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NURSING CARE FOR MENTAL HEALTH CLIENTS WITH SENSORY PERCEPTION DISTURBANCES: VISUAL HALLUCINATIONS IN MR. P WITH A FOCUS ON TALKING THERAPY INTERVENTION AT DR. RM SOEDJARWADI MENTAL HOSPITAL, KLATEN

ASUHAN KEPERAWATAN JIWA GANGGUAN PERSEPSI SENSORI : HALUSINASI PENGLIHATAN PADA Tn. P DENGAN FOKUS TINDAKAN BERCAKAP - CAKAP DI RUMAH SAKIT JIWA DAERAH Dr. RM SOEDJARWADI KLATEN

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Abstract

Background: Mental disorders are conditions in which individuals experience disturbances in psychological, social, and biological functions. One of the most common symptoms in patients with schizophrenia is visual hallucination, which refers to the perception of seeing something that does not actually exist. This condition affects the patient's ability to function and interact with their social environment. Appropriate nursing interventions are required to help patients manage their hallucinations. One such intervention is the talking technique, a distraction strategy that redirects the patient's attention from hallucinations to real-life interaction. Objective: This study aims to determine the process of mental nursing care for patients with sensory perception disorders: visual hallucinations with a focus on conversation interventions at Dr. Soedjarwadi Klaten Regional Hospital. Method: The design of this study uses a case study method consisting of stages of assessment, determination of nursing diagnosis, planning, implementation, and evaluation. The subject in this study was Mr. P, a patient at the Dr. RM Soedjarwadi Klaten Regional Mental Hospital. Results: The results of the study showed that consistent implementation of conversational strategies during treatment can reduce the intensity of hallucinations, increase awareness of reality, and rebuild patients' social interaction

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abilities. Counclusion: Conversation intervention is an effective approach in treating visual hallucinations in mental disorders patients.
Keyword : Nursing Care, Visual Hallucinations, Communication Techniques

1. INTRODUCTION

According to the Law of the Republic of Indonesia Number 18 of 2014, mental health is a condition in which an individual has the ability to adapt physically, religiously, and socially. Therefore, a person may not realize that they possess the strength to overcome problems such as pressure, inability to engage in productive activities, and the potential to contribute positively to their community. Mental disorders may occur when mental health issues are not addressed promptly (Amalita et al., 2020).

A mental disorder is defined as a condition in which a person experiences unique behavioral disturbances, including psychological, behavioral, and biological functions (Fausia et al., 2020). If not treated immediately, this problem can have a negative impact on patients, their families, the community, and their environment. Furthermore, individuals suffering from mental disorders may develop schizophrenia or severe mental illness (Dita & Wahyuni, 2021).

Schizophrenia is a condition in which a person experiences disorganized thinking, delusions, hallucinations, and behaviors that interfere with normal functioning, such as thinking patterns, interactions, perception, emotions, and memory. Approximately 90% of schizophrenia patients experience hallucinations, most of which are visual hallucinations (Lase & Pardede, 2022).

Hallucinations are a form of inappropriate perception, interpretation, and response to sensory stimuli. They represent false perceptual experiences caused by neurological disturbances. Types of hallucinations include auditory, olfactory, visual, gustatory, and tactile (Rahmawati & Pratiwi, 2020). Those who experience hallucinations often perceive them as real and respond accordingly.

Responses to hallucinations may include visual or auditory perceptions, disbelief, anxiety, difficulty making decisions, and trouble distinguishing between their thoughts and reality. Parenting style, developmental, neurological, and psychological factors can contribute to the manifestation of hallucination symptoms in patients (Fitri, 2022). Individuals experiencing hallucinations may appear to talk, laugh, or smile to themselves, avoid social interaction, and struggle to differentiate between reality and imagination.

Visual hallucinations occur when a patient perceives visual images they believe to be real, but which do not actually exist. These hallucinations may also include visual commands influencing the patient's behavior and their awareness of what they perceive (Kartika & Ritonga, 2022).

Hallucination control can be achieved through four interventions: rebuking the hallucination, engaging in conversation, taking medication, and performing daily activities (Nurhayaty, 2022). Talking to people about the hallucinations is used to increase awareness among patients who experience hallucinations, helping them distinguish between real and unreal perceptions and enabling them to control their hallucinations. Among the four interventions, the implementation strategy (SPII) of engaging in conversation is the most effective for patients with visual hallucinations compared to the other three interventions. Several case studies also show that conversational therapy helps individuals experiencing hallucinations (Cahayatiningsih & Rahmawati, 2023).

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A study by Alfaniyah and Pratiwi (2021) found that conversational therapy assists clients in controlling hallucinations by reducing symptoms and signs of hallucinations.

According to Nugraha et al. (2024), the talking technique is more effective in reducing the frequency of hallucinations compared to group activity therapy (GAT) or reality therapy. Patients who received the talking intervention showed greater improvement in recognizing real stimuli, while those who participated in group activities mainly improved their social interaction skills rather than their ability to control hallucinations.

Similarly, Rondonisyah (2023) found that group activity therapy can enhance patients' social functioning, but its effect on decreasing the intensity of hallucinations was less significant compared to the talking technique, which focuses more directly on verbal communication and awareness of reality.

According to the World Health Organization (WHO, 2018), out of 23 million people worldwide, 21 million suffer from chronic mental disorders. Among those, about 50% of individuals with schizophrenia do not receive proper treatment, and most of them live in developing countries (Rizky A & Nuralita, 2018).

