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NURSING CARE FOR SENSORY PERCEPTION DISTURBANCE: VISUAL HALLUCINATIONS IN MR. S WITH A FOCUS ON DHIKR INTERVENTION AT DR. RM SOEDJARWADI REGIONAL MENTAL HOSPITAL, KLATEN

ASUHAN KEPERAWATAN GANGGUAN PERSEPSI SENSORI: HALUSINASI PENGLIHATAN PADA Tn. S DENGAN FOKUS TINDAKAN DZIKIR DI RUMAH SAKIT JIWA DAERAH Dr. RM SOEDJARWADI KLATEN

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Abstract

Background: Visual hallucinations are sensory perception disturbances in which individuals perceive objects or shadows that do not actually exist, even though they appear vivid and real. Therefore, nursing interventions are needed to reduce the occurrence of visual hallucinations in patients, one of which is through dzikir (remembrance of Allah). Linguistically, dzikir comes from the word dzakar, which means remembering. Remembering Allah implies maintaining one's consciousness toward Him by following specific etiquettes prescribed in the Qur'an and Hadith. The purpose of dzikir is to purify the heart and glorify Allah SWT. Purpose: To determine the implementation of nursing care for patients with sensory perception disturbances: visual hallucinations, with a focus on dzikir practice. Method: This study used a descriptive method in the form of a case study. Results: The case study showed that the patient was able to carry out SP 1–3 with a focus on dzikir practice, as indicated by behavioral changes such as feeling calmer, being able to recite dzikir independently, and experiencing reduced hallucinations. This suggests that dzikir is quite effective. Conclusion: Nursing care for patients with sensory perception disturbances, specifically visual hallucinations, with a focus on dzikir intervention over three days, can help control hallucinations

Keywords: Nursing care, visual hallucination, dhikr

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Abstrak

Latar belakang: Halusinasi penglihatan merupakan gangguan persepsi sensori di mana individu mengalami penglihatan akan objek atau bayangan yang sebenarnya tidak ada, meskipun bayangan tersebut tampak sangat nyata dan jelas. Oleh karena itu dibutuhkan tindakan keperawatan untuk mengurangi terjadinya halusinasi penglihatan pada pasien, salah satunya adalah dengan menggunakan tindakan dzikir. Secara bahasa dzikir berasal dari kata "dzakar" yang bermakna mengingat. Berdzikir kepada Allah berarti menjaga agar ingatan kita senantiasa tertuju kepada-Nya, dengan mengikuti etika tertentu yang sudah ditetapkan dalam Al-Quran dan Hadis, tujuan dari dzikir ini adalah untuk mensucikan hati dan mengaggungkan Allah SWT. Tujuan: Mengetahui pelaksanaan asuhan keperawatan pada pasien gangguan persepsi sensori: halusinasi penglihatan dengan fokus tindakan dzikir. Metode: Metode yang digunakan menggunakan jenis penelitian deskriptif dalam bentuk studi kasus. Hasil: hasil studi kasus menunjukkan bahwa pasien mampu melakukan tindakan SP 1-3 dengan fokus tindakan dzikir ditandai dengan perubahan perilaku pasien yaitu pasien merasa lebih tenang, bisa melafalkan bacaan dzikir secara mandiri, dan halusinasi berkurang berarti dzikir dikatakan cukup evektif. Kesimpulan: Asuhan keperawatan gangguan persepsi sensori: halusinasi penglihatan dengan fokus tindakan dzikir selama 3 hari dapat membantu mengendalikan halusinasi.
Kata kunci: Asuhan keperawatan, halusinasi penglihatan, dzikir.

1. INTRODUCTION

Mental health is the ability of an individual to independently develop various aspects of their life so that they can function optimally and contribute positively to their surrounding community. However, when a person experiences disturbances in thoughts, behavior, or emotions, behavioral changes may occur. This not only causes personal suffering but also hinders their ability to fulfill their social roles as a human being, and thus, the person can be considered to have a mental disorder (Fajariyah & Firmansyah, 2023).

Mental disorders can be defined as a condition of behavioral deviation that arises due to emotional disturbances, resulting in abnormalities in a person's behavior. More specifically, mental disorders are conditions that affect brain function, characterized by disturbances in emotions, thought processes, behavior, and sensory perception (Junita, 2021).

The prevalence of mental disorders worldwide is estimated at around 450 million people, with approximately 135 million suffering from hallucinations. In Indonesia, it is estimated that 2–3% of people with mental disorders experience hallucinations, amounting to around 1 to 1.5 million individuals (Tombokan et al., 2022). Central Java Province ranks fifth in the number of people with mental disorders, following Yogyakarta, Aceh, South Sulawesi, and Bali.

