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Case Study

IMPLEMENTATION OF MENTAL NURSING CARE IN PATIENTS WITH HALLUCINATIONS AND HEFEBRENIC SCHIZOPHRENIA

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Abstract

Introduction

Schizophrenia is a chronic psychiatric disorder characterized by disturbances in thought, perception, and behavior. The hebephrenic subtype presents with disorganized behavior, shallow affect, and purposeless activity, often accompanied by hallucinations. Hallucinations are clinically significant because they impair reality testing and may trigger harmful behaviors. This case is important as it demonstrates structured nursing care in managing hallucinations, an area with limited detailed reports in psychiatric nursing literature.

Case Presentation

Mr. D, a 49-year-old Indonesian male with a history of recurrent hospitalizations for schizophrenia, was admitted with auditory hallucinations commanding him to harm others. Physical examination was unremarkable, and the primary nursing diagnosis was sensory perception disturbance (hallucinations). Over six consecutive days, structured nursing interventions were applied, including hallucination identification, verbal interaction, structured daily activities, and reinforcement of medication adherence. By the end of care, Mr. D showed improvements in recognizing hallucination triggers, practicing distraction techniques, engaging in social interaction, and consistently adhering to his medication regimen. A reduction in the frequency and intensity of hallucinations was also observed.

Conclusion

Targeted, culturally sensitive nursing interventions improved symptom control, social engagement, and treatment compliance in a patient with hebephrenic schizophrenia. This case highlights the role of structured psychosocial strategies in psychiatric nursing and offers practical insights for clinical practice and education.

Keywords: Auditory Hallucinations; Hebephrenic Schizophrenia; Psychiatric Nursing; Psychosocial Intervention; Symptom Management

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INTRODUCTION

Mental disorders are among the leading causes of disability worldwide, affecting not only individual health but also family dynamics and societal productivity. According to the World Health Organization (WHO), more than 450 million people suffer from mental health problems globally, with schizophrenia ranked among the top contributors to disability-adjusted life years (WHO in Nugraheni, 2022). Schizophrenia is a chronic psychiatric disorder characterized by disturbances in cognition, perception, affect, and behavior. It typically emerges in late adolescence or early adulthood and often leads to long-term disability, social isolation, and repeated hospitalizations (Risky, 2020). In Indonesia, schizophrenia remains a major public health concern, with the 2018 Basic Health Research (Riskesdas) estimating approximately 400,000 affected individuals, including about 75,000 in East Java alone. These figures highlight the urgent need for effective management strategies tailored to the Indonesian healthcare context.

Among the subtypes of schizophrenia, the hebephrenic (disorganized) type presents a particular clinical challenge due to its combination of disorganized thought processes, purposeless or childish behavior, shallow affect, and inappropriate emotional responses such as silly laughter (Fitriani, 2020). Although hallucinations and delusions may be less prominent than in other subtypes, they still represent a significant source of distress and dysfunction. (Herawati et al., 2020). Hallucinations, particularly auditory hallucinations, are among the most common symptoms of schizophrenia, with prevalence rates as high as 70%, compared to 20% for visual hallucinations and 10% for other types (Hertati et al., 2022). These symptoms are not only psychologically burdensome but also associated with high-risk behaviors, including aggression, self-injury, suicide, and violence toward others (Maulana et al., 2021).

Effective management of hallucinations requires a comprehensive approach that integrates pharmacological treatments with psychosocial and nursing interventions (Dermawan et al, 2013). Nurses play a central role in psychiatric care, implementing structured strategies to help patients recognize, confront, and control hallucinatory experiences (Yellisni, 2023). One widely used framework involves a four-stage process: (1) identifying and rebuking hallucinations, (2) engaging in verbal interaction, (3) encouraging structured daily activities, and (4) reinforcing adherence to prescribed medications (Aliffatunisa & Apriliyani, 2022). Previous studies have demonstrated that the use of such structured nursing interventions can reduce hallucination severity, enhance coping skills, improve social functioning, and lower the risk of relapse (Livana et al., 2020; (Erviana & Hargiana, 2018).