Based on the 2018 Basic Health Research (Riskesdas) by the Ministry of Health, there has been an increase in the number of families with members suffering from mental disorders in Indonesia. The prevalence rose from 1.7 per thousand to 7 per thousand households, meaning that 7 out of every 1,000 households have a member with a severe mental disorder. This indicates there are approximately 450,000 individuals with severe mental disorders (ODGJ) in Indonesia. These figures show that mental disabilities remain a significant issue in Indonesia. The Special Capital Region (DKI) of Jakarta recorded the highest rate, with 79.03% of individuals with mental disorders not receiving treatment (Center for Health Data and Information, Ministry of Health, July 2019) (Saputri et al., 2023).

Based on the above explanation, the author aims to conduct a scientific study on mental health nursing care related to sensory perception disturbances—specifically visual hallucinations—in Mr. P, with a focus on the intervention of engaging in conversation.

2. RESEARCH METHOD

The research method used in this study is a case study approach that aims to describe and analyze the nursing care process for patients with sensory perception disturbances in the form of visual hallucinations. This approach focuses on understanding the patient's condition in depth through stages of nursing care including assessment, diagnosis, planning, implementation, and evaluation. The study was conducted on Mr. P, a male patient diagnosed with visual hallucinations who was treated at Dr. RM Soedjarwadi Regional Mental Hospital, Klaten, Central Java. The selection of the subject was based on inclusion criteria such as being a male patient who experienced visual hallucinations, was cooperative, and was in the condemning phase (Phase II) of hallucinations. Patients with emotional instability or who were uncooperative were excluded from the study.

The main focus of this case study was to provide mental health nursing care using the conversation (talking therapy) intervention, which serves as a verbal communication technique to help patients control hallucinations by redirecting their attention from unreal visual stimuli to real interactions. The operational definitions in this study included three key variables: nursing care, visual hallucinations, and conversation therapy. The instruments used in data collection consisted of observation sheets, interview sheets, and documentation sheets, which were designed to collect data systematically, accurately, and comprehensively.

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Data were collected through interviews, observations, and documentation. The interview method was conducted to obtain information regarding the patient's identity, medical history, and psychological condition from the patient, family, and healthcare staff. Observation was carried out to monitor the patient's behavior and response during the application of the conversation therapy intervention. Documentation was used to review medical records and other related data to support the findings of the study.

The study was carried out at Dr. RM Soedjarwadi Regional Mental Hospital, Klaten, from December 18 to December 20, 2024, over a period of three days. The collected data were analyzed descriptively using a qualitative approach to explain the nursing care process provided to the patient, from assessment to evaluation, and to determine the effectiveness of the conversation therapy intervention in controlling visual hallucinations. Ethical considerations were maintained throughout the research process by obtaining approval from the institution and the hospital, ensuring patient confidentiality, anonymity, and voluntary participation through informed consent.

3. RESULTS AND DISCUSSION

1. Assessment Ward : Geranium
   Date of Admission : December 15, 2024

a. **Patient Identity**

Name	: Mr. P
Date of Assessment	: December 18, 2024
Age	: 36 years old
Medical Record Number	: 0020xxxx
Religion	: Islam

b. **Reason for Admission**

The patient was brought to the Emergency Room (ER) of Dr. RM Soedjarwadi Mental Hospital, Klaten, by his family with complaints of confusion for the past week, frequent anger, throwing objects, and hitting walls at home without any reason. The patient often saw the shadow of a very beautiful woman resembling his ex-girlfriend and appeared to speak incoherently.

c. **Predisposing Factors**

1. The patient previously experienced a mental disorder two years ago with the same complaints.
2. The previous treatment was unsuccessful because the patient did not take medication regularly.
3. The patient had experienced a mental disorder in the past and had been admitted to Dr. RM Soedjarwadi Mental Hospital due to discontinuing his regular medication, resulting in unsuccessful treatment. The patient had no history of physical or sexual abuse trauma, but he had experienced rejection by a woman and by people in his surrounding community.
4. The patient stated that there were no family members with mental disorders. His relationship with family members was harmonious and close; however, the patient often isolated himself and rarely communicated with his family.
5. The patient reported experiencing trauma because he once liked a woman who was taken and later married by his male friend from the same neighborhood. Since that

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incident, the patient has felt inferior, hurt, lost confidence, and had withdrawn from others.

d. Physical Examination

1. Vital Signs : BP: 135/87 mmHg P: 89x/minute T: 36.6°C RR: 20x/minute
2. Measurements : Height: 167 cm Weight: 85.7 kg
3. The patient reported no physical complaints.
4. Level of Consciousness : Compos mentis

Data Analysis

Table 4.2 Data Analysis

Date	Focus Data	Diagnosis	Initials
December 18, 2024 – 09.00 AM	**DS:** - The patient said that before being taken to the hospital, he often got angry, threw things, and hit the walls at home without any reason. - The patient said he still often gets angry without reason. **DO:** - The face looks tense. - Voice rises when speaking. - Consciousness compos mentis. - The patient appears anxious.	Risk of violent behavior	Okti
December 18, 2024 – 09.10 AM	**DS:** - The patient said he saw the shadows of a very beautiful woman resembling his ex-girlfriend. - The patient said the shadow appears when he is daydreaming alone. - The patient said he sees the shadow 3–4 times. - The patient said he feels sad when the shadow appears. - The patient said the shadow often appears at night. **DO:** - The patient appears confused. - The patient speaks incoherently. - The patient stares in a certain direction.	Visual hallucination	Okti
December 18, 2024 – 09.20 AM	**DS:** - The patient said that before his illness, he rarely participated in community activities or interacted with others because he was once ostracized by the surrounding community. - The patient said he could not start a conversation unless spoken to and remained silent because he did not know what to do. **DO:** - The patient appears silent. - The patient tends to be alone more often. - The patient shows minimal eye contact and a flat affect.	Social isolation	Okti

List of Problems

a. Risk of violent behavior
b. Visual hallucination
c. Social isolation

Nursing Diagnosis

In this case study, the author focuses only on one diagnosis, namely visual hallucination.

