

## Implementation of Strategic Interventions for Managing Hallucinations among Patients at dr. H. Marzoeki Mahdi Psychiatric Hospital

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### Abstract

**Background:** Schizophrenia is a chronic mental disorder characterised by hallucinations that impair daily functioning. Hallucinations are false sensory perceptions without external stimuli, causing clients difficulty in distinguishing internal experiences from reality. Nursing intervention strategies are essential to help clients recognise and control hallucinatory symptoms.

**Aim:** To analyse the effectiveness of nursing intervention strategies for managing hallucinations in clients with schizophrenia at PKJN dr. H. Marzoeki Mahdi Hospital.

**Implementation:** Nursing care was performed three times over three days for 10- 15 minutes. Nursing interventions provided to clients with the primary nursing problem of auditory hallucinations are implemented through strategies for managing hallucinations.

**Results:** to clients with the primary nursing problem of auditory hallucinations are implemented through strategies for managing hallucinations.

**Conclusion and suggestion:** Hallucination management strategies are effective in reducing auditory hallucinations in clients with schizophrenia and should be applied as standard nursing interventions in psychiatric care.

**Keywords:** Schizophrenia, auditory hallucination, strategy for implementation of hallucination.

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### Introduction

*World Health Organization* (WHO) says that mental health is a state of complete physical, social and mental well-being and not merely the absence of disease or disability. Or it can be said that an individual is said to be mentally healthy if being in a physical, mental and social condition that is free from disorders (illness) or not in a state of stress so as to control the stress that arises. So that enables individuals to live productively, and be able to engage in social relationships satisfactory (Tukatman and Pranata 2023).

Mental disorders are conditions characterized by behavioral deviations caused by distortions in emotions, feelings, and thoughts. This condition can interfere with daily functioning. According to Law No. 18 of 2014, a person with a mental disorder is defined as someone experiencing disturbances in thoughts, behavior, feelings, and perceptions, manifested through a set of symptoms and significant behavioral changes, which can cause suffering and interfere with daily functioning (Hidayah et al. 2024).

Schizophrenia is a group of psychotic reactions that affect various areas individual functions including ways of thinking, communicating, receiving, interpreting reality, feeling and showing emotions characterized by chaotic thoughts, delusions, hallucinations, and

strange behavior. Schizophrenia is a severe mental disorder that causes stress not only for sufferers but also for their family members. Schizophrenia causes distortion of thoughts, distortion of perception, emotions, and behavior so that the patient Schizophrenia has a higher risk of aggressive behavior where behavioral changes are dramatic events that occur within a few days or weeks. This is what makes it necessary to help families to care for and provide special attention to schizophrenia patients.

According to *World Health Organization* (WHO) data in 2022, there are around 24 million people or 1 of 300 people worldwide, where this figure shows that there has been an increase which is quite significant throughout the world. Global data in 2018 shows that Asia is a continent with a high rate of schizophrenia, where South Asia and East Asia is the region with the highest number of schizophrenia sufferers in the world, namely around 7.2 million and 4 million cases. Meanwhile, Southeast Asia is in third place with the number of cases. cases reached 2 million cases (WHO 2022).

According to data from the Indonesian Health Survey (SKI), the incidence of depression in Indonesia is reaching 1.4% in 2023. The highest prevalence was found in the young age group (15-24 years) with a percentage of 2% (Ministry of Health 2023). Based on data (RISKESDAS 2018) the prevalence of schizophrenia in Indonesia is 6.7 per 1,000, it is known that the highest prevalence is Bali and Yogyakarta, with respective values of 11.1 and 10.4 per 1,000, while the lowest prevalence was in the province of Riau Islands is 2.8.

Based on data obtained from Marzoeki Mahdi Hospital in the Sadewa room In March 2025, data was obtained on hallucinations in 25 people (22.32%), behavioral risk Violence 22 people (19.64%), Low Self-Esteem 19 people (16.96%), Social Isolation 17 people (15.18%), Self-Care Deficit 16 people (14.29%), Delusion 10 people (8.93%), and Risk Suicide 3 people (2.68%).