The prevalence of mental disorders in Central Java accounts for 0.23% of the total population, surpassing the national figure of 0.17% (Aini, 2022). In Klaten Regency, the prevalence of mental disorders is recorded at 14.3% of the total population. The total number of hallucination patients hospitalized at Dr. RM Soedjarwadi Regional Mental Hospital in September 2021 remained high, reaching 208 cases (71%).

Mental disorders affect the psychological and behavioral aspects of an individual and are often related to affective, behavioral, cognitive, and perceptual problems. The most common causes are identified as biopsychosocial factors, which can manifest symptoms across various aspects of human life. One of the most prevalent mental disorders affecting individual well-being is schizophrenia (Khairani et al., 2024).

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Schizophrenia is a mental disorder that arises from the interaction of various factors, including environmental and psychosocial influences. One type of schizophrenia is paranoid schizophrenia, which is characterized by disturbances in the way a person perceives reality (Safitri & Astuti, 2023). This disorder is chronic and can lead to functional impairment, often associated with brain dysfunction marked by the presence of hallucinations (Maulana et al., 2021).

Hallucination is a condition in which an individual experiences abnormal sensory stimulation, either excessive, diminished, or distorted in response to external stimuli (Mislika, 2021). Hallucinations are indicated by perceiving or sensing unreal things, displaying inappropriate behavior, wandering aimlessly, talking or laughing to oneself, exhibiting unusual appearances, incoherent speech, and flat or disconnected emotional expressions that are inconsistent with facial or body language.

The impact of hallucinations can be severe, as they may lead to a loss of self-control, increasing the risk of harm to oneself, others, and the surrounding environment. This situation often arises when an individual feels anxious, allowing hallucinatory thoughts to dominate their behavior (Janna et al., 2023). Hallucinations can be categorized into various types, including auditory, visual, olfactory, gustatory, and tactile hallucinations.

In efforts to prevent hallucinations, several implementation strategies have been applied. These strategies involve structured nursing care plans to help clients cope with their mental health problems. Patients with hallucinations can benefit from implementation strategies such as: Sp 1 (Implementation Strategy 1): helping patients understand their hallucinations, including content, frequency, triggering situations, and emotions experienced during hallucinations, and suggesting that patients include techniques to challenge hallucinations in their daily schedule. Sp 2 (Implementation Strategy 2): evaluating previous activities, training patients to control hallucinations through social interaction, and recommending inclusion in daily routines. Sp 3 (Implementation Strategy 3): evaluating daily activity schedules, training patients to control hallucinations through engaging in regular activities, and including them in daily routines. Sp 4 (Implementation Strategy 4): evaluating daily schedules, providing health education on regular medication use, and incorporating it into the patient's daily plan (Santri, 2021).

One form of psychotherapy within Implementation Strategy 3 (Sp 3) is psychoreligious therapy, namely *dzikir* therapy. *Dzikir* involves the practice of remembering, mentioning, and glorifying Allah SWT repeatedly, accompanied by mindfulness of His presence, with the aim of healing pathological conditions. Linguistically, *dzikir* comes from the Arabic word *dzakar*, which means "to remember." Thus, *dzikir* can be interpreted as an effort to maintain constant remembrance of Allah Ta'ala.

Anggarawati and Primanto (2022) demonstrated that *dzikir* therapy positively impacts patients' ability to control their hallucinations. It is believed that after practicing *dzikir*, patients experience feelings of calmness, peace, happiness, and spiritual tranquility. FS Ramadhani (2024) stated that psychoreligious *dzikir* therapy can enhance patients' ability to manage hallucinations.

According to Akbar and Rahayu (2021), psychoreligious therapy through *dzikir* helps hallucination patients achieve better self-control.

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2. RESEARCH METHOD

This study used a descriptive case study design aimed at describing and analyzing the nursing care process for a patient with sensory perception disorder—specifically visual hallucinations—with a focus on *dzikir* intervention at Dr. RM Soedjarwadi Regional Mental Hospital, Klaten. A case study design was chosen because it allows an in-depth exploration of a clinical phenomenon within a real-life context and is suitable for understanding individual patient experiences and nursing interventions.