The case presented in this report is significant for several reasons. First, it provides a detailed description of the application of structured hallucination management strategies in a patient with hebephrenic schizophrenia, a subtype less commonly highlighted in case reports. Second, it illustrates the integration of culturally sensitive coping strategies, such as the use of *dhikr* (religious chanting), which demonstrates how nursing care can be adapted to align with patients' cultural and spiritual values. Third, it addresses a gap in the literature by presenting an example from Indonesia, where reports on stepwise, individualized psychiatric nursing interventions remain scarce despite the high prevalence of schizophrenia.

By documenting this case, we aim to contribute to the existing medical literature by demonstrating how systematic nursing care can reduce hallucination frequency, improve communication, and strengthen treatment adherence in patients with complex psychiatric presentations. This case not only reinforces the evidence for structured psychosocial interventions but also highlights the need for culturally adapted strategies in psychiatric nursing practice.

CASE PRESENTATION

The patient, Mr. D, is a 49-year-old Indonesian male admitted to the Kasuari Ward of Dr. Radjiman Wediodiningrat Lawang Hospital, Malang Regency. He was diagnosed with hebephrenic schizophrenia accompanied by auditory hallucinations. His psychiatric history included six prior hospitalizations for similar complaints, most recently in November 2023 following an aggressive outburst toward a stranger. He had no history of major medical or surgical conditions, and his current treatment regimen included antipsychotic medications.

Upon admission on February 5, 2024, Mr. D reported experiencing auditory hallucinations, specifically voices from "Amir" instructing him to harm others. He appeared suspicious, engaged in inappropriate responses as though listening to voices, and demonstrated purposeless behavior such as daydreaming and staring. Physical examination revealed no abnormalities. Based on subjective and objective assessments, the nursing diagnosis was sensory perception disturbance (hallucinations) according to the Indonesian Nursing Care Standards (SDKI, 2016).

Table 1. Patient Characteristics

Variable	Description
Age / Sex	49 years / Male
Ethnicity / Nationality	Javanese / Indonesian

Medical History	No major medical or surgical conditions
Psychiatric History	Six prior hospitalizations for schizophrenia with hallucinations; most recent in Nov 2023 due to aggression
Presenting Symptoms	Auditory hallucinations (“Amir” giving harmful commands), purposeless behavior, suspiciousness, daydreaming
Physical Exam	Within normal limits
Nursing Diagnosis	Sensory perception disturbance (hallucinations) – SDKI (2016)
Treatment Setting	Kasuari Ward, Dr. Radjiman Wediodiningrat Hospital
Course of Care	Six consecutive days (Feb 5–10, 2024)
Outcome	Improved ability to identify and manage hallucinations, increased social interaction, consistent medication adherence, reduced hallucination frequency/intensity

Table 2. Timeline of Nursing Interventions and Patient Progress (Day 1–6)

Day	Intervention Focus	Activities / Strategy	Patient Response & Progress
Day 1 (Feb 5, 2024)	Establish rapport & identify hallucinations	Nurse initiated Strategy 1: building trust, asking patient to describe hallucinations	Patient introduced himself, shy and hesitant, gave brief responses; hallucinations not fully identified yet
Day 2 (Feb 6, 2024)	Exploration of hallucinations	Continued Strategy 1: explored type, timing, content, frequency, triggers, and patient’s response	Patient cooperative, able to describe voices, but lost focus when taught to rebuke hallucinations; could only engage 15–20 minutes
Day 3 (Feb 7, 2024)	Training to rebuke hallucinations	Strategy 1 reinforced: practicing rebuking techniques and integrating into daily activities	Patient able to practice rebuking hallucinations; began integrating coping strategy into daily schedule

Day 4 (Feb 8, 2024)	Verbal interaction as coping	Strategy 2: training patient to engage in conversations when hallucinations occur	Patient cooperative; agreed to use verbal interaction as part of daily routine
Day 5 (Feb 9, 2024)	Structured activities & distraction	Strategy 3: activity scheduling, encouraging social interaction, introducing religious chanting (<i>dhikr</i>)	Patient conversed with roommate; reported hallucinations (“Amir’s whispers”) decreased; agreed to use <i>dhikr</i> as distraction
Day 6 (Feb 10, 2024)	Medication adherence	Strategy 4: reinforcement of “8 Rights” of medication	Patient demonstrated correct medication intake, recognized drug names/times, promised adherence post-discharge

During treatment, the patient was cooperative but initially had difficulty maintaining focus. By the end of the intervention, he demonstrated improved ability to recognize hallucination triggers, employ distraction techniques, participate in social activities, and consistently adhere to his medication regimen. Symptom frequency and intensity decreased, though hallucinations persisted intermittently. No adverse effects from treatment were observed.