Hallucinations are sensory experiences such as sounds, sights, touch, smell, feel without any stimulation from the environment external to the appropriate sensory organs. Auditory hallucinations are a symptom that most frequently experienced and usually the sounds heard are sounds that are of a nature commenting or giving orders. In this condition, the patient feels controlled and does not able to control his hallucinations (Tukatman & Pranata, 2023).

The impact that can be caused by someone experiencing auditory hallucinations that is, he loses control of himself and his behavior can be controlled by hallucinations. Heard by the patient, so that the patient will experience panic, hysteria, feel weak, unable to achieve goals, excessive fear, to having bad thoughts for example committing suicide, killing other people and destroying the environment around. To overcome the problem of auditory

hallucinations, it can be overcome by means of carrying out a strategy for implementing hallucinations which is one of the efforts to control self-control against hallucinations by rejecting the hallucinations that appear. This effort is carried out aims to dispel the hallucinations experienced by rejecting the hallucinations appears and the implementation strategy of hallucinations is very effective in reducing the signs and symptoms of hallucinations and is able to improve the patient's ability to control hallucinations.

Based on research conducted by Indrawan (2024) with the title controlling Auditory hallucinations in schizophrenia patients using reprimand therapy in hospitals Soerojo Hospital Magelang, the results of this study show that clients can practice the correct way of scolding as taught for 3 days and it has been proven that reprimand therapy is effective in controlling auditory hallucinations (Dwi Indrawan & Sundari, 2024).

### **Identification of Problems**

Based on the problem that has been explained in the background, the problem formulation is formulated in writing, namely the application of intervention strategies for implementing hallucinations in clients hallucinations with a medical diagnosis of schizophrenia at PKJN Dr. H Marzoeki Mahdi Hospital.

### **Research purposes**

#### **General purpose**

Analysis of nursing care through intervention strategies for implementing hallucinations in hallucinatory clients with a medical diagnosis of schizophrenia at PKJN Dr. H Marzoeki Hospital Mahdi.

#### **Special purpose**

1. Explain the results of the assessment on clients with sensory perception disorders: hallucinations to Mr. R and Mr. F
2. Establish a nursing diagnosis for clients with sensory perception disorders: hallucinations in Mr. R and Mr. F.
3. Carry out intervention strategies to implement hallucinations in clients with disorders sensory perception of auditory hallucinations in Mr. R and Mr. F.
4. Carry out nursing actions on clients with sensory perception disorders: hallucinations in Mr. R and Mr. F.
5. Evaluate the results of nursing actions on clients with sensory perception disorders: hallucinations in Mr. R and Mr. F
6. Documenting nursing care for clients with sensory perception disorders: hallucinations

### **Benefits of Writing**

### **For Educational Institutions**

This research is expected to increase insight, knowledge, information, and also seikaliguis dapat menambah satu reifeireinsi dari peinyuisuinan uintuik peineelitan seilanjitnya which will be more in-depth in the future will explore strategies for implementing hallucinations in patients with sensory perception disorders : sensory hallucination .

### **For Research Sites**

This research is expected to encourage hospitals to maintain their commitment enhance the interconnectedness of the implementation strategies of hallucinations that can be used by nurses intuition is given to patients by delusional hallucinations .

### **For Further Researchers**

It is hoped that this research can be used as information, input, which used as additional data for subsequent researchers related to the implementation of strategies for implementing hallucinations in controlling and preventing hallucinations in patients hallucinations of delusions.

### **Implementation Methodology**

#### **Mr. R's Review**

The results of the client assessment named Mr. R, 31 years old, Muslim, unemployed , living in teibeit, male, last education bachelor, married status, comes from the Javanese (Sundanese) tribe, the client said he lives with his parents, the client said he had been admitted to RSMM in 2020 with complaints of hearing whispers and speaking for himself, the client said that he had worked at the Ministry of Empowerment and Development Women and children. Information was obtained through interviews and observation.