The subject of this case study was a male patient diagnosed with sensory perception disturbance: visual hallucinations. The inclusion criteria were: (1) a patient diagnosed with visual hallucinations at Dr. RM Soedjarwadi Regional Mental Hospital, (2) in the condemning phase of hallucination, (3) male, (4) emotionally stable, and (5) Muslim. Exclusion criteria included patients who were emotionally unstable, not cooperative, not in the condemning phase, or not Muslim. The focus of the study was to implement and evaluate nursing care for visual hallucinations through *dzikir* therapy as a psychoreligious intervention. Operationally, the main variables included nursing care (assessment, diagnosis, planning, implementation, and evaluation), visual hallucination behavior, and *dzikir* activity consisting of *istighfar* (3 times), *tasbih* (33 times), *tahmid* (33 times), and *takbir* (33 times) performed over three consecutive days for 10–15 minutes per session.

The instruments used in this study were observation sheets, interview guides, and documentation forms. The observation sheet was used to record the patient's responses during *dzikir* sessions, while the interview guide contained structured questions to explore the patient's experiences, feelings, and perceptions. Documentation forms were used to record the nursing process and intervention outcomes. Data collection methods included interviews, observation, and documentation. The interview process aimed to gather subjective and objective data regarding the patient's condition and perception disturbances. Observation was carried out to monitor behavioral changes and responses during the intervention, while documentation was used to collect data from medical records and other supporting materials.

The case study was conducted at Dr. RM Soedjarwadi Regional Mental Hospital, Klaten, specifically in the Geranium ward, which serves calm male patients. The study was carried out over three days, from December 19 to December 21, 2024. Data analysis was performed through data reduction, categorization, and interpretation to identify nursing problems and evaluate the effectiveness of the *dzikir* intervention in reducing visual hallucination symptoms. Data were presented narratively and supported by tables and clinical notes. Ethical considerations were observed throughout the study, including the principles of anonymity and confidentiality. The patient's identity was kept confidential, and all information was used solely for educational and research purposes.

3. RESULTS AND DISCUSSION

Data Analysis

Table 1 Data Analysis

Date / Time	Focus Data	Diagnosis	Initial
December 19, 2024 – 09.00 a.m.	**DS:**• The patient stated that he was brought to the hospital because he often got angry.• The patient stated that he sometimes hit the wall.• The patient stated that	Risk of violent behavior	yayuk

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Date / Time	Focus Data	Diagnosis	Initial
	he liked to carry sharp weapons.**DO:**• Risk of violent behavior		
December 19, 2024 – 09.05 a.m.	**DS:**• The patient stated that he saw black shadows and a female figure asking him to come along.• The patient stated that the shadows appeared at night, 3–4 times, with a duration of about 3 minutes.• The patient stated that the shadows appeared when he was alone and he felt scared.**DO:**• The patient appeared confused.• The patient appeared anxious.• The patient appeared withdrawn.• The patient walked back and forth.	Visual hallucinations	yayuk
December 19, 2024 – 09.10 a.m.	**DS:**• The patient stated that he had no close relatives after both parents passed away.• The patient stated that he interacted with others only as needed and preferred to be alone.**DO:**• The patient appeared quiet.• The patient often stayed alone.• The patient had poor eye contact.• The patient sometimes stared blankly.	Social isolation	yayuk

1) List of Problems

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

2) Nursing Diagnosis

In this case study, the writer focused only on one diagnosis, namely **visual hallucinations**.

Table 4.3 Nursing Diagnosis

Focus Data	Diagnosis
DS:• The patient stated that he saw black shadows and a female figure asking him to come along.• The patient stated that the shadows appeared at night 3–4 times, with a duration of about 3 minutes.• The patient stated that the shadows appeared when he was alone and he felt scared.**DO:**• The patient appeared confused.• The patient appeared anxious.• The patient appeared withdrawn.• The patient walked back and forth.	Visual hallucinations

3) Nursing Interventions

Table 4.4 Nursing Interventions

Date Time	Diagnosis	Intervention	Rationale
December 19, 2024 – 09.30 a.m.	Visual hallucinations	**Goals and outcome criteria:**It is expected that the patient's hallucination problem can be	A trusting relationship is the initial step in determining the success