Table 4.3 Nursing Diagnosis

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Focus Data **Diagnosis**

DS: - The patient said he saw the shadows of a very beautiful woman resembling his ex-girlfriend. - The patient said the shadow appears when he is daydreaming alone. - The patient said he sees the shadow 3–4 times a day for 1–3 minutes. - The patient said he feels sad when the shadow appears. - The patient said the shadow often appears at night.
DO: - The patient appears confused. - The patient speaks incoherently. - The patient stares in a certain direction.

Nursing Interventions

Table 4.4 Nursing Interventions

Date	Nursing Diagnosis	Goals and Outcome Criteria	Interventions	
December 18, 2024 – 09.00 AM	Sensory perception disturbance: visual hallucination	After three nursing actions over two weeks, it is expected that the hallucinations will be partially resolved with the following outcome criteria: 1. Help the patient recognize his hallucinations. 2. Teach the patient to control hallucinations using the rebuking technique. 3. Teach the patient to control hallucinations through conversation.	**SP 1 Hallucination:** 1. Build a trusting relationship. 2. Identify hallucinations: content, frequency, time of occurrence, triggering situation, feelings, and responses. 3. Explain ways to control hallucinations: rebuking, talking, engaging in activities. 4. Train the patient to control hallucinations using the rebuking technique. 5. Guide the patient to include rebuking exercises in their activity schedule. **SP 2 Hallucination:** 1. Evaluate rebuking activities and give praise. 2. Train the patient to control hallucinations through conversation during hallucination episodes. 3. Guide the patient to include rebuking and conversation exercises in their activity schedule. 4. Evaluate	Visual hallucination

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Focus Data			Diagnosis
		conversation activities and give praise.	

Nursing Implementation and Evaluation

Table 4.5 Nursing Implementation and Evaluation

Date	Nursing Diagnosis	Implementation	Evaluation
December 18, 2024 – 09.00 AM	Sensory perception disturbance: visual hallucination	1. Build a trusting relationship. 2. Establish a time contract and introduce oneself. 3. Identify hallucinations: content, frequency, time of occurrence, triggering situation, feelings, responses. 4. Train the patient to control hallucinations using the rebuking technique.	**S:** - The patient said he was willing to talk. - The patient said he saw the shadow of a very beautiful woman resembling his ex-girlfriend. - The patient said he saw the shadow 3–4 times a day for 1–3 minutes. - The patient said he felt sad when the shadow appeared or when he was daydreaming. - The patient said the shadow often appears at night. - The patient said he began to understand the rebuking technique to control hallucinations. **O:** - The patient appeared cooperative and calm when engaged in conversation. - The patient was seen practicing the rebuking technique independently. **A:** SP I and SP II **P:** Continue SP I intervention and proceed to SP II.
December 18, 2024 – 11.20 AM	Sensory perception disturbance: visual hallucination	1. Evaluate SP I. 2. Train the patient to control hallucinations through conversation.	**S:** - The patient said he could perform the rebuking technique independently to control visual hallucinations. - The patient said he wanted to include the rebuking technique in his daily routine. - The patient said he wanted to learn another way to control hallucinations through

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Focus Data			Diagnosis
			conversation. - The patient said he was a bit confused about the conversation technique. **O:** - The patient appeared cooperative but still slightly confused with the conversation technique. - The patient followed and practiced the conversation technique. **A:** SP I and SP II **P:** Continue and repeat SP I and SP II interventions.
December 19, 2024 – 09.00 AM	Sensory perception disturbance: visual hallucination	1. Train the patient to control hallucinations through conversation.	**S:** - The patient said he could now perform the conversation technique to control visual hallucinations. - The patient said the hallucinations had decreased to only twice a day for 1–2 minutes. - The patient said he was no longer confused about the conversation technique. - The patient said he wanted to talk more often with others when the shadow appears. **O:** - The patient appeared cooperative and practiced the conversation technique correctly. **A:** SP I and SP II **P:** Continue and repeat SP I and SP II interventions.
December 20, 2024 – 09.00 AM	Sensory perception disturbance: visual hallucination	1. Conduct evaluation. 2. Train the patient to recall how to control hallucinations through rebuking and conversation. 3. Guide the patient to include rebuking and conversation	**S:** - The patient said he still remembers how to perform the rebuking technique and can do it independently. - The patient said he understood how to talk with others when hallucinations occur. - The patient said the hallucinations had decreased to only twice a day for 1–2 minutes. - The

