



ANALYSIS OF NURSING CARE IN PATIENTS WITH SENSORY PERCEPTION DISORDERS THROUGH APPLICATION OF THERAPY THOUGHT STOPPING

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ABSTRACT	Keywords
Schizophrenia is a serious mental disorder that can affect individual thoughts, feelings and behavior. Schizophrenia is part of a psychotic disorder that is primarily characterized by loss of understanding of reality and loss of self-view. Thought stopping is one of the cognitive behavioral psychotherapy techniques that can be used to help clients change their thought processes. Sources of data obtained using primary and secondary data, primary data obtained using interviews with respondents, while secondary data related to case studies obtained from medical records. The subjects of this case study were schizophrenic patients with sensory perception disorders at Prof Dr Soerojo Psychiatric Hospital, with the number of case study subjects 3 patients who experience sensory perception disorders. The instrument is a measuring tool to measure what will be measured. The instrument for this case study method uses the PYSRAT (Psychotic Symptom Rating Scale). The nursing actions applied to three schizophrenic clients with sensory perception disorders in this case study focused on the application of thought stopping. The intervention was carried out 3 times with a duration of 10-15 minutes at each visit. Based on the application that has been done on clients, it is known that thought stopping can help reduce signs and symptoms and control sensory perceptual disorders. The results of sensory perception get better.	<i>Schizophrenia, Sensory Perception Disorders, Thought Stopping</i>

INTRODUCTION

Schizophrenia is a severe mental disorder that can affect individual thoughts, feelings and behavior. Schizophrenia is part of a psychotic disorder that is primarily characterized by loss of understanding of reality and loss of self-view. This disease is chronic and debilitating compared to other mental disorders, the likelihood of recurrence in individuals who have schizophrenia and who have been treated is 50-80% with a life expectancy of 10 years shorter than patients with other mental disorders. Schizophrenia is

a functional psychosis with major disturbances in thought processes and disharmony between thought processes, affect, or emotions.

Schizophrenia is a syndrome consisting of various causes and course of the disease. The interaction between genetics and the environment plays a major role in the emergence of schizophrenia (Yudhantara & Istiqomah, 2018).

Disorders of sensory perception are changes in perception of both internal and external stimuli accompanied by reduced, excessive or distorted responses.

Hallucinations are one of the symptoms of mental disorders in which the patient experiences changes in sensory perception, feels false sensations in the form of sound, sight, taste or touch. The patient feels a stimulus that is not actually there. The symptoms or behaviors that often occur in patients with mental disorders are related to hallucinations, namely talking to themselves, smiling to themselves, laughing to themselves, staring at a point, fast eye movements, trying to avoid other people, can't tell which one is which. real and unreal, not infrequently also people with mental disorders do not want to bathe and have strange behavior (PPNI, 2018).

METHOD

The subjects of this case study were schizophrenic patients with sensory perception disorders at Prof Dr Soerojo Psychiatric Hospital with the number of case study subjects 3 patients who experience sensory perception disorders. The instrument is a measuring tool to measure what will be measured.

The instrument for this case study method uses the PYSRAT (Psychotic Symptom Rating Scale) to measure hallucination symptoms, there are 11 items. Using a Likert scale (0-4), a Likert scale (0=none, 1=mild, 2=moderate, 3=severe, 4=very severe). The range of hallucination questionnaire scores is 0-44, if the score is smaller then there will be a decrease in hallucination symptoms. Sources of data obtained using primary and secondary data, primary data obtained using interviews with respondents, while secondary data related to case studies obtained from medical records (Erawati, E., Keliat, B.A & Daulima, 2014).

RESULTS

The assessment of three schizophrenic patients with sensory perception disorders showed that predisposing factor for clients is

that there are no biological factors that cause the client to experience mental disorders. The client finds out that the client's father is having an affair with his aunt and the client's mother has died. The client's relative's house is attached to the client's house. the precipitation factor is the problem with the client arises due to external factors. The client is experiencing drug withdrawal. Stressors have started to occur since 2017 and occur repeatedly. The patient appearance is untidy, the veil is not neat, the hair is limp, the face is dirty, the face sometimes looks tense, the client's speech is unstable and rambles, the client swears. Time disoriented clients. When examined the client is unable to answer the date and year. When hearing voices, clients often expel by tapping both ears. Clients sometimes talk to themselves and laugh alone. The client's second predisposing factor is that there are no biological factors, the client works as a housewife, and feels ashamed because people think she's crazy. The precipitating factor is that the client does not want to take medication because he feels that he has recovered. Recurrence occurs in the morning, afternoon or evening. Stress has occurred since 2018, and occurs when clients feel alone and daydreaming. The client's appearance is quite neat, the body looks clean, the view is easy to switch. When interacting with cooperative clients, affect is unstable. When angry, the client is unable to express his anger in a good way. Clients tend to get angry, tense faces, sharp eyes, and damage things around their environment. This shows the client's coping mechanism, namely displacement.

The nursing diagnosis is sensory perception disorder associated with psychological stress as evidenced by hearing whispered voices, sensory distortions, inappropriate responses, acting as if they heard something, expressing annoyance, being alone, daydreaming, pacing back and forth, talking to himself.

The nursing actions applied to three schizophrenic clients with sensory perception disorders in this case study focused on the application of thought stopping. The intervention was carried out 3 times with a duration of 10-15 minutes at each visit. Anger response rates were measured using the Psychotic Symptom Rating Scale questionnaire before and after thought stopping was performed on the client. Based on the application that has been done on clients, it is known that thought stopping therapy can help reduce signs and symptoms and control sensory perceptual disorders. This is evidenced by a decrease in angry responses and signs of sensory perceptual disturbance symptoms.