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Date Time	Diagnosis	Intervention	Rationale
		resolved, with the following outcome criteria:1. Explains and performs *dzikir* activities.2. Identifies characteristics of hallucinations such as type, content, time, frequency, situation, and response.3. Able to control hallucinations through rebuking.4. Feels the benefits of managing hallucinations through *dzikir* and rebuking.**Interventions:**Build a trusting relationship.**SP 1:**1. Identify the patient's hallucinations (type, content, time, frequency, situation, and response).2. Explain and teach how to perform *dzikir*.3. Train the patient to control hallucinations by rebuking.4. Advise the patient to include *dzikir* and rebuking techniques in daily activities.	of subsequent plans.1. Introduces the patient to their hallucinations and identifies the triggers.2. Helps determine appropriate actions to control hallucinations.3. Enables the patient to independently perform rebuking and *dzikir* techniques.4. Trains the patient to apply the interventions taught.
December 19, 2024 – 09.40 a.m.	Visual hallucinations	**Goals and outcome criteria:**It is expected that the patient's hallucination problem can be resolved, with the following outcome criteria:1. Mentions appropriate ways to control hallucinations.2. Able to control hallucinations through conversation and *dzikir*.3. Feels the benefits of managing hallucinations.**SP 2:**1. Re-teach the correct way to perform *dzikir*.2. Evaluate the rebuking technique taught earlier.3. Train the patient to control hallucinations by conversing with others.4. Advise the patient to include *dzikir* and conversation with others in daily activities.	1. Helps the patient remember and apply previously taught interventions.2. Helps the patient identify methods to control hallucinations.3. Encourages the patient to apply the given techniques.

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Date Time	Diagnosis	Intervention	Rationale
December 19, 2024 – 09.50 a.m.	Visual hallucinations	**Goals and outcome criteria:**It is expected that the patient's hallucination problem can be resolved, with the following outcome criteria:1. Recalls how to control hallucinations as taught.2. Controls hallucinations independently through *dzikir* activities.3. Feels the benefits of controlling hallucinations by performing *dzikir*.**SP 3:**1. Re-teach the correct way to perform *dzikir*.2. Evaluate and praise the patient's daily activities previously taught.3. Train the patient to control hallucinations through activities such as *dzikir*.4. Encourage the patient to carry out activities that prevent hallucinations, such as *dzikir*.5. Advise the patient to include these activities in daily schedules.	1. Helps the patient remember and apply previously taught actions.2. Helps the patient determine how to control hallucinations.3. Encourages the patient to consistently practice *dzikir* as part of therapy.

4) Nursing Implementation

Table 4.5 Nursing Implementation

Date Time	Diagnosis	Implementation	Evaluation
December 19, 2024 – 12.30 p.m.	Visual hallucinations	Build a trusting relationship.**SP 1:**1. Identify the patient's hallucinations (type, content, time, frequency, situation, and response).2. Explain and teach how to perform *dzikir*.3. Train the patient to control hallucinations by rebuking.4. Advise the patient to include *dzikir* and rebuking in daily schedules.	**S:**• The patient said he still saw black shadows and a female figure asking him to come along.• The shadows appeared at night 3–4 times for about 3 minutes.• The patient said they appeared when he was alone and he felt scared.• The patient said he did not yet understand *dzikir* and its benefits.• The patient said he already understood how to control hallucinations through rebuking.• The patient said he would include the taught

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Date Time	Diagnosis	Implementation	Evaluation
			activities in his daily schedule.**O:**• The patient was unable to perform *dzikir* correctly.• The patient appeared anxious and confused.• The patient understood how to rebuke.**A:** SP 1 achieved.**P:** Continue SP 2 (conversation) and train in *dzikir*.
December 20, 2024 – 09.30 a.m.	Visual hallucinations	**SP 2:**1. Re-teach the correct way to perform *dzikir*.2. Evaluate the rebuking activity.3. Train the patient to control hallucinations by conversing with others.4. Advise the patient to include *dzikir* and conversation in daily schedules.	**S:**• The patient said he understood the benefits of *dzikir* and knew how to perform it.• The patient said he practiced rebuking independently.• The patient said he felt calm while doing *dzikir*.• The patient said he was willing to talk with others.**O:**• The patient appeared calm and no longer anxious.• The patient was able to recite *dzikir* independently.• The patient incorporated *dzikir* and conversation into his daily schedule.**A:** SP 2 achieved.**P:** Continue SP 3 (daily activity practice) and continue *dzikir* training.
December 21, 2024 – 10.00 a.m.	Visual hallucinations	**SP 3:**1. Re-teach how to perform *dzikir*.2. Evaluate previously taught activities.3. Encourage the patient to engage in preventive activities such as *dzikir*.4. Advise the patient to include them in daily routines.	**S:**• The patient said he could recite *dzikir* independently.• The patient said he knew the benefits of performing *dzikir*.• The patient said he felt comfortable after *dzikir*.• The patient said he practiced *dzikir* after prayer.• The patient said he felt the benefits of controlling hallucinations.**O:**• The patient appeared calm.•

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Date Time	Diagnosis	Implementation	Evaluation
			The patient added *dzikir* to his daily activities.• The patient could recite *dzikir* independently.**A:** SP 3 achieved.**P:** Continue SP 4 (compliance with medication).