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Focus Data			Diagnosis
		exercises in his daily activity schedule.	patient said he wanted to continue using the rebuking and conversation techniques with others and include them in his activity schedule. **O:** - The patient appeared cooperative, able to independently practice rebuking and conversation techniques with others while in the room. **A:** SP I and SP II resolved. **P:** Terminate the intervention.
Date	**Nursing Diagnosis**	**Implementation**	**Evaluation**
December 18, 2024 – 09.00 AM	Sensory perception disturbance: visual hallucination	1. Build a trusting relationship. 2. Establish a time contract and introduce oneself. 3. Identify hallucinations: content, frequency, time of occurrence, triggering situation, feelings, responses. 4. Train the patient to control hallucinations using the rebuking technique.	**S:** - The patient said he was willing to talk. - The patient said he saw the shadow of a very beautiful woman resembling his ex-girlfriend. - The patient said he saw the shadow 3–4 times a day for 1–3 minutes. - The patient said he felt sad when the shadow appeared or when he was daydreaming. - The patient said the shadow often appears at night. - The patient said he began to understand the rebuking technique to control hallucinations. **O:** - The patient

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Focus Data			Diagnosis
			appeared cooperative and calm when engaged in conversation. - The patient was seen practicing the rebuking technique independently. **A:** SP I and SP II **P:** Continue SP I intervention and proceed to SP II.
December 18, 2024 – 11.20 AM	Sensory perception disturbance: visual hallucination	1. Evaluate SP I. 2. Train the patient to control hallucinations through conversation.	**S:** - The patient said he could perform the rebuking technique independently to control visual hallucinations. - The patient said he wanted to include the rebuking technique in his daily routine. - The patient said he wanted to learn another way to control hallucinations through conversation. - The patient said he was a bit confused about the conversation technique. **O:** - The patient appeared cooperative but still slightly confused with the

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Focus Data			Diagnosis
			conversation technique. - The patient followed and practiced the conversation technique. **A:** SP I and SP II **P:** Continue and repeat SP I and SP II interventions.
December 19, 2024 – 09.00 AM	Sensory perception disturbance: visual hallucination	1. Train the patient to control hallucinations through conversation.	**S:** - The patient said he could now perform the conversation technique to control visual hallucinations. - The patient said the hallucinations had decreased to only twice a day for 1–2 minutes. - The patient said he was no longer confused about the conversation technique. - The patient said he wanted to talk more often with others when the shadow appears. **O:** - The patient appeared cooperative and practiced the conversation technique correctly. **A:** SP I and SP II **P:** Continue and repeat SP I and SP II interventions.

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Focus Data	Diagnosis		
December 20, 2024 – 09.00 AM	Sensory perception disturbance: visual hallucination	1. Conduct evaluation. 2. Train the patient to recall how to control hallucinations through rebuking and conversation. 3. Guide the patient to include rebuking and conversation exercises in his daily activity schedule.	**S:** - The patient said he still remembers how to perform the rebuking technique and can do it independently. - The patient said he understood how to talk with others when hallucinations occur. - The patient said the hallucinations had decreased to only twice a day for 1–2 minutes. - The patient said he wanted to continue using the rebuking and conversation techniques with others and include them in his activity schedule. **O:** - The patient appeared cooperative, able to independently practice rebuking and conversation techniques with others while in the room. **A:** SP I and SP II resolved. **P:** Terminate the intervention.

DISCUSSION

This chapter discusses the nursing care provided to Mr. P, a patient with hallucinations at Dr. RM Soedjarwadi Mental Hospital, Klaten, Central Java, specifically in the Geranium ward. The nursing care was carried out for three days and followed theoretical frameworks applied to real clinical situations. The discussion includes the stages of the nursing process:

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assessment, diagnosis, planning, implementation, and evaluation. From the assessment results, it was found that Mr. P had a history of mental illness two years prior and often saw the image of a beautiful woman resembling his ex-girlfriend, especially when daydreaming. The hallucinations usually appeared three to four times a day for one to three minutes, mainly at night. Mr. P also experienced feelings of sadness and trauma due to rejection and social exclusion. Based on observation, the patient tended to isolate himself but was still able to communicate when approached. His hallucination phase was identified as the condemning phase, where the patient felt unable to control the hallucinations and gradually withdrew from others.

The nursing diagnosis obtained from the assessment results included *sensory perception disturbance: visual hallucinations* and *social isolation*. Mr. P often saw unreal images, talked to himself, and appeared to stare in one direction, all of which are consistent with visual hallucination symptoms. The patient's social isolation and past trauma contributed to the emergence of hallucinations and increased the risk of violent behavior. This aligns with the theory stating that hallucinations are often triggered by psychosocial stressors, lack of social interaction, and unaddressed emotional needs. Therefore, the main focus of nursing care was to address the hallucinations through psychosocial interventions aimed at improving social interaction, self-control, and emotional stability.

The nursing intervention used was based on the implementation strategy (SP I and SP II) focusing on building a trusting relationship, identifying the nature of hallucinations, and teaching the patient techniques to control them through rebuking and conversation. Over the three days of implementation, the patient showed gradual improvement. Initially, he began to understand the rebuking technique, then learned to apply the conversation technique to redirect his attention from hallucinations to real interactions. By the third day, Mr. P was able to practice both techniques independently and planned to incorporate them into his daily activities. Evaluation results showed that the hallucinations had decreased in frequency and duration. However, a limitation of this case study was the lack of family involvement, as the patient was rarely visited during the treatment period, which limited the implementation of family-based interventions.

