
Inne Yellisni¹, Ayu Dekawaty², Meriyatul Rahmi³

¹Lecturer in Diploma III Nursing Study Program, IKeST Muhammadiyah Palembang
²Lecturer in Nursing Science Study Program, IKeST Muhammadiyah Palembang
³Students of the Diploma III Nursing Study Program, IKeST Muhammadiyah Palembang

ABSTRACT

In Indonesia, the problem of mental disorders is still a considerable burden of disease. Mental health problems in Indonesia are very important public health problems and must receive serious attention from all levels of government across sectors, both at the central and regional levels, as well as the attention of the whole community. Hallucinations are one of the mental disorders in which a person is unable to distinguish between real life and fake life. It is intended that the implementation of nursing services meets service standards. The steps of these activities are in the form of Standard Operating Procedures (SOP). The purpose of this study was to analyze the Implementation of Hallucination Implementation Strategies related to the Readiness of Nursing Centers for the Integrated Emergency Management System (SPGDT) at the Palembang Homeless and Displaced Persons' Home. The research method used is qualitative research with in-depth interviews and observation. Informants in the study amounted to 10 people consisting of the head of the orphanage, mental nurses who were in the Homeless Home and Palembang displaced people. The variables used to look at the implementation of these policies are communication, resources, disposition, bureaucratic structure and environment. The research will be carried out for 3 months June-August 2023. Data analysis is processed according to characteristics with content analysis, namely: Data collection, Reduction data, verification, presentation of data and drawing conclusions. It is hoped that the results of this study will serve as an evaluation of the implementation of Hallucination Implementation Strategies related to the Readiness of Nursing Homes for the Integrated Emergency Management System (SPGDT).

Keywords: emergency, implementation, hallucinations, nurse readiness
INTRODUCTION

Mental health according to WHO (World Health Organization) is when individuals feel healthy and happy in living their lives, able to face life’s challenges and can accept others as they should and have a positive attitude towards themselves and others. Mental health is a condition in which an individual can develop physically, mentally, spiritually and socially so that the individual is aware of his own abilities, can handle pressure, can work productively and is able to make a contribution to his community. Developmental conditions that are not suitable for individuals are called mental disorders (UU No. 18 of 2014).

Mental disorders according to the American Psychiatric Association (APA) are clinically important psychological syndromes or patterns or patterns of behavior, which occur in individuals and these syndromes are associated with distress (eg, painful, painful symptoms) or disability (inability of one part or several important functions) or accompanied by a significantly increased risk of death, illness, disability, or loss of freedom (APA, 1994 in Prabowo, 2014).

In Indonesia, the problem of mental disorders is still a considerable burden of disease. The results of Basic Health Research (Riskesdas) in 2013 showed that the number of people with mental disorders in Indonesia was 0.17 percent of the population aged over 15 years, or around 37 thousand people. While the prevalence of people with severe mental disorders is 1.7 per 1000 population or around 400,000 population. Mental health problems in Indonesia are a very important public health problem and must receive serious attention from all levels across government sectors both at the central and regional levels, as well as the attention of the whole community (Ministry of Health, 2015).

Mental disorder is a condition in which the client feels that he is not accepted by the environment, fails in his business, cannot control his emotions, and makes the client disturbed or threatened and changes the client’s behavior marked by hallucinations, illusions, delusions, thought process disturbances, thinking abilities and strange behavior. Severe mental disorders are known as psychosis and one example of psychosis is schizophrenia. The number of schizophrenic patients is moderately high, reaching 1/1000 of the population, as a comparison, in Indonesia, if in PJPT II, 3/1000 of the population, it could be even greater. It is estimated that more than 90% of clients with schizophrenia experience hallucinations, although the forms of hallucinations vary, most of the schizophrenic clients in mental hospitals experience auditory hallucinations.

Psychiatric nurses in carrying out their role as providers of nursing care require a set of instructions or standardized activity steps. It is intended that the implementation of nursing services meets service standards. The 4 activity steps are in the form of Standard Operating Procedures (SOP). The general objective of SOP is to direct nursing care activities in achieving goals that are more efficient and effective so that they are consistent and safe in order to improve service quality through compliance with applicable standards (Ministry of Health RI, 2006). One type of SOP that is used is the SOP on the Implementation Strategy (SP) of nursing actions on patients. SP nursing action is a standard nursing care approach model for clients with mental disorders, one of which is a patient who experiences
hallucinations as the main problem (Fitri, 2009).

PROBLEM
The results of observations made at the Palembang Homeless and Displaced Persons Center regarding Hallucination Implementation Strategies related to the Readiness of Nursing Homes for the Integrated Emergency Management System (SPGDT) show that nursing homes are still not optimal in implementing Hallucination Implementation Strategies in the Readiness of Nursing Homes for the Integrated Emergency Management System (SPGDT) in homes for Homeless and displaced persons.