The assessment was conducted on January 31, 2025. The diagnosis was schizophrenia, mental retardation. utama: the client said that he heard whispers that inspired him to hurt other people, The client said he heard whispers of “crazy people” and his intuition was “suijuid”, the client said he still heard the whispers, the client said he heard the whispers that told him to visit his parents' shrine, the client said he was suspicious of his family, because she thought that her family would hurt her.

The client's physical examination revealed blood pressure: 128/80 mmHg, pulse: 85 beats/minute, respiration: 18 beats/minute, height: 173 cm, weight: 121 kg. The client is the second of three siblings, the client's sibling being male. Mother's image: The client stated that he has always accepted himself and has never been insecure. Identity: The client stated that he is a male, 31 years old, and has worked in the field of women's and children's

empowerment. Behavior: The client stated that he has always been involved in decision-making and discussions with the family. Self-ideal: The client said that after a while he wanted to work again. Self-esteem: The client said that he felt good about his friends and family about his problems. Close people: The client said that he felt good about his close people. Participation in group/community activities: During high school, the client was a committee member for 17 Agustus. Obstacles in interacting with others: There were no obstacles in interacting with others. Spiritual values and beliefs: The client said that he believed in the beliefs he believed in, and he said that he worshipped. Worship activities: The client said that he prayed, but sometimes he did not pray. Spiritual influence on individual coping: the client said he felt calm after performing worship, the client said he believed in the existence of Allah SWT. Mr. R's general appearance every day wears clothes from RSMM, his appearance is untidy. Speech: slow frequency with weak volume, the client is often silent and unable to evaluate the conversation, the client prefers to be silent, the client seems unfocused when spoken to. Walking and posture: walking normally, no obstacles in walking, upright posture. Facial expression and eye contact: the client's facial expression is flat, and his eyes are slightly sad. Motor activity: lethargic, interaction during the interview is defensive, complaining and lack of eye contact. Emotional status: the client feels sad and guilty for what he has done. Affect: The client appears flat and her feelings fluctuate depending on her mood, sometimes sad and sometimes happy. The client's perception is that she hears whispers telling her to do something.

During the interview, the client was sometimes silent and lacked focus, but her answers were consistent with the questions posed. The client appeared lethargic and weak, and frequently looked down during the interview. The client stated that she accepted her current illness. There were no delusions in her thoughts. Memory: The client reported no memory problems and still remembered events she experienced. Concentration: The client was able to perform simple calculations. Insight: The client accepted her illness and consistently thought positively and acted positively. Decision-making: The client stated that every decision she made was made in consultation with her family.

The client was able to prepare her own eating utensils and eat three meals a day according to the instructions. The client was able to urinate and defecate independently in the correct place. Hygiene: The client showered twice a day and dressed independently. The client always slept in her room during the day. The client was compliant with the medication prescribed by the doctor/nurse.

### **Assessment of Mr. F**

The assessment results for the client, Mr. F is 34 years old, Muslim, male, works as a factory worker, lives in Bogor, comes from Javanese (Sundanese) ethnicity, last education is vocational high school, married status, the client said he lives with his parents. Information was obtained from interviews and observations. Assessment date 3 February 2025. Diagnosis of schizophrenia. Main symptoms: the client said he heard whispers telling him to do positive activities, the client said he last heard whispers 2 days ago, the client said he still hears whispers, the client said he saw a black shadow when he wanted to play at his friend's house, the client seemed to be pacing, and the client was still a little emotional. During the interview, the patient's eye contact appeared less focused, flat, unenthusiastic in answering questions, and the client seemed more comfortable with himself.