4. CONCLUSION

The conclusion of this case study is that nursing care for patients with sensory perception disturbances—specifically visual hallucinations—can be carried out by focusing on **conversation techniques** to enhance the patient's ability to control hallucinations at Dr. RM Soedjarwadi Mental Hospital, Klaten. The other conclusions are as follows:

1. The assessment results showed that Mr. P saw the shadow of a very beautiful woman resembling his ex-girlfriend. The hallucinations often appeared at night, lasting about 1–3 minutes, occurring 3–4 times a day, usually when he was daydreaming alone. When the hallucinations appeared, he felt sad, appeared confused, isolated himself, and paced back and forth. Based on these findings, the patient was in the second phase (condemning phase), in which the patient experiences severe anxiety, with prolonged emotional responses such as sadness, fear, shame, restlessness, and difficulty accepting unavoidable situations, leading the patient to feel comfortable with his hallucinations.
2. The main diagnosis for Mr. P was sensory perception disturbance: visual hallucination.
3. The nursing interventions provided to Mr. P were based on the priority diagnosis—visual hallucinations—with a focus on conversation techniques.

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4. The nursing implementation carried out for Mr. P over three days followed the theoretical framework and was adjusted to the patient's needs and condition. The goal was to help the patient control his hallucinations by focusing on conversation techniques, such as encouraging him to talk with his roommate whenever hallucinations occurred. The results were as follows: on the first day, using SP I, the patient appeared cooperative and was able to perform the rebuking technique independently. On the second day, continuing SP II, the patient was trained in conversation techniques, appeared slightly confused but practiced the technique. On the third day, still continuing SP II, the patient appeared cooperative, was able to repeat the rebuking and conversation techniques independently, and planned to include them in his daily schedule.
5. After three days of nursing care, it was evaluated that Mr. P was able to carry out the conversation technique effectively with others to help control his visual hallucinations.

5. REFERENCES

Amalita, A. R., Alawiya, N., & Utami, N. A. T. (2020). *Perlindungan Hukum Terhadap Penderita Gangguan Jiwa Dalam Pelayanan Kesehatan Pada Struktur Peraturan Perundang-Undangan Indonesia. Issn 2502-3632 (Online) Issn 2356-0304 (Paper)* Jurnal Online Internasional & Nasional Vol. 7 No.1, Januari – Juni 2019 Universitas 17 Agustus 1945 Jakarta, 53(9), 1689–1699. Http://Journal.Fh.Unsoed.Ac.Id/Index.Php/SLR/Article/View/22%20 Diakses Pada Tanggal 09 Januari 2025

Andri, J., Febriawati, H., Panzilion, P., Sari, S. N., & Utama, D. A. (2019). *Implementasi Keperawatan Dengan Pengendalian Diri Klien Halusinasi Pada Pasien Skizofrenia.* Jurnal Kesmas *Asclepius*, *1*(2), 146–155. Https://Doi.Org/10.31539/Jka.V1i2.922 Diakses pada tanggal 09 Januari 2025

Anggarawati, T., Primanto, R., & Azhari, N. K. (2022). *Penerapan Terapi Psikoreligi Dzikir Untuk Menurunkan Halusinasi Pada Klien Skizofrenia Di Wilayah Binaan Puskesmas Ambarawa.* Jurnal Keperawatan Sisthana, *7*(2), 64-71. https://jurnal.stikeskesdam4dip.ac.id/index.php/Sisthana/article/view/124 Diakses pada tanggal 02 Juli 2025

Apriliani, Y., & Widiani, E. (2020). *Penerapan Komunikasi Terapeutik Pada Pasien Skizofrenia Dalam Mengontrol Halusinasi Di RS Jiwa Menur Surabaya: Application Of Therapeutic Communication In Schizophrenia Patients To Control Hallucinations At Menur Mental Hospital*, Surabaya. *Ners* Jurnal Keperawatan, 16(2), 61-74. Https://Scholar.Google.Com/Scholar?Q=Related:Cdqhkcu6bx8j:Scholar.Google.Com/&Hl=Id&As_Sdt=0,5#D=Gs_Qabs&T=1738825414349&U=%23p%3dcdqhkcu6bx8j Diakses pada tanggal 02 Februari 2025

Asih, T. A., & Rochmah, E. (2019). *Hubungan Kecerdasan Emosional Dengan Hasil Belajar Matematika Siswa Sekolah Dasar.* Jurnal Pgsd, *5*(2), 45–50. Https://Doi.Org/10.32534/Jps.V5i2.746 Diakses pada tanggal 10 Januari 2025

Bahiyah, U., & Gumiandari, S. (2024). *Metode Penelitian Kualitatif. In General And Specific Research* (Vol. 4, Issue 2). Https://Adisampublisher.Org/Index.Php/Edu/Article/View/744/784 Diakses Pada Tanggal 31 Januari 2025.

Multidisciplinary Indonesian Center Journal (MICJO)
Journal page is available to
https://e-jurnal.jurnalcenter.com/index.php/micjo
Email: admin@jurnalcenter.com

Cahayatiningsih, D., & Rahmawati, A. N. (2023). *Studi Kasus Implementasi Bercakap-Cakap Pada Pasien Halusinasi Penglihatan.* Jurnal Penelitian PerawatProfesional,5(2), 43–748. Https://Doi.Org/10.37287/Jppp.V5i2.1571 Diakses pada tanggal 15 Januari 2025

Dita, & Wahyuni, I. (2021). *Peran Keluarga Sebagai Caregiver Terhadap Penanganan Anggota Keluarga Yang Mengalami Gangguan Jiwa Skizofrenia. Repository* Uin Jakarta. Https://Repository.Uinjkt.Ac.Id/Dspace/Bitstream/123456789/56413/1/Dita Intan Wahyuni-Fdk.Pdf Diakses pada tanggal 17 Januari 2025