METHODS

1. Methods of data collection
The data collection method used in this study was in-depth interviews accompanied by field notes. In-depth interviews are the process of obtaining information for research purposes by face-to-face debriefing between the interviewer and the informant or interviewee. The form of the questions asked is an open ended interview (list of open questions). The form of open questions was chosen based on the existing phenomena in the field and based on literature studies that the information extracted is in-depth according to the informant’s point of view so that the informant has complete freedom in providing information. When conducting in-depth interviews, researchers are assisted by an assistant, the aim is to make it easier for researchers to obtain more accurate data during interviews.

2. Data analysis
Researchers chose to use the Colaizi method because it provides simple, detailed and systematic steps. Streubert and Carpenter (2003) state that this method provides simple, clear and detailed steps, namely:

1. Depiction of the results of observations that are of interest to researchers. This step is the initial stage of the research conducted. Researchers began to conduct a literature study on theory and research results regarding the implementation of an integrated emergency response system (SPGDT) related to communication, resources, disposition, bureaucratic structure and the economic, social and political environment in the implementation of the SPGDT. Researchers only try to understand the phenomena regarding the readiness of nursing home nurses without providing statements that would eliminate the naturalness of the data submitted by the participants.

2. Collecting descriptions from participants related to the phenomenon you want to get. At this step the researcher began to conduct in-depth interviews, compile field notes to make conversation transcripts in verbatim form.

3. Reading the entire description of the phenomenon obtained from the participants. At this step the researcher carries out an intuitive process (by reading repeatedly) in order to understand what the participants feel about the phenomenon.
4. Return to the original transcript and proceed with extracting (core-taking) statements that are meaningful (significant). At this stage the researcher identified sentences from significant participants with the phenomenon being studied and in accordance with the research objectives. From meaningful statements, researchers look for keywords in each sentence.

5. Attempt to convey the meaning of each meaningful statement. At this stage the researcher groups the keywords into several categories.

6. Arrangement of groups of meaning formed into groups of themes. At this stage the researcher compiled a table of themes lattice that included grouping categories into themes and theme groups.

7. Writing an overview of the results (exhaustive). At this stage the researcher integrates all the research results into an interesting and in-depth narrative according to the research topic. The results of this stage are the initial description of the results of the research.

8. Return to participants for image validation. In this step the researcher met the participants to convey the findings and asked for the participants’ opinions whether the findings were in accordance with what was intended and felt by the participants. Researchers accept if participants want to add new data.

9. Acceptance of new data if during validation the participant provides additional information by including it in the resulting picture. This step is the end of the data analysis process where the researcher compiles a final overview of the evaluation of the implementation of the integrated emergency response system (SPGDT).

RESULTS AND DISCUSSION

Based on the theme analysis conducted, the researcher has identified several themes related to the research objectives regarding the Implementation of Hallucination Implementation Strategies related to the Readiness of Nursing Homes for the Integrated Emergency Management System (SPGDT). Themes appropriate to the objectives explore more deeply how far the readiness of nurses and nursing homes is related to the implementation of the SPGDT concept. Themes suitable for the purpose of exploring more deeply the SPGDT in homes for the Homeless and Displaced Persons: 1) The SPGDT in orphanages has not been implemented properly. 2) It is necessary to prepare human resources and infrastructure for implementing the SPGDT. 3) Implementation of SPGDT in orphanages with the help of hospitals and the government.

The researcher will describe the overall theme analysis based on the results of the interviews in this chapter as follows: **Theme 1:** The implementation of SPGDT in orphanages has not been realized properly.

The application of the SPGDT in homeless and abandoned people’s homes is very important to implement, because implementing the SPGDT concept in these institutions can handle emergency cases that occur in these institutions, and also reduce the risk of death and harm to these patients. This was expressed by the participants as follows:
"SPGDT is very important to do in the orphanage" (P1)
"Very important" (P2)
"Should have been in the orphanage" (P3)
"It’s better to be in this orphanage" (P4)

However, in reality the implementation of the SPGDT in homes for homeless people and displaced people has not been implemented optimally, due to several obstacles that have not allowed these institutions to implement the SPGDT concept to the fullest. This was also conveyed by the four participants, namely as follows:

"The implementation of the SPGDT in the orphanage is not maximized" (P1)
"It can’t be done optimally in this orphanage" (P2)
"Not optimal because there are still many shortcomings" (P3)
"Not maximal implementation of SPGDT in this orphanage follows" (P4)

In addition, the participants also said that the application of the SPGDT concept at the orphanage was not optimal, one of which was due to the lack of facilities and infrastructure that could support the implementation of the SPGDT concept at the orphanage:

"Need to add separate special room" (P1)
"The service is not optimal because there is no special room" (P2)
"Infrastructure must support the implementation of the SPGDT properly" (P3)
"What must be prepared is a place and medicines" (P4)

Theme 2: It is necessary to prepare human resources and infrastructure for the implementation of the SPGDT.