The client's physical examination revealed blood pressure: 122/87 mmHg, pulse: 94 beats/minute, respirations: 18 breaths/minute, height: 165 cm, weight: 55 kg. The client is the third of four children; his father has passed away. Mother's Image: The client stated that he accepts his current situation. Identity: The client views himself as still the same as before. Perception: The client stated that he was always involved in making decisions and discussing them with his family, the client is the third of four children. Self-ideal: The client stated that he accepted his illness that he suffered from. Self-esteem: The client stated that he felt guilty about himself. Close people: His family. Perception in group/community activities: The client stated that he sometimes participated in activities at home, for example community service. Barriers in interacting with others: There were no barriers in interacting with others. Spiritual values and beliefs: The client stated that he believes in the beliefs that he believes in when he worships. Worship activities: The client stated that he prays 5 times a day but still has gaps. Spiritual influence on individual coping: The client stated that he is more relaxed after performing worship, the client stated that he believes in the existence of Allah SWT. General appearance: The client dresses neatly and according to the regulations at RSMM. Walking and posture: The client walks normally, there are no obstacles in walking, the client is less focused in the assessment and the client feels unenthusiastic in answering questions. Facial expressions and eye contact: The client's facial expressions are flat and eye contact is unfocused/along with blurred vision. Conversation: When speaking, the client speaks quickly, with a soft volume, the client prefers silence, the client is less cooperative, the client appears unfocused, the client often looks away, the client always seems alone, the client seems aloof.

During the interview, the client's affect appears flat, sometimes gives short answers when asked questions, lacks eye contact and the client often looks away during the interview.

The client stated that he accepts his current illness. The client's thoughts are not delusional. Perception: Mr. R said he heard whispers telling him to do positive activities. Illusions: The client said he once saw a black shadow at night when he wanted to go to a friend's house. Memory: There is no memory impairment, the client still remembers all events. Insight: The client said he accepts his illness and always thinks positively and does positive things. Decision-making: The client said that when making decisions, there is never any rejection.

The client is able to prepare eating utensils independently, eat three times a day according to the rules given by the hospital. The client is able to urinate and defecate independently. Hygiene: The client bathes twice a day, brushes his/her teeth.

### **Data Analysis and Nursing Problems**

#### **Data Analysis and Nursing Problems of Mr. R**

Based on the results of the assessment of Mr. R, the nursing problems found were: auditory hallucinations, risk of violent behavior, and low self-esteem. However, in this paper, the author only focused on one nursing problem in Mr. R, namely auditory hallucinations, because during the study, the researcher found more prominent auditory hallucinations. Subjective data, namely, during the assessment of Mr. R, R said that while under the supervision of RSMM, he heard whispers that resonated with him, such as the whispers of his parents, the client said that he heard whispers of "crazy people" and whispers of "suijuid", the client said that he still hears the whispers, the client said that he had entered RSMM in 2020 with divine thoughts along with hearing whispers and talking to himself, the client said that hearing whispers could be controlled with ablution and prayer. Objective data: Mr. R appeared to be relaxed and relaxed, appeared to be distracted and unfocused during the interview, and the client appeared to be talking to himself.

#### **Data Analysis and Nursing Problems of Mr. F**

Based on the results of the assessment of Mr. F, nursing problems were found, namely: auditory and visual hallucinations, the risk of violent behavior, social isolation, and low self-esteem. However, in this paper, the author only focused on one nursing problem in Mr. F, namely auditory and visual hallucinations because when the researcher conducted the assessment, there was data on auditory and visual hallucinations that were more prominent. Subjective data, namely when the assessment was conducted, Mr. F said that he heard whispers, the client said that he last heard whispers 2 days ago, the client said that he saw a black shadow when he wanted to play in his friend's house. Objective data were that Mr. F seemed to have less eye contact, seemed less focused and turned his face away when spoken to, the client seemed to be pacing back and forth, the client seemed to have little emotion

during the assessment, the client seemed to like to be alone, and the client seemed to rarely communicate with other patients.

### **Nursing Inteirveinsi Reincana**

#### **Nursing Inteirveinsi Reincana Mr. R**

Peinuilis creates a plan of nursing care that accompanies the identification of intuitive geineirical care, sensory perception disorders, sensory hallucinations, delusions and delusions. The nursing care plan was carried out over 3 days with 10-15 minutes repeated three times with an interactive focus on the client with the aim of Mr. Nursing Care's intuitive guidance. R is to reduce hallucinations, hear whispers, imitate hallucination behavior, experience mimicry, increase concentration and be able to control the hallucination. Among the suggested implementation techniques are SP 1: building mutual trust, identifying hallucinations (content, frequency, time of occurrence, situation, perception, feelings, response), explaining how to control hallucinations with harsh words, SP 2: evaluating the client's ability to control hallucinations with harsh words, training the client how to control hallucinations with medication, SP 3: evaluating the client's ability to control hallucinations with harsh words and medication, training the client to control hallucinations by conversing with others when hallucinations occur, and SP 4: evaluating the client's ability to control hallucinations with harsh words and medication. Clients learn how to control hallucinations by giving warnings, taking medication, and talking, training clients how to control hallucinations by doing daily morning exercise and group activity therapy (value 2 activities).

