

Efektifitas penerapan standar asuhan keperawatan jiwa generalis pada pasien skizofrenia dalam menurunkan gejala halusinasi = Effectiveness of the implementation of nursing standards generalis in schizophrenic patients in reducing hallucinations symptoms

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Abstrak

Halusinasi merupakan persepsi yang diterima oleh panca indera tanpa adanya stimulus eksternal. Klien dengan halusinasi sering merasakan keadaan/kondisi yang hanya dapat dirasakan olehnya namun tidak dapat dirasakan oleh orang lain.

Kasus: Klien wanita berusia 30 tahun masuk rumah sakit dengan alasan klien keluyuran dan pulang diantar oleh warga. Bila keinginan tidak terpenuhi klien marah-marah, tampak sering berbicara sendiri, kurang tidur, aktivitas di rumah hanya tiduran, tidak mau makan dan mandi. Klien mengatakan bahwa dirinya sering mendengar suara-suara. Suara-suara tersebut mengatakan dirinya bodoh, tidak berguna, pelacur, yang membuat dirinya menjadi cemas. Klien mengatakan bahwa halusinasinya datang lebih dari 8x/hari dan tidak menentu waktunya. Situasi yang menyebabkan halusinasi yaitu saat dirinya sedang bengong, melamun, atau sendiri. Klien juga mengatakan bahwa saat halusinasi datang dirinya menjadi cemas, marah-marah, dan bingung. Klien mengatakan bahwa saat dirumah, suara tersebut sering muncul saat ingin tidur yang membuat dirinya menjadi susah untuk tidur. Implementasi keperawatan berfokus pada standar asuhan keperawatan jiwa generalis gangguan sensori persepsi halusinasi pendengaran seperti mengenal halusinasi, menghardik, bercakap-cakap, melakukan kegiatan, dan patuh obat. Implementasi yang dilakukan mampu untuk menurunkan gejala halusinasi. Hal ini dapat terlihat dari respon kognitif, afektif, perilaku, dan sosial yang dialami klien setelah dilakukan tindakan keperawatan.

Kesimpulan: standar asuhan keperawatan jiwa generalis dengan gangguan sensori persepsi halusinasi pendengaran dapat menurunkan gejala halusinasi.

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Hallucinations are perceptions received by the five senses without an external stimulus. Clients with hallucinations often feel the conditions / conditions that can only be felt by them but cannot be felt by others.

Case: A client of a 30-year-old woman is admitted to the hospital on the grounds that the client wanders and goes home by the residents. If the desire is not fulfilled the client is angry, seems often to speak to himself, lack of sleep, activities at home just lie down, do not want to eat and bathe. The client said that he often heard voices. The voices said he was stupid, useless, a prostitute, which made him anxious. The client said that the hallucinations came more than 8 times a day and were not timed. The situation that causes hallucinations is when he is dazed, daydreaming, or alone. The client also said that when hallucinations came he became anxious, angry, and confused. The client said that at home, the voice often appears when he wants to sleep which makes him difficult to sleep.

Discussion: Nursing implementation focuses on the standard of generalist mental nursing sensory impairment of the perception of auditory hallucinations such as knowing hallucinations, rebuking, conversations, activities, and drug adherence. The implementation carried out is able to reduce the symptoms of hallucinations. This can be seen from the cognitive, affective, behavioral, and social responses experienced by the client after nursing actions.

Conclusion: generalist mental nursing care standards with sensory disorders perception of auditory hallucinations can reduce hallucinatory symptoms.