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Nursing Care for Clients with Disorders Altered Sensory Perception Hallucinations Hearing

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ABSTRACT

Hallucinations are perceptual disorders where the patient perceives something that is not actually happening. An application of the five senses without any external stimulation. An appreciation experienced by a perception through the five senses without external stimulus: False perception. In contrast to illusions where the patient experiences a wrong perception of the stimulus, misperceptions in hallucinations occur without any external stimulus occurring. Internal stimuli are perceived as something that actually exists by the patient. The aim of this research is to gain real experience in providing nursing care to patients with auditory hallucinations, it is hoped that they will be able to identify all problems that occur in connection with hallucinations. The methods used in writing this paper are the library method, interview method and observation method. The results of the research showed that the nursing problems found were in the case of patients with auditory hallucinations based on the theory that there were three nursing diagnoses, namely: Risk of harm to self, others and the environment related to auditory hallucinations; Changes in sensory perception: auditory hallucinations related to withdrawal; Impaired social interactions: Withdrawal is associated with low self-esteem. The conclusion is that hallucinations often occur in schizophrenia patients with nursing problems of low self-esteem and/or withdrawal.

Keywords: Patient Nursing Care, Changes in Sensory Perception, Auditory Hallucinations

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1. Introduction

Hallucinations are a disturbance in the orientation of reality, due to disruption of brain functions: cognitive and thought processes, perception functions, emotional functions, motor functions and social functions. Disturbances in cognitive and perceptual functions will result in impaired judgment and discernment abilities, while disturbances in emotional, motor and social functions will result in impaired response abilities, namely non-verbal behavior (expressions, body movements) and verbal behavior (appearance of social relationships). Paying attention to patient behavior like this will certainly be something that needs to be responded to by professional nurses, at least eliminating existing problems so that a patient's condition does not become more serious (aggressive behavior/violent behavior).

Hallucinations are one of the problems that may arise from perceptual problems in schizophrenia, where hallucinations are defined as false sensory experiences or impressions of sensory stimuli.

Hallucinations are often identified with schizophrenia. Of all schizophrenia patients, 70% experience hallucinations. 20% of schizophrenic and other psychotic patients experience a mixture of auditory and visual hallucinations.

Hallucinations can occur in the five main sensory senses, namely:

a. Hearing of voices: The patient hears voices and sounds that are not related to the real stimulus and other people do not hear them.
b. Visual to vision: The patient sees a clear or vague image without a real stimulus and other people do not see it.
c. Tactile to touch: The patient feels something on his skin without a real stimulus.
d. Taste of taste: The patient feels like he is eating something that is not real. Usually feel the taste of food is unpleasant.

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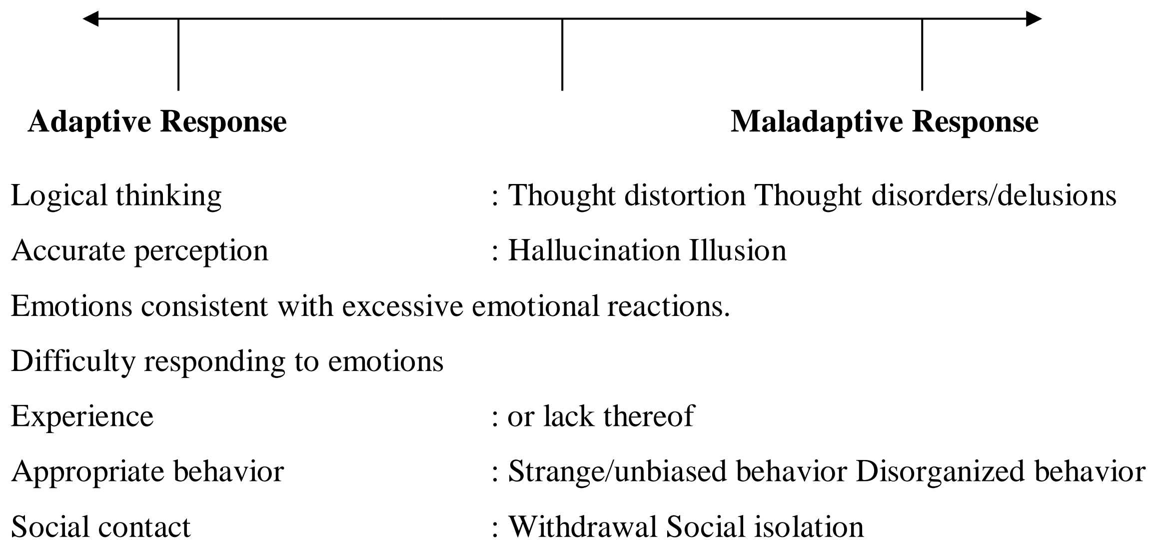
e. Sense of smell: The patient smells odors that arise from a certain source without a real stimulus and other people do not smell them.