Ela Safitri, & Puji Astuti, A. (2023). G*ambaran Pengelolaan Gangguan Persepsi Sensori: Halusinasi Pendengaran Dan Penglihatan Pada Klien Skizofrenia Paranoid*. *Journal Of Holistics And Health Science*, *5*(1), 166–178. Https://Doi.Org/10.35473/Jhhs.V5i1.261 Diakses pada tanggal 17 Januari 2025

Fausia, Hasanuddin, & Darwis. (2020). *Hubungan Tingkat Pengetahuan Keluarga Dengan Kepatuhan Minum Obat Pasien Skizofrenia Di Poli Jiwa Rsud Salewangan Maros.* Jurnal Ilmiah Kesehatan Diagnosis, 15, 321–326. https://jurnal.stikesnh.ac.id/index.php/jikd/article/view/383 Diakses pada tanggal 20 Januari 2025

Fitri, M. (2022). *Komunikasi Interpersonal Perawat Dalam Fakultas Dakwah Dan Komunikasi Universitas Islam Negeri Ar-Raniry Banda Aceh*. https://repository.ar-raniry.ac.id/id/eprint/36645/%20 Diakses pada tanggal 22 Januari 2025

Harkomah, I., & Putri, D. A. (2021). *Hubungan antara Dukungan Dengan Beban Keluarga untuk Mengikuti Regimen Terapeutik Klien Halusinasi di Rumah Sakit Jiwa Daerah Provinsi Jambi.* Jurnal Kesehatan Indonesia, 12(1), 21-25. https://www.journal.stikeshb.ac.id/index.php/jurkessia/article/view/384 Diakses pada tanggal 18 Juni 2025

Hulu, P. C., & Pardede, J. A. (2018). *Manajemen Asuhan Keperawatan Jiwa Pada Tn . S Dengan Masalah Halusinasi Penglihatan Melalui Terapi Generalis SP 1-4 : Studi Kasus.* Hulu Pasrah. Http://Dx.Doi.Org/10.31219/Osf.Io/Rg4x8 Diakses pada tanggal 20 Januari 2025

Kamal, B. A. A., & Arfa, M. (2020). *Analisis Keaktifan Pustakawan Dalam Penulisan Karya Ilmiah Di Upt Perpustakaan Universitas Diponegoro Semarang.* Jurnal Ilmu Perpustakaan, *7*(1), 121–130. Https://Ejournal3.Undip.Ac.Id/Index.Php/Jip/Article/View/22823 Diakses pada tanggal 20 Januari 2025

Kartika Sari, A.,&Utama Ritonga, F. (2022). *Maksimalisasi Penyembuhan Pasien Terhadap Gangguan Halusinasi Melalui Pembelajaran Kaligrafi (Studi Intervensi Level Mikro). Abdisoshum*:Jurnal Pengabdian Masyarakat Bidan SosialDanHumaniora,1(1),49–55. Https://Doi.Org/10.55123/Abdisoshum.V1i1.489 Diakses 20 Januari 2025

Koerniawan, D., & Daeli, N. E. (2020). A*plikasi standar proses keperawatan: Diagnosis, outcome, dan intervensi pada asuhan keperawatan.* Jurnal Keperawatan Silampari, *3*(2), 739-751. https://eprints.ukmc.ac.id/3883/ Diakses pada tanggal 21 Juni 2025

Kurniawati, D., Sulistyorini, L., Julianingrum, Peni Perdani, Rahmawati, I., & S, Eka Afdi. (2018). Buku Ajar Keperawatan Kesehatan Jiwa 1. In *World Journal Of Advancehealthcare Research* (Vol. 3, Issue 4, Pp. 121–132).

Kusumawaty, I., Yunike, Y., & Gani, A. (2021). *Melatih Bercakap-Cakap Pada Orang Dengan Gangguan Jiwa Untuk Mengontrol Halusinasi.* Jurnal Salingka Abdimas, 1(2), 59–64. Https://Doi.Org/10.31869/Jsam.V1i2.3036 Diakses pada tanggal 22 Januari 2025

Multidisciplinary Indonesian Center Journal (MICJO)
Journal page is available to
https://e-jurnal.jurnalcenter.com/index.php/micjo
Email: admin@jurnalcenter.com

Lase, A. A. N., & Pardede, J. A. (2022). *Penerapan Terapi Generalis (SP 1-4) Pada Penderita Skizofrenia Dengan Masalah Halusinasi Di Ruang Sibual-Buali. Reseach Gate*, *March*, 1–38. Https://osf.io/preprints/osf/sgfk5%20 Diakses pada tanggal 22 Januari 2025

Meylani, M., & Jek Amidos Pardede. (2022). P*enerapan Strategi Pelaksanaan (SP) 1-4 Pada Penderita Skizofrenia Dengan Masalah Halusinasi Penglihatan. Psychiatric And Mental Health Nursing*, 1–47. Https://Osf.Io/Y52rh https://osf.io/preprints/osf/36ypk Diakses pada tanggal 25 Januari 2025

Nashirah, A., Alfiandi, R., Studi, P., Ners, P., Keperawatan, F., Syiah, U., Keilmuan, B., Jiwa, K., Keperawatan, F., & Syiah, U. (2022). *Tindakan Keperawatan Pada Pasien Skizofrenia Dengan Masalah Halusinasi Penglihatan* : Suatu Studi Kasus. *Studi Kasus. Jim Fkep*, *1*, 91–97. https://jim.usk.ac.id/FKep/article/view/19794 Diakses pada tanggal 27 Januari 2025

