. D tends not to tell others whenever he has a problem, as he always keeps it and resolves it by himself. That being said, the coping mechanism that Mr. D has is withdrawal. Regarding the psychosocial and environmental issues, Mr. P never participated in any community activities in his surrounding environment as he felt ashamed and inferior. While being treated at the psychiatric hospital, none of his family had visited him, and he wanted to go home and work again. Both Mr. P and Mr. D had never participated in the community activities in their neighborhood as they both felt rejected by the neighbors.

Based on the assessment on May 10th, 2022, at 09.00 a.m., data on Mr. P are obtained as follows: subjective data on Mr. P said that he often heard voices, the voices were the chattering of more than one person, and often told him to get drunk, usually appeared in the morning, afternoon, or evening whether the patient in a quiet or crowded place, the voices appeared five times a day and lasted for three minutes continuously. When Mr. P heard the voices, he felt anxious and emotional, but he could only silence them. The objective data is that the patient is often seen smiling alone and looking confused. The patient tends to respond to the voices that appear by being alone and daydreaming. The patient's attention to his surroundings is lacking, and he appears to concentrate while directing his ear to a specific point as if attempting to listen to voices.

Moreover, the assessment of Mr. D is as follows: subjective data on Mr. D said that he often heard voices in the absence of any speaker, the last time he heard the voice was in the morning, and the voices told him that his strength was lost and he had to return home soon, Mr. D heard the voices continuously for approximately two minutes both in a quiet or crowded place, twice a day (erratic), the voices often appeared at night, Mr. D only silenced the voices, but sometimes the patient felt anxious because the voices bothered him. The objective data on

Mr. D is that the patient seems confused, often aloof, comfortable with his hallucinations, and his eyes are often empty.

The researcher began the experiment by establishing a trusting relationship (greeting the patient, introducing the researcher, asking the patient their full name and how they wanted to be addressed, and inquiring about the patient's feelings), explaining the purpose, time contract, meeting point, asking Mr. P and Mr. D to fill out the PSYRATS questionnaire in order to know the score before and after the talking therapy treatment, and observing both verbal and non-verbal behavior related to hallucinations. The patient consented to tell the hallucinations he experienced, and the hallucination still came about. Mr. D said that at that moment, the voices did not appear, but the voices appeared this morning when he was alone. The patient said that he heard the voice of someone who told him that his strength was gone and he had to return home soon, the voices appeared continuously for two minutes, and the patient was disturbed by the voices. The patient’s responses were cooperative, verbal incoherent, unsettle eye contact, daydreaming, and aloofness. Moreover, the patient also appeared to be anxious.

The second day of the implementation started by greeting, asking the patient about their feeling today, asking what activities they have done today, and explaining the purpose, time contract, place, and topic that have been agreed upon by guiding and practicing how to control hallucination with talking theraphy. Mr. P said that he was not hearing the voices at that moment, last time he heard the voices were yesterday afternoon when he was in his room, and the voices lasted approximately three minutes. The patient was cooperative during the interaction, with unsettle eye contact, often daydreaming and alone, and was also seen to pace back and forth.

The third day of implementation started by greeting, asking the patient about their feeling today, asking what activities they have done today, and explaining the purpose, time contract, place, and topic that have been previously agreed upon by guiding and practicing how to control hallucinations by having a conversation. Mr. P claimed that the duration of the voices had diminished to approximately 2 minutes. The patient was cooperative and made good eye contact during interactions but was frequently daydreaming and alone. Analysis: the patient has not been able to control hallucinations by conversing properly and correctly; the patient prefers silence over initiating conversation with others; however, when invited to converse, he always responds and is cooperative. Mr. D stated that he was not hearing voices at this time; the last time he heard the voices were after lunch, and the duration of the voices had decreased to approximately one minute. During interactions, the patient was cooperative, unsettle eye contact, frequently daydreaming, and alone.

On the fourth day, the researchers began the implementation process with Mr. P and Mr. D by greeting them, asking how they felt today, and practicing how to control hallucinations through conversing. Researchers conducted an evaluation in which it was determined that Mr. P could control his hallucinations by talking

theraphy, but only to a limited extent; the patient had the courage to initiate conversations with others. Planning: evaluation and validation of methods for controlling hallucinations through conversing with others. Meanwhile, Mr. D stated that he heard the voices for a few seconds last night. Objective data: The patient is cooperative during interactions, unsettle eye contact, and frequently daydreams but dares to initiate conversations with others.

The implementation of the final day, beginning with greeting the patient and practicing how to control hallucinations through talking theraphy, was followed by the administration of the PSYRAT questionnaire to determine the patient's score following the talking theraphy. At the time of evaluation, no hallucinations were present, and the frequency and duration of hallucinations decreased. Planning: report the patient's condition to the ward nurse in order to continue the intervention. PSYRATS score 12. In the meantime, Mr. D subjective information is as follows: the patient stated that the last time he heard voices was last night, for only a few seconds. He stated that he was relieved because he was no longer disturbed by voices in the absence of any speaker, and his PSYRATS score was 14.