#### **Nursing Reinvention Plan for Mr. F**

The nurse created a nursing reinvention plan for Mr. F's intuitive nursing care for a patient with sensory impairment, hallucinations, hearing, and vision disorders. The nursing reinvention plan was conducted over three days, with sessions lasting 10-15 minutes, and repeated three times, focusing on the client's intuition, with the nurse's goal of nurturing Mr. F's nursing care. F namely reducing hallucinations, hearing whispers, seeing shadows, experiencing hallucinations, pacing, increasing concentration and being able to control hallucinations. Among the suggested implementation techniques are SP 1: building mutual trust, identifying hallucinations (content, frequency, time of occurrence, situation, sensation, feelings, response), explaining how to control hallucinations with harsh thoughts, SP 2: evaluating the client's ability to control hallucinations with harsh thoughts, training the client how to control hallucinations with medication, SP 3: evaluating the client's ability to control hallucinations with harsh thoughts and medication, training the client to control hallucinations by conversing with others when hallucinations occur, and SP 4: evaluating the

client's ability How to control hallucinations by giving warnings, taking medication, and talking, training clients how to control hallucinations by doing daily morning exercise and group activity therapy (value 2 activities).

### **Nursing Evaluation**

#### **Mr. R's Nursing Evaluation**

After a three-day implementation, the evaluation results on February 1, 2025, showed that Mr. R sometimes hears whispers when alone. Mr. R said he has learned to understand and wants to learn to control hallucinations by using a warning technique when hallucinations occur. Mr. R appears to lack focus in eye contact when answering questions. Mr. R appears to be able to demonstrate warning techniques. Mr. R appears more comfortable with being alone. Mr. R appears comfortable with daydreaming. Mr. R appears unmotivated. Evaluation on February 3, 2025 showed that Mr. R still remembered the technique of reprimanding and could demonstrate it again. Mr. R stated that he could still hear whispering voices and perform the technique if his hallucinations appeared. Mr. R stated that he had taken medication. Mr. R knew 1 medication and its function. Mr. R appeared cooperative. Mr. R appeared to be able to control his hallucinations. Mr. R appeared to be self-sufficient.

Evaluation on February 4, 2025 showed that Mr. R stated that his whispering voices had decreased and performed the technique if his hallucinations appeared. Mr. R was able to perform the reprimanding method and was able to re-enact it independently. Mr. R still remembered the benefits, disadvantages, and how to administer medication. Mr. R reported chatting with Mr. K. Mr. R reported attending morning exercises and group activity therapy every morning. Mr. R appeared to be able to control his hallucinations. Mr. R appeared calm, and Mr. R appeared enthusiastic.

#### **Nursing Evaluation of Mr. F**

After the three-day implementation, the evaluation results on February 4, 2025, showed that Mr. F still heard whispers. Mr. F said he no longer sees shadows, Mr. F said he understands and wants to learn how to reprimand, Mr. F still seems restless, Mr. F seems to pace back and forth, Mr. F seems less focused and turns his face away when talking, Mr. F seems able to reprimand, Mr. F seems to like being alone, Mr. F seems less enthusiastic.

Evaluation on February 5, 2025 showed that Mr. F said he had slightly forgotten how to reprimand, Mr. F said he had reprimanded and could demonstrate reprimand techniques, Mr. F said he still hears whispers when alone, Mr. F seems to be able to reprimand, Mr. F stated that he had been taking medication, Mr. F knew 1 medication and its function, Mr. F

seemed to be able to do it himself, Mr. F seemed calm, Mr. F seemed to be focused in answering questions.