Nazela. (2020). *Gangguan Jiwa Merupakan Masalah Kesehatan Yang Serius Karena Jumlah Penyakit Yang Terus Menerus Meningkat, Termasuk Penyakit Kronis Seperti Skizofrenia Yang Mempengangaruhi Proses Berpikir Bagi Penderitanya. Akibatnya Penderita Skizofrenia Sulit Berpikir.* Kesehatan Jiwa D Dunia, 2020, Bercakap-Cakap. Https://Journal.Akpersawerigading.Ac.Id/Index.Php/Lontara/Article/View/31%0Ahttps://Journal.Akpersawerigading.Ac.Id/Index.Php/Lontara/Article/Dwnload/31/23 Diakses pada tanggal 22 Januari 2025

Nindya Dewi Larasati, A. W. (2023). *Pengkajian Asuhan Keperawatan Jiwa Dengan Masalah Gangguan Persepsi Sensori: Halusinasi Penglihatan Pada Ny. E Di Ruang Larasati Rumah Sakit Jiwa Daerah Surakarta.* Jurnal Ilmiah Mahasiswa Pendidikan Sejarah, 8(3)(3), 2100–2109. Https://Doi.Org/10.24815/Jimps.V8i3.25471 Diakses pada tanggal 25 Januari 2025

Nugraha, E., Maulana, I., & Hernawaty, T. (2024). *Penerapan Terapi Kombinasi Pada Pasien Dengan Halusinasi Pendengaran Dan Penglihatan: Studi Kasus. Sentri:* Jurnal Riset Ilmiah, *3*(2), 988–997. Https://Doi.Org/10.55681/Sentri.V3i2.2318 Diakses pada tanggal 23 Januari 2025

Nuraeni, N., Maulana, I., & Hidayati, N. O. (2024). Nuraeni, N. (2024). *Studi Kasus Deskriptif Pada Klien Skizofrenia Dengan Halusinasi Penglihatan Di Rumah Sakit Jiwa Provinsi Jawa Barat. Jintan:* Jurnal Ilmu Keperawatan, 4(1), 133-143. Https://ojs.unhaj.ac.id/index.php/jintan/article/view/654 Diakses Pada Tanggal 31 Januari 2025

Nurhayaty, M. J. M. (2022). *Penerapan Asuhan Keperawatan Jiwa Pada Tn. F Dengan Masalah Halusinasi Pendengaran. Osf Preprints*, *1*(April), 11–43. Https://Doi.Org/10.31219/Osf.Io/Mdnts Diakses pada tanggal 23 Januari 2025

Pakpahan, A. F., Prasetio, A., Negara, E. S., Gurning, K., Situmorang, R. F. R., Tasnim, T., Sipayung, P. D., Sesilia, A. P., Rahayu, P. P., Purba, B., Chaerul, M., Yuniwati, I., Siagian, V., & Rantung, G. A. J. (2021). *Metodologi Penelitian Ilmiah.* Https://repository.unai.edu/id/eprint/656/ Diakses Pada Tanggal 31 Januari 2025.

Prihatin, A. V., Rahmawati, A. N., & Apriliyani, I. (2022). *Asuhan Keperawatan Gangguan Persepsi Sensori: Halusinasi Penglihatan Pada Pasien Skizofrenia.* Jurnal Ilmu Kesehatan, 714–723.
Https://Journal-Mandiracendikia.Com/Jik-Mc. Diakses Pada Tanggal 31 Januari 2025

Multidisciplinary Indonesian Center Journal (MICJO)
Journal page is available to
https://e-jurnal.jurnalcenter.com/index.php/micjo
Email: admin@jurnalcenter.com

Rahmawati, A., & Pratiwi, A. (2020). *Gambaran Tipe Halusinasi Dengar Dilihat Dari Isi Halusinasi Pada Pasien Gangguan Jiwa Kronis*. *July*, 1–23. Https://eprints.ums.ac.id/111961/%20 Diakses pada tanggal 31 Januari 2025

Rezky Amelia, T., Pratiwi, A., Suryati, T., Yatsi Madani, U., Kunci, K., Menghardik, T., & Musik, T. (2023). *Studi Kasus: Efektivitas Terapi Menghardik Dan Musik Untuk Mengurangi Tanda Gejala Dan Frekuensi Halusinasi*. Jurnal Keperawatan, 1(1), 12–18. Https://Risji.Com/Index.Php/Jurkep/Article/View/4 Diakses Pada Tanggal 31 Januari 2025

Risnasari, N. (2019). *Keperawatan Jiwa: Modul Bahan Ajar Keperawatan. Fakultas Ilmu Kesehatan Dan Sains Universitas Nusantara Pgri Kediri*, 146. Http://Repository.Unpkediri.Ac.Id/2251/1/Bahan Ajar Keperawatan Jiwa.Pdf Diakses Pada Tanggal 31 Januari 2025

Rizky A, S., & Nuralita, N. S. (2018). Artikel Penelitian Hubungan Simtom Depresi Terhadap Perilaku Merokok Pada Pasien Skizofrenia Di Rumah Sakit Jiwa Prof. Dr. H. M. Ildrem Medan. Anatomica Medical Journal Fakultas Kedokteran, 1(2).