Discussion

The assessment process is an essential step in collecting, analyzing, and communicating patient data to identify health conditions (Prastiwi et al., 2023). The assessment in this study was conducted on December 19, 2024, with a 37-year-old male patient, Mr. S, in the Geranium Ward of Dr. RM Soedjarwadi Mental Hospital, Klaten. Data were obtained through interviews and observations. The patient was admitted on December 11, 2024, brought by local residents due to confusion, unstable emotions, aggression, and self-talking behavior. During the assessment, Mr. S reported seeing black shadows and a female figure inviting him to follow her, which appeared three to four times at night for about three minutes each. These symptoms align with Putra (2020) and Rohani et al. (2025), who describe hallucination behavior as sensory disturbances accompanied by fear, anxiety, withdrawal, wandering, and talking to oneself. Predisposing factors included a previous history of mental illness and noncompliance with medication, while precipitating factors were emotional trauma from rejection, alcohol use, and the loss of his parents (Lase & Pardede, 2022).

Based on the assessment, the nursing diagnosis established was visual hallucination, which, according to Sianipar (2020) and Hapsari (2023), represents the patient's maladaptive response to sensory perception disturbances. The subjective data included reports of seeing unreal images, while the objective data showed anxiety, confusion, and isolation. According to Ruswadi (2021), the problem tree for patients with sensory perception disorders identifies social isolation as the cause, hallucinations as the core problem, and the risk of violent behavior as the effect. This theoretical framework aligns with the patient's condition, where hallucinations are the primary issue influencing social withdrawal and emotional instability. If untreated, such hallucinations may lead to self-harm or harm to others due to a loss of control and disconnection from reality.

The nursing interventions were carried out through three stages (SP 1–SP 3) following Hulu & Pardede (2022). In SP 1, the nurse identified the patient's hallucinations, explained and taught *dzikir* as a calming activity, and trained the patient to rebuke hallucinations, consistent with Kurniawati (2019), who states that *dzikir* can improve focus and emotional control. In SP 2, the nurse reinforced *dzikir* practice, evaluated the rebuking technique, and encouraged social interaction to redirect attention, as supported by Ramdani et al. (2023). SP 3 focused on maintaining daily *dzikir* routines and integrating them into daily life, as Anggarawati and Primanto (2022) found that *dzikir* therapy enhances patients' ability to manage hallucinations.

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This aligns with Akbar and Rahayu (2021), who emphasize the combination of general and psychoreligious therapies in improving self-control and reducing hallucinations.

The implementation phase was conducted over three sessions (December 19–21, 2024). Initially, the nurse established trust and taught *dzikir* techniques. In the second session, the patient was able to perform *dzikir* independently, felt calmer, and began interacting with others. By the third session, the patient reported feeling peaceful, routinely practiced *dzikir* after prayer, and successfully integrated it into daily activities. These outcomes are consistent with studies by Anggarawati and Primanto (2022) and Akbar and Rahayu (2021), which demonstrate that *dzikir* therapy effectively helps patients control hallucinations as a non-pharmacological intervention. Overall, the nursing actions showed significant improvement in the patient's emotional stability, spiritual awareness, and ability to manage hallucinations through consistent psychoreligious practice.

4. CONCLUSION

The conclusion of this case study is that nursing care for sensory perception disorders—specifically visual hallucinations—in Mr. S can be effectively implemented by focusing on *dzikir* therapy to enhance the patient's ability to control hallucinations at Dr. RM Soedjarwadi Regional Mental Hospital, Klaten. The conclusions are as follows:

1. The assessment results showed that Mr. S experienced visual hallucinations in the form of black shadows and a female figure inviting him to follow her. The hallucinations appeared at night three to four times, lasting approximately three minutes, usually when he was alone and feeling afraid. The patient appeared confused, anxious, withdrawn, and restless.
2. The main nursing diagnosis for Mr. S was visual hallucinations.
3. The nursing interventions provided for Mr. S prioritized the diagnosis of visual hallucinations using Implementation Strategies (SP) 1–3, with a focus on *dzikir* as the primary therapeutic action.
4. The nursing implementation was carried out for three days based on planned interventions tailored to the patient's needs and condition, aiming to help control hallucinations through *dzikir*-focused activities.
5. After three days of nursing care, the evaluation showed that Mr. S was able to perform SP 1–3 independently with a focus on *dzikir*. Behavioral changes were evident—he appeared calmer, was able to recite *dzikir* independently, and experienced a reduction in hallucinations—indicating that *dzikir* therapy was quite effective.