Evaluation on February 6, 2025 showed that Mr. F stated that he was able to do the reprimand method and was able to demonstrate it independently, Mr. F stated that his whispering voice had decreased, Mr. F stated that he still remembered the benefits, disadvantages and how to use the medication, Mr. F stated that he had chatted with Mr. G, Mr. F stated that he followed the morning exercises and group activity therapy every day, Mr. F seemed cooperative, Mr. F seemed calm, Mr. F seemed to be able to control his hallucinations.

## **Results and Discussion**

### **Nursing Problem Analysis**

Based on the study conducted on Mr. R with nursing diagnosis of sensory perception disorder: hallucinations, namely the client says he hears whispers that remind him of his parents, the client hears whispers of "crazy people" and whispers of "suicide", the client says he hears whispers of his parents because he cannot control his emotions and follow the whispers of his parents, the client says he is suspicious of his family because he thinks that his family will hurt him, during observation the client's affective state looks flat, the client seems withdrawn, the client is cooperative but the client's feelings sometimes change. so that sometimes he feels sad and sometimes he feels lonely,

There are similarities with other clients' memories in Mr. F with a diagnosis of sensory perception disorder: hallucinations of hearing, namely the client said that he heard whispers, the client said that he last heard whispers 2 days ago, the client said that he saw a black shadow when he wanted to play at his friend's house, the client seemed to be pacing, the client still had a little emotion, during eye contact observation the client seemed less focused, flat affect, not enthusiastic in answering questions and the client seemed more like being alone. This is in accordance with the PPNI theory (2018) that sensory perception disorders, hallucinations, and hearing are changes in perception to both internal and external stimuli accompanied by reduced, exaggerated, or distorted responses. Signs and symptoms experienced by clients are clients hearing whispering voices, clients daydreaming, clients pacing, clients looking unfocused, clients talking and laughing alone without cause.

### **Intelligence Analysis in Addressing Nursing Problems**

During the assessment, data collection was conducted using a predetermined psychiatric nursing assessment format and collected through interviews and observations. The primary nursing problem for Mr. R and Mr. F was sensory-sensory psychosis: auditory and visual

hallucinations. The nurse provided primary intelligence nursing care for these problems by teaching strategies for managing intuitive hallucinations, controlling and preventing their occurrence. The strategy for implementing hallucinations is an intuitive way to control oneself or control hallucinations by rejecting hallucinations that will arise.

There are differences in the results of the hallucinations and after the implementation of the hallucinations, Mr. R heard a whisper, Mr. R seemed to be self-conscious, Mr. R felt suspicious of his family's thoughts after the implementation strategy of intuitive hallucinations to control hallucinations for 3 days, namely the results of the hallucinations were marked by the client saying that the voices of the whispers had decreased, the client said that when the voices of the whispers had decreased, the client was able to carry out the technique of reprimanding, the client also appeared cooperative, the client appeared calm when the intervention was carried out. Meanwhile, for Mr. F, Mr. F heard whispering voices, Mr. F seemed to be pacing, Mr. F appears emotional, after the implementation strategy of intuitive hallucinations to control hallucinations for 3 days the client said he was able to do and demonstrate how to rebuke, the client said his whispering voice had decreased, the client said he no longer saw shadows, the client seemed cooperative when the introspection was carried out.

Proven by the results of Indrawan's research (2024) at Soerojo Hospital, it was stated that after the implementation strategy of rebuke techniques for 3 days, the results showed that there were differences. In Mr. A experienced significant symptom reduction, not only controlling his hallucinations but also showing improvements in his emotional stability. Overall, all three patients experienced positive progress in their ability to control hallucinations through the technique of mindfulness.

### **Alternative Problem-Solving**

Alternative nursing problem-solving for schizophrenia clients experiencing sensory impairment: hallucinations, and hearing loss can be achieved through thought-stopping therapy or thought-stopping therapy. Thought stopping therapy, or thought stopping, is the intuitive ability to instruct oneself to stop negative thoughts in the presence of unpleasant stimuli or impulses. This therapy is used because of the presence of negative thoughts that disturb the individual, causing stress, and replacing them with positive thoughts. Thought stopping therapy is carried out by training the client to write down disturbing thoughts by saying STOP and switching to positive thoughts (Biahimo et al., 2025).

