

MENTAL NURSING CARE WITH HEARING HALLUCINATIONS IMPLEMENTATION OF MUSIC THERAPY IN TN. A AT ACEH MENTAL HOSPITAL

Novi Diana¹, Jubir^{2*}, Sri Jumiati³

Ners Professional Study Program Faculty of Health Sciences Abulyatama
University, Aceh, Indonesia

Correspondence Author: novidiana892@gmail.com

Abstract: Hallucination is a disorder or change in sensory perception where the patient perceives something that does not actually happen, the most common hallucinations are auditory hallucinations. One of the ways to handle patients with auditory hallucinations is using treatment at a Mental Hospital with a routine implementation strategy and also with therapy. The therapy used is music therapy. The purpose of carrying out the implementation of music therapy on patients to reduce auditory hallucinations at the Aceh Mental Hospital. The design of this final scientific work uses a case study design. The subject used 1 (one) auditory hallucination patient. The method used is to carry out nursing care including assessment, diagnosis, intervention, implementation, and evaluation by focusing on the implementation of implementation strategies, which are sustainable for 9 (nine) days, by carrying out music therapy, how to scold, taking medicine regularly, controlling hallucinations by talking, practicing controlling hallucinations by doing daily activities. Obtained results from the application of music therapy and coupled with the nursing action of the patient experienced a decline and could control auditory hallucinations. In conclusion, the patient looks calmer, can talk to other people, is able to do scheduled activities, and take medicine regularly.

Keywords: Nursing Care, Auditory Hallucinations, Music Therapy

1. Introduction

Hallucination is a disorder or change in perception where the patient perceives something that is not actually happening. Patients who experience hallucinations usually feel a stimulus that actually does not exist. The patient feels a sound even though there is no sound stimulus. The patient sees a shadow of a person or something scary even though there is no such shadow. The patient smells a certain smell even though other people don't Smell the smell. The patient feels to taste something even though he is not eating anything. The patient feels the sensation of feeling when there is nothing on the surface of the skin.¹

There are several types of hallucinations in patients with mental disorders, around 70% are auditory hallucinations, 20% are visual hallucinations, and 10% are hallucinations, tasting, and touch. Auditory hallucinations are errors in perceiving sounds that heard by people with mental disorders and usually the sounds heard can be pleasant, threatening, murderous, and destructive.²

Treatment that can be done to overcome the symptoms of auditory hallucinations other than through the administration of psychopharmaceuticals,

namely by providing hallucination management nursing care measures that aim to help and encourage patients to be able to overcome and control hallucinations. The management of hallucinations includes scolding hallucinations, talking to other people or closest people, listening to music or music therapy, watching television, doing scheduled activities such as praying, praying, dhikr and sports or gymnastics.³

One of the good therapies for people with auditory hallucinations is music therapy, because it can improve concentration, memory, and spatial perception. Music therapy is a process that combines between the healing aspects of the music itself with the conditions and situations experienced by the client, such as the physical condition of the body, emotions, mental, spiritual, cognitive, and social needs of a person. Non-pharmacological therapy is safer to use because it does not cause side effects like drugs, because nonpharmacological therapy uses physiological processes.⁴

According to the National Institute of Mental Health, the prevalence of mental disorders is 465 million people in the world or around 1.3% of the population over the age of 8 years. The prevalence of mental disorders in developing countries and developed countries is similar to about 21% of the total adult population.¹

Based on the 2019 Report of the Ministry of Health of the Republic of Indonesia, it is stated that in Indonesia there are 7.1% households that have a mental disorder sufferer. This number indicates that there are 7 households with ODGJ sufferers in every 1,000 households, so the number is estimated to be around 450 thousand heavy ODGJ. The impact of mental disorders will cause disability and can lower community productivity and cost burden are quite large. Nationally there are 5,218 heavy ODGJs in 2019.¹

Based on the report of the Aceh Health Office in 2020 shows that there are 13,342 people who experience severe mental disorders, the highest is Bireuen as much as 2,139 people, Aceh Besar as much as 1,762 people, North Aceh as many as 1,301 people, East Aceh 918 people, Aceh Tamiang as many as 617 people, and Banda Aceh as many as 527 people. While the lowest is in Subulussalam with 155 people, Aceh Singkil as many as 155 people, and Sabang as many as 147 people, so it needs proper treatment.¹

Aceh Health Service data shows that in the last three years there has been an increase in cases of severe mental disorders. Year 2017 there are 7,611 cases, increased to 11,147 cases in 2018 and in 2019 increased to 12,327 cases (Aceh Provincial Health Office, 2020), and according to the observation results, the last 3 years of data in 2021, 2022 and 2023, 19,278 patients Banda Aceh Mental Hospital.⁵ In January - July 2024, the number of patients at Aceh Mental Hospital was 520 patients diagnosed with Paranoid Schizophrenia.