5. REFERENCES

Agustriyani, F. (2024). *Terapi Non Farmakologi pada Pasien Skizofrenia*. Pekalongan: NEM.

Aini, R. P. N. (2022). *Laporan Studi Kasus Asuhan Keperawatan Jiwa Pada Tn. J Klien Skizofrenia Dengan Masalah Halusinasi Penglihatan Diruang Flamboyan Rsjd. Dr. RM. Soedjarwadi Provinsi Jawa Tengah Universitas Muhammadiyah Klaten*. Universitas Muhammadiyah Klaten. http://repository .umkla.ac.idideprint/2900. Diakses pada tanggal 12 Januari 2025.

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

Akbar, A., & Rahayu, D. A. (2021). *Terapi Psikoreligius: Dzikir Pada Pasien Halusinasi Pendengaran. Ners Muda, 2 (2), 66*. https://doi.org/10.26714/nm. v2i2.6286. Diakses pada tanggal 11 Januari 2025.

Aldam, S. F. S., & Wardani, I. Y. (2019). *Efektifitas penerapan standar asuhan keperawatan*

Badori, A., Hendrawati, H., & Kurniawan, K. (2024). *Efektivitas Terapi Psikoreligius: Dzikir terhadap Halusinasi Pendengaran dan Penglihatan pada Pasien Acute Transient Psychotic Disorder: Case Report. Jurnal Ilmiah Permas: Jurnal Ilmiah STIKES Kendal, 14(4), 1257–1266.* https://doi.org/ 10.32583/pskm.v1414.2058. Diakses pada tanggal 15 Maret 2024.

Hikmawati, F. (2020). *Metodologi penelitian*. https://etheses.uinsgd.ac.id/31676/1/Metodologi%20Penelitian.pdf. Diakses pada tanggal 01 Februari 2025.

Hulu, M. P. C., & Pardede, J. A. (2022). *Manajemen Asuhan Keperawatan Jiwa Pada Tn. S Dengan Masalah Halusinasi Melalui Terapi Generalis SP 1-4: Studi Kasus*. https://doi.org/10.31219/osf.io/j8w29. Diakses pada tanggal 02 Juli 2025.

Imron, M. (2022). *TA (Studi Kasus: Asuhan Keperawatan Pada Pasien Gangguan Jiwa Persepsi Sensori Halusinasi Pendengaran: Mengontrol Halusinasi Dengan Teknik Spiritual*. Politeknik Yakpermas Banyumas. http://repository.politeknikyakpermas.ac.id/id/eprint/509/. Diakses pada tanggal 04 Februari 2025.

Janna, N. S., Aprilla, N., & Daun, S. (2023). *Asuhan Keperawatan Pada Tn. J Dengan Penerapan Terapi Generalis Dan Terapi Khusus Dzikir Pada Pasien Halusinasi Pendengaran Diruang Mandau 2 Rumah Sakit Jiwa Tampan Provinsi Riau Tahun 2023*. *Excellent Health Journal*, *2*(2), 113–125. https://doi.org/10.70437/excellent.v2i1.41. Diakses pada tanggal 16 Desember 2023.

Junita, K. T. (2021). *Bimbingan Mental Spiritual Dalam Proses Penyembuhan Santri Gangguan Jiwa Di Pondok Pesantren Jolo Sutro Al-Hikmah Terbangi Besar Lampung Tengah*. UIN RADEN INTAN LAMPUNG. https://repository.radenintan.ac.id/id/eprint/15118. Diakses pada tanggal 15 Januari 2025.

Karadjo, H., & Agusrianto, A. (2022). *Penerapan Terapi Psikoreligius Dzikir Terhadap Kontrol Halusinasi Pada Asuhan Keperawatan Pasien Dengan Halusinasi Pendengaran DiRumah Sakit Madani Palu. Madago Nursing Journal, 3(2), 50–56.* https://jurnal.poltekkespalu.ac.id/index.php/MNJ/article /view/1559. Diakses pada tanggal 19 Januari 2025.