Alternative solutions to problems with sensory perception disorders: hallucinations, and other auditory stimuli with non-pharmacological therapy, imagery. Picture therapy is an

effort that nurses can do to help clients reduce hallucination symptoms independently. The aim of picture therapy is to reduce the client's involvement in their own world, reveal thoughts, feelings and emotions that can influence behavior without being realized, provide motivation to clients, joy and divert the patient's attention and the hallucination experience they are experiencing (Elvariani, Manurung, and Anggraini 2025).

## **Conclusion**

After conducting nursing care at the PKJN Ruimah Mental Hospital Dr. H. Marzoeki Mahdi through an in-depth analysis of the strategies for managing hallucinations with a medical diagnosis of schizophrenia, the following conclusions can be drawn:

1. Data assessment and analysis were conducted by the nurses starting on January 31, 2025, by Mr. R, and February 3, 2025, by Mr. F. The data obtained indicated the presence of primary symptoms in the form of auditory hallucinations, with the client's behavior including hearing whispers, appearing to be in a trance, and pacing. Furthermore, predisposing and precipitating factors were identified that contributed to the emergence of these perceptual disturbances.
2. The nursing diagnoses found in Mr. R are sensory perception disorders: auditory hallucinations, risk of violent behavior, and low self-esteem. Meanwhile, the nursing diagnoses found in Mr. F are sensory perception disorders: auditory and visual hallucinations, risk of violent behavior, social isolation, and low self-esteem. However, in the implementation, the nurse focuses on the main problem, namely sensory perception disorders: auditory hallucinations.
3. The interventions conducted on Mr. R and Mr. F are in accordance with the implementation strategy for hallucinations. SP 1: building mutual trust, helping clients identify hallucinations (content, frequency, time of occurrence, situation, perception, feelings, response), explaining how to control hallucinations with harsh words, SP 2: evaluating clients' ability to control hallucinations with harsh words, training clients on how to control hallucinations with medication, SP 3: evaluating clients' ability to control hallucinations with harsh words and medication, training clients on how to control hallucinations by conversing with others when hallucinations occur, and SP 4: evaluating clients' ability to control hallucinations with Controlling hallucinations through reprimands, medication, and conversation. Training clients on how to control hallucinations through daily morning exercise and group activity therapy (scoring 2 activities).

4. The nursing actions implemented for Mr. R and Mr. F include four strategies focused on hallucination management strategies, implemented over three days, each lasting 10-15 minutes. Clients are trained to recognize and reject hallucinations through the techniques taught. Activities are carried out communicatively and involve a therapeutic approach focused on self-control and improving social skills.
5. Evaluation obtained after implementing the hallucination management strategies for Mr. R and Mr. F Regarding the nursing problem of sensory perception disorder: hallucinations and delusions for three days, it was found that there was a decrease in signs and symptoms after implementing the hallucination management strategy, which can help control and prevent the client's hallucinations. This indicates that the hallucination management strategy provides effective clinical outcomes.
6. The entire nursing care process has been systematically documented in accordance with psychiatric nursing care standards, including the assessment, diagnosis, intervention, implementation, and evaluation stages. This documentation objectively describes the client's condition and serves as an important reference for monitoring the effectiveness of interventions and planning appropriate nursing follow-up.

### **Suggestions**

#### **For Educational Institutions**

This research is expected to broaden knowledge and information, and also provide further insights into the development of more in-depth research in the future regarding strategies for managing hallucinations in patients with sensory sensory disorders: hallucinations and delusions.

#### **For Research Sites**

This research encourages hospitals to maintain and improve their understanding of strategies for managing hallucinations that can be used by nurses and delusions in patients with hallucinations and delusions.

#### **For Future Researchers**

This research is expected to provide information, input, and additional data for future researchers related to the implementation of hallucination intervention strategies to control and prevent hallucinations in patients with hallucinations.

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