Following is a discussion of several concepts and a comparison of the findings in Mr. P and Mr. D with the nursing diagnosis —changes in the sensory perception of auditory hallucinations. Nursing care management for Mr. P and Mr. D was done for five days. Researchers conducted a study to collect subjective and objective data from patients through observation, direct interviews, and nursing notes. The mental health assessment format is added to Stuart's (2009) stress adaptation model as a supplement to the assessment of predisposing and precipitating factors, appraisal of stressors, and coping mechanisms. According to Haddock et al. (1999), the Psychotic Symptom Rating Scales (PSYRATS) are used to measure the severity of hallucinations.

The PSYRATS Questionnaire is being used for the first time, as patients at Wisma Puntadewa have never been given this questionnaire during an assessment or evaluation by the inpatient nurse. PSYRATS is used to assist nurses in conducting assessments to determine the severity of hallucinations experienced by patients. The benefit for patients is that they receive nursing care that is more appropriate and proportional to the severity of hallucinations. PSYRATS is a valid and reliable instrument for assessing the severity of hallucinations.

In this study, several differences were found in Mr. P's and Mr. D's coping mechanisms. Mr. P, when he has a problem, wants to speak with the researcher or the nurse on duty. In contrast, Mr. D, when he has a problem, prefers to keep to himself rather than speak with others, does not express his feelings, and frequently exhibits the behavior of being aloof. Predisposing and precipitating factors will affect the individual's coping in thinking, acting, and behaving, and the longer it goes without treatment or intervention, the more stress it will cause (Yosep, 2016).

Based on the data obtained from the study, the researcher diagnosed changes in hallucinations' sensory perception. Moreover, the researcher prioritizes one nursing diagnosis; therefore, in this study, the researcher will focus on resolving the nursing diagnosis with predetermined interventions, namely talking theraphy.

Researchers discovered that Mr. D not only has a diagnosis of auditory hallucinations but also has a second diagnosis, namely social isolation; therefore,

the response exhibited by Mr. P differs from that of Mr. D during implementation. Mr. D's responses during talking theraphy include avoidance, lack of concentration, answering only when necessary, speaking briefly, speaking slowly, and occasionally daydreaming. Unlike Mr. P, who has better concentration, is cooperative, and enjoys conversing, this individual is less talkative and has poorer concentration. This is consistent with the opinion of Apriliani & Widiani (2020), which states that a person can be said to suffer from social isolation disorders if they withdraw, are uncommunicative, aloof, preoccupied with their thoughts and self, avoid eye contact, have difficulty forming relationships in his environment, and avoid other people. Therefore, Mr. D was having difficulty engaging in conversation. Nonverbal communication is equally as essential as verbal communication. It is estimated that 45% of intentions are conveyed by words and paralinguistic cues, such as tone of voice, and 55% by body cues, so the act of controlling hallucinations with talking theraphy influences the outcome.

Researchers discovered barriers to carrying out nursing actions with talking therapy in patients who complained of drowsiness, avoided conversations, and preferred to sleep. According to Novitayani (2016), schizophrenic patients who receive drug therapy have secondary effects such as drowsiness (52.5%), hypersomnia (37.5%), dry mouth (17.5%), dizziness (17.5%), lack of concentration (2.5%), and shortness of breath (5%). To overcome this, the researchers engaged in talking therapy with the patient when he was not sleepy, as well as after the patient slept or bathed, so that the patient appeared more refreshed.

In the most recent review of the interventions provided, the patient stated that he understood how to control hallucinations using talking theraphy. Mr. P's observations indicate that after the conversation, the patient reported feeling better and communicating effectively with others. In contrast, Mr. D reported feeling better, was more cooperative, appeared more engaged in-room activities, and began to feel compelled to initiate conversations with other patients.

The score after five days of nursing implementation was calculated based on the findings of the nursing evaluation using the Psychotic Symptom Rating Scales (PSYRATS) questionnaire. The PSYRATS results for Mr. P and Mr. D indicate a reduction in hallucination score, with Mr. P's score falling from 28 to 12 and Mr. D's score falling from 26 to 14. Different results were discovered due to Mr. D's other issues, which make it difficult for him to communicate with others. This is consistent with the findings of Saswati and Sutinah (2018), who found that socially isolated patients fear interpersonal interactions. The frequency, duration, confidence in voice origin, content, intensity, and inability to control voices decreased in both patients. This demonstrates that by implementing nursing actions on how to control hallucinations by talking theraphy, the severity of hallucinations decreases from severe to moderate, the patient's attention to reality increases, and the severity of hallucinations decreases. The statement is consistent with Yosep's (2016) notion that talking theraphy is one of the methods that can be used to overcome and control oneself in auditory hallucinations patients in order to reduce the frequency and intensity of hallucinations. According to the findings of Fresa's (2017) study, engaging in a talking theraphy can improve the patient's ability to control voices.

The success of this study is not solely attributable to the talking therapy; the patient's participation in other therapies has also contributed. According to Moorhead, Johnson, Maas, and Swanson (2015), the success of treating patients with hallucinations depends on multiple factors, such as refraining from accumulating intentions to combat hallucinations, utilizing effective coping strategies, taking prescribed medication, and engaging in health-promoting activities.

Conclusion and Suggestions.

Talking therapy is useful for patient with hallucinations in schizophrenia. These interventions can be applied by nurses to patients.

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