2. Method

The method used is by conducting nursing care including assessment, diagnosis, intervention, implementation, and evaluation by focusing on the implementation of implementation strategies, which are continuous for 9 (nine) days, with carrying out music therapy, how to scold, taking medicine regularly, controlling hallucinations by talking, practicing controlling hallucinations by doing daily activities. With only 1 respondent, the implementation of the implementation strategy starts from July 3-12, 2024.

3. Discussion

The assessment began from July 1-2, 2024 at the Aceh Mental Hospital for patients with auditory hallucination problems. Based on the results of the assessment through the interview, the data was obtained the demographic characteristics of the patient include family members, gender and age.

Auditory hallucinations are influenced by various factors, one of which is the genetic factor that also determines the occurrence of schizophrenia. A lot of research proves that, about the family that suffering from schizophrenia especially in children with monozygous twins. For step siblings, the pain rate is around 0.9- 1.8%; 7-15% for siblings; 7-16% for children whose parents has schizophrenia; -68% for children whose both parents suffer from schizophrenia; 2-15% for children with heterozygous twins who suffer from schizophrenia; and 61-86% for children with monozygous twins who suffer from schizophrenia. It is thought that through recessive genes, schizophrenia has the potential to be inherited. This potential can be strong, it can also weak, but everything depends on the environment around the individual, whether it supports the occurrence of schizophrenia or not.⁶

Demographic data related to auditory hallucinations is gender. The majority of schiophrenia patients are men, where men have a 2.37 times greater risk of suffering from schizophrenia mental disorders than women. Men are more susceptible to mental disorders because they are leaders and household supporters, so they are more at risk of experiencing life pressure. Men also tend to produce excessive stress hormones, so they have a tendency to experience schizophrenia. Women are easier to accept situations in their lives compared to men, therefore women are less at risk of experiencing mental disorders.⁶

The next demographic data related to hallucinations is age. Based on the results of the assessment, it is known that the patient is 27 years old. Schizophrenia rarely occurs in patients under the age of 10 years or more than 50 years. The age of hallucinations is mostly under 40 years old and this is associated with failure to fulfill developmental tasks and environmental demands.⁶

Nursing diagnosis is the identification or assessment of the patient's response patterns both actual and potential, and is the basis for selecting interventions in achieving the goals set by the responsible nurse. Based on the results of the study, the nursing diagnosis that was established was Hearing Hallucinations.

Generalistic nursing actions on auditory hallucination patients are carried out in 4 types of implementation strategies (SP) consisting of sp1: training patients to scold hallucinations, giving music therapy implementation, sp2: training patients to control hallucinations by taking medicine, giving music therapy implementation, sp3: training patients to control hallucinations by talking to other people, giving music therapy implementation, sp4: training patients to control hallucinations by doing daily activities, providing music therapy implementation and encouraging patients to include in their daily activity schedule.⁷

Nursing implementation is adjusted to the nursing action plan. In real situations, often the implementation is far different from the plan. This happens because nurses are not used to using written plans in carrying out nursing actions. Before carrying out the planned nursing actions, nurses need to briefly validate whether the action plan is still appropriate and needed by the patient in accordance with his condition. Nurses also assess themselves, whether interpersonal, intellectual, technical abilities are in accordance with the actions to be taken, re-evaluate whether they are safe for patients. After everything has no obstacles, then nursing action can be carried out.⁸

Nursing evaluation is a continuous process to assess the effect of nursing actions on patients. Evaluate the process carried out every time the action is completed. Evaluation is also interpreted as a process of results or summatives carried out by comparing patient responses to general goals and specific goals that have been determined (Untari & Irna, 2020).⁹

Evaluation is carried out with the SOAP approach as follows, S: The patient's subjective response to the nursing actions that have been implemented, O: The patient's objective response to the nursing actions that have been implemented, A: Analysis of subjective and objective data to conclude whether the problem still exists, new problems arise, or there is data that contradicts the existing problem, and P: Follow-up based on the results of the patient response analysis, the follow-up plan can be in the form of a continuation plan (if the problem does not change) or a modified plan (if the problem persists, all therapeutic measures have been implemented, the results have not been satisfied).⁹

4. Conclusion

Based on the results of the discussion of nursing care in patients with auditory hallucinations at Aceh Mental Hospital, the author can conclude how the implementation of mental nursing care with the main problem of auditory sensory perception disorders with the implementation of music therapy in Mr. A, including: Conducting assessments, enforcing nursing diagnoses, conducting nursing interventions, nursing implementation, and evaluation.

After 9 days of nursing care, Mr. A said he was happy because he had been taught how to scold hallucinations, control hallucinations by taking medicine, practice controlling hallucinations by talking, doing music therapy

implementation and practicing hallucinations by doing daily activities (prayer, dhikr, praying, etc.). The patient's objective data appears to be calmer, the patient can talk to other people, the patient is able to do scheduled activities, and take medicine regularly.

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