The application of the SPGDT in homeless and displaced persons homes is very important to implement, but in these institutions the concept of the SPGDT has not been fully realized, so these institutions need to improve various kinds of deficiencies to support the application of the SPGDT concept in these institutions. Following are the expressions of the participants:

"The implementation of the SPGDT has not been maximized and that is very important" (P1)
"The implementation of the SPGDT has not run optimally, it still needs to be improved for service and maintenance" (P2)
"The application of the SPGDT is not maximized" (P3)
"The application of SPGDT in nursing homes is not maximized" (P4)

Most of the expressions from participants one, two, three, and four were the same, that is, the rooms in this orphanage are very lacking and cannot yet support the implementation of the SPGDT concept, because the number of patients is large and the lack of rooms means the concept of SPGDT has not been realized in this home for the homeless and displaced people. Some expressions from the participants:

"Rooms in nursing homes are lacking" (P1)
"Room availability has not been met" (P2)
"There should be a special room because there are so many patients" (P3)
"There is not enough room" (P4)

Participants also conveyed the lack of nurses who would support the realization of
the SPGDT concept in homes for the homeless and abandoned people, therefore, to support its realization with maximum application of the SPGDT concept, professionals were needed. As the opinion of the participants as follows:

“Nurses here are limited” (P1)
“There are only a few nurses so SPGDT” (P2)
“HR is still lacking” (P3)
“It is difficult for those who do it or the nurse to do it”
“A little at the orphanage” (P4)

Theme 3: Application of SPGDT in orphanages with the help of hospitals and the government

The wishes of the participants who wanted the implementation of the SPGDT in the Homeless and Displaced Persons' home could be realized optimally, making it easier for the orphanage to deal with emergencies at the orphanage. Several participants said:

“Want to maximize the SPGDT in the orphanage so that it makes it easier for the orphanage to develop” (P1)
“Maximizing health workers for client care” (P2)
“SPGDT so that it can be done in an orphanage” (P3)
“SPGDT so that it can be done in orphanages” (P4)

Expressions from participants one, two, three, and four said that if an emergency occurred at the orphanage, they would immediately be referred to Ernaldi Bahar Hospital because at the orphanage the application of the SPGDT concept had not been implemented properly, so it was not possible to handle the emergency directly at the orphanage, so they had to be referred first. As expressed by several participants:

“If the patient comes directly referred to Ernaldi Bahar Hospital” (P1)
“Referred to Ernaldi Bahar Hospital” (P2)
“We will immediately refer you to Enaldi Bahar Hospital” (P3)
“He was referred to Ernaldi Bahar Hospital immediately when he was calm he was sent back to the orpparticipants” (P4)

Therefore, the orphanage really hopes for assistance from the government to the orphanage to be able to support the lack of infrastructure in this orphanage, so that the orphanage can implement the SPGDT concept as much as possible. As stated by the participants namely:

“It can be realized as soon as possible with government assistance to support intervention” (P1)
“It is hoped that there will be government assistance” (P2)
“As soon as possible it can be implemented in the orphanage by cooperating with the government” (P3)
“It can be implemented in the near future with government assistance” (P4)

CONCLUSION
Research on the application of the SPGDT concept in homes for the Homeless and Displaced Persons identified three themes. These themes are: 1) SPGDT in orphanages has not been realized properly. 2) It is necessary to prepare human resources and infrastructure for implementing the SPGDT. 3) Implementation of SPGDT in orphanages with the help of hospitals and the government. There are seven themes found in the research, namely:
1. SPGDT at the orphanage has not been realized properly. It consists of three categories, namely SPGDT is very important to have in the orphanage, SPGDT application is not optimal, facilities and infrastructure are not supportive.

2. It is necessary to prepare human resources and infrastructure for the implementation of the SPGDT. It consists of three categories, namely the implementation of the SPGDT in the orphanage is not maximal, the rooms are not supportive, the nurses are still lacking.

3. Implementation of the SPGDT in institutions with the help of hospitals and the government. It consists of 3 categories namely, the desire for the SPGDT to be implemented in institutions, the initial action was immediately referred to Ernaldi Bahar Hospital, assistance from the government.

THANK YOU NOTE
Thank you to IKesT Muhammadiyah Palembang and all parties who have helped and facilitated this research so that it was carried out as expected.

REFERENCES


Sylvana, B. (2020). The responsibility of the local government in organizing pre-hospital emergencies through the 119 public safety center (PSC) for the improvement of health services in Indonesia. Actuality, 3(1), 547–564. https://doi.org/10.1016/j.solener.2019.02.027%0Ahttps://www.golder.com/i