Maulana, I., Hernawaty, T., & Shalahuddin, I. (2021). *Terapi aktivitas kelompok menurunkan tingkat halusinasi pada pasien skizofrenia: literature review. Jurnal Keperawatan Jiwa, 9(1), 153–160*. https://doi.org/10.26714/jkj. 9.1.2021.153-160. Diakses pada tanggal 08 Januari 2025.

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

Mislika, M. (2021). *Penerapan Asuhan Keperawatan Jiwa Pada Ny. N Dengan Halusinasi Pendengaran*. https://doi.org/10.31219/osf.io/cfw6j. Diakses pada tanggal 08 Januari 2025.

Mulyana, A., Susilawati, E., Fransisca, Y., Arismawati, M., Madrapriya, F., Phety, D. T. O., Putranto, A. H., Fajriyah, E., Kurniawan, R., & Asri, Y. N. (2024). *Metode penelitian kuantitatif*. Makasar: Tohar Media.

Musliana, M., Kamalah, A. D., & Suerni, T. (2023). *Penerapan Strategi Pelaksanaan Bercakap-Cakap Untuk Menurunkan Tanda Dan Gejala Halusinasi Pada Pasien Gangguan Persepsi Sensori Halusinasi Pendengaran Di RSJD Dr. Aminogondohutomo Provinsi Jawa Tengah.* https://prosiding .unimus.ac.id/index.php/semnas/article /viewFile/1535/1538. Diakses pada tanggal 02 Juni 2025.

Pradani, A. S. (2023). *Penerapan Tindakan Keperawatan Pelaksanaan Kegiatan Harian Pada Ny. L Dengan Gangguan Sensori Persepsi Halusinasi Penglihatan Di Ruang Antareja Rs. dr. H. Marzoeki Mahdi Bogor*. http://repository.stikesrspadgs.ac.id/id/eprint/1956. Diakses pada tanggal 15 Januari 2025.

Prastiwi, D., Sholihat, S., Wulan, I. G. A. P., Astuti, N. M., Anies, N. F., Antari, G. A. A., Suryati, S., Zendrato, M. L. V., Febrianti, T., & Djuwitaningsih, S. (2023). *Metodologi Keperawatan: Teori dan Panduan Komprehensif*. Jambi: PT. Sonpedia Publishing Indonesia.

Pratiwi, A. D. I., & Rahmawati, A. N. (2022). Studi Kasus Penerapan Terapi Dzikir Pada Pasien Gangguan Persepsi Sensori (Halusinasi Pendengaran) Diruang Arjuna Rsud Banyumas. *Jisos: Jurnal Ilmu Sosial*, *1*(6), 315–322. https://bajangjournal.com/index.php/JISOS/article/view/2727. Diakses pada tanggal 17 Januari 2025.

Priadana, M. S., & Sunarsi, D. (2021). *Metode penelitian kuantitatif*. Pascal Books. http://repository.stikesrspadgs.ac.id/id/eprint/1956. Diakses pada tanggal 16 Januari 2025.

Prihasti, A. D. (2024). *Gambaran Faktor Predisposisi Resiko Perilaku Kekerasan Pada Penderita kizofrenia Di Ruang Gardenia RSUD KRT setjonegoro Wonosobo*. Skripsi, Universitas Muhammadiyah Magelang. https://repositori. unimma.ac.id/4501/1/23.0603.0107. Diakses pada tanggal 15 Juni 2025.

Putra, A. S. (2020). *Penerapan Terapi Musik Klasik Terhadap Tingkat Halusinasi Pada Pasien Halusinasi Dengar Di Desa Sei.Kapitan Kalimantan Tengah*. Universitas Muhammadiyah Semarang. http://repository.unimus.ac.id/id/ eprint/4723. Diakses pada tanggal 17 Januari 2025.

Rahmawati, R., Suwarni, A., & Herawati, V. D. (2022). *Hubungan Pengetahuan Keluarga dan Jarak Tempat Tinggal dengan Kepatuhan Kontrol Berobat Pasien Skizofrenia di Rumah Sakit Jiwa Daerah Surakarta*. Universitas Sahid Surakarta. http://repository.usahidsolo.ac.id/id/eprint/2367. Diakses pada tanggal 23 Januari 2025.

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Ramdani, R., Basmalah, B., Abdullah, R., & Ahmad, E. H. (2023). *Penerapan Terapi Individu Bercakap Cakap Pada Pasien Halusinasi Pendengaran*. https:doi.org/10.35816jiskh.v12il.911. Diakses pada tanggan 18 Juni 2025.