DISCUSSION

This case highlights the unique challenges of managing hallucinations in a patient with hebephrenic schizophrenia, a subtype that is less frequently documented in the literature. Unlike paranoid schizophrenia, which is dominated by delusions and prominent hallucinations, hebephrenic schizophrenia is characterized by disorganized thought processes, purposeless or childish behavior, shallow affect, and inappropriate laughter (Fitriani, 2020). These features complicate management, as patients often have poor insight, difficulty focusing, and inconsistent communication patterns. In this case, the patient not only experienced auditory hallucinations but also demonstrated suspiciousness and purposeless activities, which further impaired daily functioning.

The structured application of hallucination management strategies was central to the patient's improvement. By following a staged approach that included recognition of hallucinations, verbal interaction, participation in structured activities, and adherence to pharmacological treatment, the patient gradually acquired the ability to identify triggers, employ coping strategies, and maintain medication routines. Notably, the patient was also able to incorporate religious chanting (*dhikr*) as a form of distraction, showing how therapeutic strategies can be adapted to align with personal values and cultural context. This demonstrates the flexibility of psychiatric nursing care in addressing both clinical symptoms and individual preferences.

The findings of this case are consistent with prior research. Erviana and Hargiana reported that the integration of psychoreligious approaches improved coping abilities in patients experiencing hallucinations, while Aliffatunisa and Apriliyani emphasized the effectiveness of the rebuking technique in helping patients resist auditory hallucinations (Erviana & Hargiana, 2018; (Aliffatunisa & Apriliyani, 2022). Similarly, Livana et al. (2020) demonstrated that structured activity therapy improved patients' ability to control hallucinations and reduced the likelihood of relapse (Livana et al., 2020). Rabba further found that improved hallucination control was associated with a decrease in violent behavior (Rabba et al., 2014). The progress observed in this case mirrors these findings, particularly in terms of reduced hallucination frequency, improved communication, and decreased risk of aggression.

What distinguishes this case from previous reports is the detailed documentation of a step-by-step intervention process over a short period of six days. While earlier studies have often focused on single techniques or broader group therapies, this case illustrates the effectiveness of a comprehensive, individualized strategy applied consistently in a clinical setting. Furthermore, the incorporation of culturally relevant coping mechanisms represents a novel contribution, as it demonstrates that nursing interventions can be adapted to reflect the patient's spiritual practices while still adhering to evidence-based frameworks.

IMPLICATION

The results of this study may serve as a reference for providing nursing care to patients with hallucinations and hebephrenic schizophrenia. Providing appropriate hallucinations management strategy can improve the patient's quality of life and reduce rehospitalization.

STRENGTH AND LIMITATIONS

Due to time constraints, this study was limited to a single patient, which restricts the generalizability of its findings.

CONCLUSION

The patient's hallucination symptoms decreased in both frequency and intensity, and the total number of reported hallucination episodes was reduced from six to four. Additionally, the patient's ability to manage hallucinations has shown significant improvement. Initially, the patient was only able to identify the type of hallucination and consistently take medication. However, the patient has now progressed to recognizing the type, content, timing, frequency, and triggering situations of hallucinations. Moreover, the patient is now capable of explaining their responses to hallucinations, confronting them, communicating during hallucinations, and continuing to take medication regularly.

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CONFLICT OF INTEREST

There were no conflicts of interest in this publication.