Hallucinations are one of the individual's maladaptive responses that fall within the range of neurobiological responses. This is the most maladaptive perceptual response. If the patient is healthy, his perception is accurate, able to identify and interpret stimuli based on information received through the five senses (hearing, sight, smell, taste and touch). Patients with hallucinations perceive a stimulus from the five senses even though the stimulus is not actually there. Between these two responses is the response of individuals who, for some reason, experience perceptual abnormalities, namely misperceiving the stimulus they receive, which is called an illusion. Patients experience illusions if their interpretation of sensory stimuli is not accurate according to the stimulus received.

range :



TYPES OF HALLUCINATIONS	CHARACTERISTICS
Hearing 70 %	Hearing sounds or noises, most often people's voices. Voices in the form of noise that are unclear to clear words speak about the patient, even to complete conversations between two people experiencing hallucinations. Audible thoughts where

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	the patient hears words that the patient is being told to do something can sometimes be dangerous.
Vision 20%	Visual stimuli in the form of flashes of light, geometric images , cartoon images, complicated or complex shadows. Shadows can be pleasant or scary, like seeing a monster.
	Smelling certain odors such as blood, urine and feces are generally unpleasant odors. Olfactory hallucinations are often the result of stroke, tumor, seizure, or dementia.
Tasting	Feeling a taste like the taste of blood, urine or feces.
Touch	Experiencing pain or discomfort without a clear stimulus. Feeling of electric shock coming from the ground, inanimate objects or other people.
Cenesthetic	Sensing body functions such as blood flow in veins or arteries, digestion of food or the formation of urine
Kinisthetic	Feeling movement while standing without moving.

The hallucinations experienced by patients usually vary in intensity and severity. The hallucination phase is divided into four:

1. First Phase

   In this phase, patients experience anxiety, stress, feelings of restlessness, loneliness. Patients may daydream or focus their thoughts on pleasant things to relieve anxiety and stress. This method helps temporarily.

   The patient is still able to control his consciousness and recognize his thoughts, but the intensity of perception increases.

2. Second Phase

   Anxiety increases and is related to internal and external experiences. The patient is at the hearing level of hallucinations.

   Internal thoughts become prominent, images of voices and hallucinatory sensations can be in the form of unclear whispers. The patient is afraid of other people hearing and the patient feels unable to control it.

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The patient creates distance between himself and the hallucinations by projecting as if the hallucinations came from someone else.

3. Third Phase

   Hallucinations are more prominent, dominant and controlling. Patients become accustomed to and helpless in their hallucinations. Hallucinations provide temporary pleasure and security.

4. Fourth Phase.

   The patient feels stuck and powerless to escape the control of his hallucinations. Previously pleasant hallucinations turn into threatening, commanding and scolding. Patients cannot relate to other people because they are too busy with their hallucinations. Patients are in a frightening world for a short time, a few hours or forever. This process becomes chronic if no intervention is carried out.

2. Research Methods

The research method used is the writing method :

a. Bibliographic method

   Writing method using several pieces of literature as sources.

b. Interview method

   Data was obtained by direct interviews with patients and room nurses. The author conducted questions and answers with the patient, husband and family who were directly involved in order to obtain the data needed to provide midwifery care to the patient.

c. Observation method

   By directly observing patients with the main problem of auditory hallucinations.

3. Results and Discussion

Achieving a diagnosis found in patients with hallucinations and comparing it with several existing references or benchmarks with the main problem of changes in sensory perception: hearing. Then compare the gaps between theory and practice, within the scope of the nursing process from assessment to evaluation.

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a) Assessment

This is the initial stage in collecting data on patients. In the assessment stage on patients, the source of information in the collection is data from patients, status and room nurses. The data obtained is in accordance with the signs and symptoms on the basis of hallucination theory.

b) Nursing diagnoses

The nursing problems found, in the case of patients with auditory hallucinations, are based on theory, there are three nursing diagnoses, namely: Risk of harm to self, others and the environment related to auditory hallucinations; Changes in sensory perception: auditory hallucinations related to withdrawal; Impaired social interactions: Withdrawal is associated with low self-esteem. Meanwhile, in the case of managed patients, four diagnoses were also obtained, namely: Risk of injuring yourself, others and the environment, auditory hallucinations, changes in sensory perception: auditory hallucinations, withdrawal, social isolation: withdrawal, low self-esteem, tension in the role of caregiver, ineffective family coping, family ignorance in caring for patients at home.

In this case we diagnosed Social Isolation, withdrawal due to the patient's problems in the form of low self-esteem due to unsupportive environmental factors in which the patient was located.

Diagnosis: The strain on the role of the caregiver due to the family's inability to care for the patient at home was raised, because the patient had been treated three times with the same problem.

a) Nursing plan

The nursing plan is prepared based on a theoretical basis that is adapted to the patient's condition / based on problems found in the patient during the assessment.

b) Implementation

Implementation is carried out in accordance with existing interventions and in stages based on the level of achievement for each diagnosis.

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c) Evaluation

Evaluation actions are carried out per TUK to monitor the progress that the patient has achieved, this is also to make it easier to prepare the next plan, or carry out the next intervention. Evaluation is oriented towards the patient and the patient's family.

The level of achievement that has been achieved based on the nursing problems assigned to the patient as follows:

1) Risk of harm to self, others and the environment related to auditory hallucinations. Patients are able to perform up to TUK 4.
2) Changes in sensory perception : Auditory hallucinations related to withdrawing, the patient is able to perform up to TUK 6.
3) Social isolation withdrawal related to low self-esteem Patient is able to perform up to TUK 4.
4) Tension in the role of the care provider related to the family's ignorance in caring for the patient at home, the patient is able to carry out up to TUK 6.

4. Conclusion

Based on the discussion of the case above, we can draw the following conclusions and suggestions:

a) Hallucinations often occur in schizophrenia patients with nursing problems, low self-esteem and/or withdrawal.
b) Hallucinations are changes in sensory perception of external and/or internal stimuli.

Nursing planning with the main problem of hallucinations focuses on intervention:

a) Building a relationship of mutual trust.
b) Orientation to the realm of reality.
c) Increase activity.
d) Not all of the hallucinatory symptoms contained in theory are found in indoor cases.
e) Family is the main supporting factor in helping patients overcome their problems both while in hospital and at home.

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5. Compliance with ethical standards

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Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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