Reliani, S. K., Rustafaningsih, S. K., Hendryk, A., & Wigbertha Maria Ndajo, D. T. (2020). *Studi Fenomenologi Faktor Presipitasi Halusinasi Pendengaran Pada Pasien Skizofrenia Di Rumah Sakit Jiwa Menur Provinsi Jawa Timur*. http://repository.um-surabaya.ac.id/id/eprint/5923. Diakses pada tanggal 16 Januari 2025.

Robubun, E. (2023). *Asuhan Keperawatan pada Ny, H dengan diagnosa kolik abdomen, ruangan perawatan interna, Rumah Sakit Umum Daerah Kota makassar= Nursing Care for Mrs., H with diagnosis of abdominal colic, internal care room, Makassar City General Hospital*. Universitas Hasanuddin. http://repository.unhas.ac.id:443/id/eprint/33337. Diakses pada tanggal 04 Juli 2025.

Rohani, P. D., Utami, I. T., & Hasanah, U. (2025). *Implementasi Terapi Menghardik Dan Spiritual Dzikir Pada Pasien Halusinasi Pendengaran. Jurnal Cendikia Muda, 5(4), 525–*532.https://www.jurnal.akperdharma wacana.ac.id/index.php/JWC/article/view/750. Diakses pada tanggal 03 Juli 2025.

Ruswadi, I. (2021). *Keperawatan Jiwa Panduan Praktis Untuk Mahasiswa Keperawatan*. Indramayu: Adab.

Safitri, E., & Astuti, A. P. (2023). *Gambaran Pengelolaan Gangguan Persepsi Sensori: Halusinasi Pendengaran dan Penglihatan pada Klien Skizofrenia Paranoid. Journal of Holistics and Health Sciences, 5(1)*. https://doi.org/ 10.35473/jhhs.v511.261. Diakses pada tanggal 08 Januari 2025.

Santri, T. W. (2021). *Asuhan Keperawatan Jiwa Dengan Masalah Gangguan Persepsi Sensori: Halusinasi Pendengaran Pada Ny*. S. https://scholar.google.com/scholar?hl=id&as. Diakses pada tanggal 15 Januari 2025.

Sianipar, T. A. (2020). *Pentingnya Diagnosa Keperawatan Bagi Pasien Dan Perawat*. https://doi.org/10.31219/osf.io/64dgh. Diakses pada tanggal 05 Juli 2025.

Sugiarsi, S. (2020). *Instrumen Dan Analisis Data Penelitian Rekam Medis & Manajemen Informasi Kesehatan. Instrumen Dan Analisis Data Penelitian Rekam Medis & Manajemen Informasi Kesehatan*. https://scholar.google.com/scholar?hl=id&as_sdt=0%2C5&q=Sugiarsi%2C+Diakses pada tanggal 01 Februari 2025.

Wahyuni, D. T., & A Md Kep, D. (2021). *Asuhan Keperawatan Jiwa Pada Pasien Dengan Gangguan Persepsi Sensori Halusinasi*. Universitas Kusuma Husada Surakarta. https://eprints.ukh.ac.id/id/eprint/950/. Diakses pada tanggal 01 Februari 2025.

Multidisciplinary Indonesian Center Journal (MICJO)
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Waruwu, M. (2023). *Pendekatan penelitian pendidikan: metode penelitian kualitatif, metode penelitian kuantitatif dan metode penelitian kombinasi (Mixed Method). Jurnal Pendidikan Tambusai*, *7*(1), 2896–2910. https://doi. org/10.31004/jptam.v7i1.6187. Diakses pada tanggal 01 Februari 2025.

Widyawati, W. (2020). *Keperawatan Jiwa*. Denpasar utara: Literasi Nusantara.

Wijaya, H. (2020). *Analisis data kualitatif teori konsep dalam penelitian pendidikan*. Makasar: Sekolah Tinggi Theologia Jaffray.

Yuanita, T. (2019). *Asuhan Keperawatan Klien skizofrenia Dengan Gangguan Persepsi Halusinasi Pendengaran Di RSJD Dr. Arif Zainudin Solo Surakarta*. Universitas Muhammadiyah Ponorogo. http://eprints.umpo.ac.id/id/ eprint/5381. Diakses pada tanggal 04 Februari 2025.

Zebua, F. (2020). *Pentingnya perencanaan dan implementasi keperawatan terhadap kepuasan pasien di rumah sakit*. https://doi.org/10.31219 /osf.io/593jk. Diakses pada tanggal 05 Juli 2025.