Rondonisyah, A. (2023). *Bimbingan Kelompok Dengan Terapi Aktivitas Kelompok Terhadap Pasien Diagnosa Halusinasi Di Yayasan Lembaga Kesejahteraan Sosial (Lks) Rumah Penitipan Klien Gangguan Jiwa Mitra Sakti Pesawaran*. 1–117. Https://repository.radenintan.ac.id/29847/ Diakses pada tanggal 01 Januari 2025

Rostiana Dwi Lestari, Slamet Wijaya, & Tati Karyawati. (2023). *Asuhan Keperawatan Jiwa Pada Ny.T Dengan Gangguan Persepsi Sensori: Halusinasi Pendengaran Di Ruang Dewaruci Rsjd Dr. Amino Gondohutomo Provinsi Jawa Tengah*. Diagnosa: Jurnal Ilmu Kesehatan Dan Keperawatan, 1(4), 289–302. Https://Doi.Org/10.59581/Diagnosa-Widyakarya.V1i4.1335 Diakses pada tanggal 01 Februari 2025

Saputri, Z. D.,Trisnawati,C., Dyah Puspasari, F. ,Banyumas,P. Y., & Keperawatan, D.-I. (2023). *Asuhan Keperawatan Pada Pasien Isolasi Sosial Dengan Fokus Tindakan Terapi Aktivitas Kelompok Sosialisasi (Taks) Sesi 1: Memperkenalkan Diri*. Madani: Jurnal Ilmiah Multidisiplin, 1(7), 2986–6340. Https://Doi.Org/10.5281/Zenodo.8248657 Diakses tanggal 01 Februari 2025

Sikhah, A. D. (2023). *Asuhan Keperawatan Jiwa Pada Tn. S Masalah Utama Gangguan Persepsi Sensori: Halusinasi Penglihatan Dengan Diagnosa Medis Skizofrenia Paranoid Di Ruang Gelatik Rumah Sakit Jiwa Menur Surabaya Provinsi Jawa Timur* (*Doctoral Dissertation*, Stikes Hang Tuah Sur. *Nucl. Phys.*, *13*(1), 104–116.

Siringo-Ringo, F. P., & Nasution, R. A. (2023). *Analisis Asuhan Keperawatan Jiwa Pada Tn.R Gangguan Persepsi Sensori : Halusinasi Penglihatan Dengan Penerapan Latihan Distraksi Bercakap-Cakap Dan Kegiatan Terjadwal Di Ruang Sigma Rsjd Provinsi Jambi Tahun 2023*. *2*, 1–57. Https://Online-Journal.Unja.Ac.Id/Jpima%0aanalisis Diakses pada tanggal 03 Februari 2025

Sulaiman, Y. (2023). *Presepsi Sensori dengan Halusinasi Penglihatan*. Jurnal Pendidikan dan Teknologi Kesehatan, 6(1), 20-30. Https://ejournal.stikesbbmajene.ac.id/index.php/jptk/article/view/55 Diakses pada tanggal 06 Februari 2025

Syahdi, D., & Pardede, J. A. (2020). *Penerapan Strategi Pelaksanaan (SP) 1-4 Dengan Masalah Halusinasi Pada Penderita Skizofrenia*. Jurnal *Osf.Io*, 2019, 1–4. Https://osf.io/preprints/osf/y52rh%20 Diakses pada tanggal 03 Februari 2025

Syahra, A., Gustina, E., Purwaningsih, P., & Olivia, N. (2023). *Asuhan Keperawatan Jiwa Skizofrenia Pada Pasien Halusinasi Penglihatan Dengan Cara Bercakap-Cakap Di Rumah*

Multidisciplinary Indonesian Center Journal (MICJO)
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Email: admin@jurnalcenter.com

Sakit Jiwa.Prof. Dr. M. Ildrem Medan. Sentr: Jurnal Riset Ilmiah, 2(9), 3813–3819. Https://Doi.Org/10.55681/Sentri.V2i9.1536 Diakses pada tanggal 03 Februari 2025

Telaumbanua, D. R. A., & Pardede, J. A. (2023). *Penerapan Terapi Generalis (SP 1-4) Dalam Pemberian Asuhan Keperawatan Jiwa Pada Tn.I Dengan Masalah Halusinasi Di Ruang Sinabung :* Studi Kasus. Https://osf.io/preprints/osf/yxrkv Diakses pada tanggal 01 Februari 2025

Ulfa, M. (2022). *Ulfa, M. (2024). Asuhan Keperawatan Pada Tn. M Diagnosa Skizofrenia Dengan Masalah Gangguan Persepsi Sensori: Halusinasi Penglihatan Di Ruang Psikiatri Rsud Tgk. Chik Ditiro Sigli (Doctoral Dissertation, Universitas Malikussaleh) 9*, 356–363. Https://rama.unimal.ac.id/id/eprint/8412/ Diakses pada tanggal 31 Januari 2025

Waruwu, Y. D. (2020). *Manajemen Asuhan Keperawatan Jiwa Pada Tn . I Dengan Masalah Halusinasi Penglihatan :* Studi Kasus. Http://Dx.Doi.Org/10.31219/Osf.Io/Rs7d3 Diakses tanggal 03 Februari 2025

Wiliyanto, F., & Puspasari, F. D. (2025). *Asuhan Keperawatan Pada Tn. M Skizofrenia Halusinasi Pendengaran Dengan Intervensi Mengontrol Halusinasi Bercakap-Cakap Dengan Orang Lain Di Rumah Sakit Dr. Rm Soedjarwadi Klaten. Multidisciplinary Indonesian Center Journal (Micjo)*,*2*(1),484-491. https://ejurnal.jurnalcenter.com/index.php/micjo/article/view/433 Diakses pada tanggal 21 Juni 2025