Implementation carried out on Mrs. A, the results of the client's response were obtained after the thought stopping action was carried out, namely verbalization of hearing a whisper decreased enough, concentration increased enough, pacing decreased. Mrs. A also decreased the questionnaire score from 29 to 18, which means there was a decrease in signs and symptoms of sensory perception disorders. The responses that appeared to Mrs. N after the thought stopping therapy was carried out, namely verbalization hearing whispers decreased quite a bit, pacing decreased, responses according to stimulus increased quite a lot, concentration increased. There was a decrease in the questionnaire score from 27 to 16, which means there was a decrease in signs and symptoms of sensory perception disorders. At Mrs. E after the implementation of thought stopping the pacing has decreased considerably, the verbalization of hearing a whisper has decreased considerably, the hallucinatory behavior is moderate. The questionnaire score obtained by Mrs. E experienced a decrease in scores from 29 to 17, which means that there is a decrease in signs and symptoms of sensory perception disorders (PPNI, 2019).

Which means that sensory perception getting better.

DISCUSSION

The study conducted on three schizophrenic clients with sensory perception disorders showed that the causes of hallucinations for the three clients were different. This is caused by two factors, namely predisposition and precipitation which triggers the client to experience sensory perception disorders. Precipitating factors that cause a person to experience sensory perception disorders can arise due to stressors both originating from oneself and the environment (Ahmad, 2015).

In the psychosocial assessment, the results of the three clients showed that the three clients had no family history of mental disorders. The genetic factor itself has a function to convey information to the next generation as well as a determinant of inherited traits (Hermiati, 2018).

In addition, the precipitating factors that cause a person to experience sensory perception disorders are a history of previous mental disorders and adherence to taking medication. The results of the study showed that all of the three clients had a previous history of mental disorders. The three clients re-entered due to stopping taking medication. There are several conditions that cause clients to be non-compliant with taking medication, including a lack of understanding of the purpose of treatment, a lack of understanding about the importance of following medication rules, difficulty getting medication (Somana, 2018).

Signs and symptoms of sensory perception disorders that appeared in the three patients after the assessment were patient pacing back and forth, talking to themselves, laughing to themselves, tense faces, swearing. According to PPNI, (2017). there are major and minor symptoms that appear in clients with impaired sensory perception. Major symptoms include the client's subjective

hearing of whispering voices or seeing shadows, while objective data such as sensory distortions, inappropriate responses, acting as if they see, hear, taste, touch or smell. Minor symptoms, namely expressing annoyance, being alone, daydreaming, poor concentration, disorientation in time, place, person and situation, suspicious, looking in one direction, pacing, talking to himself.

Disturbance of sensory perception received by the five senses without any external stimulus. Clients with hallucinations often feel circumstances or conditions that can only be felt by them but cannot be felt by other people. Impaired sensory perception is influenced by two factors, namely predisposing factors and precipitation factors. Predisposing factors are factors that affect the function of the type and amount of resources that can be generated by individuals to deal with stress. Predisposing factors include developmental, sociocultural, biological, psychological and genetic factors. Precipitation factors are stimuli that are prepared by individuals as challenges, threats, or demands that require extra energy to deal with, in which there are behaviors such as low self-concept, hopelessness, loss of motivation, inability to spiritual needs (Maudhunah, 2020).

Research is in line with Ferdinanda, (2022), which states that the author teaches specialist nursing therapy, namely thought stopping sessions 1 and session 2, namely identifying disturbing thoughts and practicing stopping disturbing thoughts with regular counts and the client can do it independently so that it is continued to the second session, namely stopping disturbing thoughts with regular counts and clients can do them with regular counts and clients can practice also with varied counts. After sessions one and two have been trained then the nurse conducts subjective and objective evaluations.

Thought stopping is an application in patients with sensory perception disorders that

aims to control auditory hallucinations by stopping thoughts. This opinion is reinforced by Twistiandayani, (2018) showing that before thought stopping was given to patients, the ability to control hallucinations was still lacking, while after thought stopping the hallucination ability was good, which means that there was an effect of thought stopping on the ability to control hallucinations in schizophrenic patients.

According to research by Agustya et al (2022) it showed that patients were able to repeat thought stopping and it was found that respondents rarely heard voices and had started to be able to change negative thoughts to positive ones, patients also understood the techniques that had been taught. Research in line with Ambo (2023) shows that after being given thought stopping, patients can express positive things about themselves, respondents do not often look down, eye contact has started to exist. Respondents have started interacting with researchers after thought stopping has been carried out because through this therapy respondents have been able to stop negative thoughts so that they become more positive thoughts, thus increasing the respondent's thinking ability as a result there is a decrease in symptoms of sensory perception disorders.

CONCLUSIONS

The assessment of the three patients was carried out using Stuart stress adaptation models. The nursing diagnoses that emerged from the assessment of the three patients based on Kandar & Iswanti (2019), namely sensory perception disorders related to psychological stress as evidenced by hearing whispering sounds, sensory distortions, inappropriate responses, acting as if they heard something, expressing annoyance, being alone, daydreaming, pacing, talking alone. The expected results are decreased verbalization hearing whispers, decreased hallucinatory behavior, decreased pacing,

increased responsiveness to stimulus, increased concentration.

Implementation of nursing carried out on the three patients, namely monitoring behavior that indicates hallucinations, monitoring the content of hallucinations, maintaining a safe environment, teaching relaxation distraction. The results that sensory perception getting better.

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