REFERENCES

- Aliffatunisa, F., & Apriliyani, I. (2022). Strategi Pelaksanaan Mengenal dan Menghardik Halusinasi Pasien Skizofrenia Dengan Halusinasi Pendengaran. *JKM: Jurnal Keperawatan Merdeka*, 2(2), 164–168. <https://doi.org/10.36086/jkm.v2i2.1258>
- Erviana, I., & Hargiana, G. (2018). Aplikasi Asuhan Keperawatan Generalis Dan Psikoreligius Pada Klien Gangguan Sensori Persepsi: Halusinasi Penglihatan Dan Pendengaran. *Jurnal Riset Kesehatan Nasional*, 2(2), 114–123. <https://doi.org/10.37294/jrkn.v2i2.106>
- Fitriani, A. (2020). Psikoterapi Suportif Pada Penderita Skizofrenia Hebefrenik. *Proyeksi*, 13(2), 123. <https://doi.org/10.30659/jp.13.2.123-133>
- Herawati, N., Afconneri, Y., Padang, P. K., Gadang, S., Padang, K., & Barat, S. (2020). Self-Health Care of Scizophrenia Patients with Halusinasion. *Jurnal Keperawatan Jiwa*, 8(1), 9–20.

- Herlina, W. S., Hasanah, U., & Utami, I. T. (2024). Penerapan Terapi Menghardik Dan Menggambar Terhadap Tanda Dan Gejala Pada Pasien Halusinasi Pendengaran. *Jurnal Cendikia Muda*, 4(4), 625–633.
- Hertati, H., Wijoyo, E. B., & Nuraini, N. (2022). Pengaruh Pengendalian Halusinasi Teknik Distraksi Menghardik terhadap Penurunan Halusinasi Pendengaran: Studi Literatur. *Jurnal Ilmiah Keperawatan Indonesia (JIKI)*, 5(2), 145. <https://doi.org/10.31000/jiki.v5i2.2918>
- Keliat, B. A., Walter, N., Sunarto, N., Imelisa, R., & Jalil, N. (2014). *Standar Asuhan Keperawatan Jiwa*. Program Studi Ners Spesialis I Keperawatan Jiwa, Fakultas Ilmu Keperawatan, Universitas Indonesia.
- Livana, Ruhima, I. I. A., Sujarwo, Suerni, T., Kandar, & Nugroho, A. (2020). Peningkatan Kemampuan Pasien dalam Mengontrol Halusinasi Melalui Terapi Aktivitas Kelompok Stimulasi Persepsi. *Jurnal Ners Widya Husada*, 5(1), 35–40. <http://stikeswh.ac.id:8082/journal/index.php/jners/article/view/328/335>
- Maulana, I., Hernawati, T., & Shalahuddin, I. (2021). Pengaruh Terapi Aktivitas Kelompok Terhadap Penurunan Tingkat Halusinasi Pada Pasien Skizofrenia: Literature Review. *Pengaruh Terapi Aktivitas Kelompok Terhadap Penurunan Tingkat Halusinasi Pada Pasien Skizofrenia: Literature Review*, 9(1), 153–160.
- Nugraheni, H. P. (2022). Direktorat Jenderal Pelayanan Kesehatan. In *Kementerian Kesehatan RI*. https://yankes.kemkes.go.id/view_artikel/1767/stop-tuberkulosis%0Ahttps://yankes.kemkes.go.id/view_artikel/1222/gula-si-manis-yang-menyebabkan-ketergantungan
- Persatuan Perawat Nasional Indonesia (PPNI). (2022). *Standar Diagnosa Keperawatan Indonesia (SDKI)*. Dewan Pengurus Pusat PPNI.
- Rabba, E. P., Rauf, S. P., & Dahrianis. (2014). *Resiko Perilaku Kekerasan Diruang Kenari RS. Khusus Daerah Provinsi Sul-Sel*. 4, 470–475.
- Risky, M. (2020). Lihat - NERS UNAIR. In *Web Page* (p. 1). <http://ners.unair.ac.id/site/lihat/read/482/bacara-mengoptimalkan-kesehatan-anak-selama-pandemi-covid-19>
- Yellisni, I. (2023). Implementasi Penerapan Strategi Pelaksanaan Halusinasi Terkait Kesiapan Perawat Panti Terhadap Sistem Penanggulangan Gawat Darurat Terpadu (SPGDT) Di Panti Gelandangan Orang Terlantar Palembang. *Khidmah*, 5(1), 147–154. <https://doi.org/10.52523/khidmah.v5i1.452>