



PROMOTING HOPE IN VISUALLY IMPAIRED PATIENTS IN FINLAND

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ABSTRACT

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The aim of this study was to explore the benefits of hope promotion in visually impaired patients in Finland, since there is insufficient information on the topic. The purpose was to develop teaching material for the students in Tampere University of Applied Sciences. The product provides evidence-based recommendations for nurses to build hope in visually impaired patients.

The findings reveal that hope is a crucial element in the recovery process. The major aspects of building hope in visually impaired patients are trust, ethics, strong communication, motivation, consolidation and substantial reflection. Moreover, nurses play a key role in fostering hope for patients. In order to understand the individual needs and goals for the treatment, nurses need to work in collaboration with their patients. In conclusion, the process of promoting hope is gradual and involves specific knowledge and skills.

Further studies should focus on the experiences of visually impaired patients as they are experts of their own situation. Furthermore, future research should aim to develop material regarding the needs of visually impaired people and to create strategies for nurses in order to improve their quality of care.

Keywords: hope, nursing, visually impaired, promotion, patient education.

TIIVISTELMÄ

Tampereen ammattikorkeakoulu
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Tämän opinnäytetyön tavoitteena oli tutkia toivon edistämisen hyötyjä näkörajoitteisten potilaiden hoidossa Suomessa, koska aiheesta oli riittämätöntä tietoa. Opinnäytetyön tarkoitus oli kehittää opetusmateriaalia Tampereen Ammattikorkeakoulun opiskelijoille. Tuotos sisältää sairaanhoitajille suunnattuja, näyttöön perustuvia suosituksia toivon edistämisestä näkörajoitteisten potilaiden hoidossa.

Opinnäytetyön löydökset osoittavat, että toivo on keskeinen tekijä paranemisprosessissa. Tärkeimmät näkökulmat, toivon luomisessa näkörajoitteisille potilaille, ovat luottamus, etiikka, vahva kommunikaatio, motivaatio, konsolidaatio ja reflektio. Sairaanhoitajat ovat keskeisessä asemassa potilaiden toivon edistämisessä. Yhteistyö potilaiden kanssa on välttämätöntä potilaiden henkilökohtaisten tarpeiden ja hoidon tavoitteiden ymmärtämiseksi. Yhteenvetona, toivon edistäminen on asteittainen prosessi, jonka toteuttaminen vaatii runsaasti tietoa ja taitoa.

Lisätutkimusta suositellaan tehtäväksi keskittyen näkörajoitteisten potilaiden omiin kokemuksiin, sillä he ovat oman tilanteensa asiantuntijoita. Lisäksi, myöhempien tutkimusten tulisi pyrkiä kehittämään materiaalia keskittyen näkörajoitteisten tarpeisiin ja luoda toimintasuunnitelmia sairaanhoitajille hoidon laadun parantamiseksi.

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1 INTRODUCTION

Vision loss has a strong influence on people's lives, affecting directly their independence (World Health Organisation 2013). According to the World Health Organisation (2013), the majority of visually impaired people worldwide are working age adults and elderly. Statistics show that a percentage of 12.5 in the approximately eighty thousand visually impaired people in Finland are blind. The situation has become alarming, considering that one third of the visually disabled people in Finland also suffer from other disabilities or long term diseases. The major causes of visual impairment are: cataract, glaucoma, diabetes, and age related macular degeneration. (Finnish Federation of the Visually Impaired 2013.)

The understanding of hope has improved over the last years. Among other domains, hope is essential in nursing practice (Vaillot 1970, 272; Lambert 1992; Holt 2000, 1116-1125; Miller 2000, 253-254; Hammer, Morgensen & Hall 2009, 549-557). Hope improves the quality of life (Moore 2005, 100-105) and fastens recovery (Frank 1973, 136; Lambert 1992; Miller 2007, 16). The knowledge, modern technology and medication have helped nurses provide better care for visually disabled patients. But is this enough? Nurses play an important role in enhancing the nurse-patient relationship. Among helping, assisting, reassuring and understanding the patients, nurses also need to promote hope. (Cutcliffe 2004, 186-187; Hammer et al. 2009, 549-557.) Hope is a crucial tool in the recovery process, and when used correctly, it helps patients to look forward to comfort (Cutcliffe 2004, 186-187). In order to promote hope effectively, nurses should also update their knowledge and skills regarding caring for the visually impaired (Bowen & Russo 2013, 38-39).

Since more educational material is needed, the Degree Programme in Nursing at Tampere University of Applied Sciences suggested the topic for this thesis. Moreover, nursing students face challenging situations in clinical trainings due to the lack of ethical education. This thesis aims to help future students in different ways: 1.) Understanding the connection between hope and visual impairment; 2.) Maintaining positivity during the nursing process; 3.) Supporting patients in decision making; and 4.) Engaging patients in events that once gave them satisfaction. (Johns Hopkins Department of Physical Medicine & Rehabilitation 2013.)

2 OBJECTIVES, PURPOSE, AIMS AND RESEARCH QUESTIONS

The objective of this paper is to examine the benefits of hope promotion in visually impaired patients in Finland. The thesis provides information about the concept of hope and ways to promote hope in visually disabled patients. The authors believe that it is important to understand the special needs of visually impaired people. At the moment, the study curriculum of Tampere University of Applied Sciences is not offering enough guidance on this subject.

The purpose of this functional thesis is to prepare a PowerPoint presentation product for the future students at Tampere University of Applied Sciences about promoting hope in disabled patients facing visual impairment. The product is a tool for nursing students to enhance their practical skills in inspiring hope, to explore the limitations when promoting hope and to help them understand the needs of the visually impaired. Additionally, the product offers suggestions about the special needs of visually impaired patients.

The aim is to improve the students' education and to prepare them to face challenging situations when taking care of visually disabled patients. The ultimate goal is to improve the quality of nursing care in Finland and also the wellbeing of moderately and severely visually impaired patients.

The research questions are:

- 1) What is hope and how is it connected to nursing care?
- 2) How is hope interconnected with visual impairment?
- 3) How can nursing students promote hope in patients who are visually impaired?

3 HOPE

Jevne and Miller (1999, 6) describe hope thoughtfully as shown below:

Hope is amazing. You can't touch it but you can definitely feel it. You can't physically see it by itself, but you can hold it and carry it. Hope doesn't weight anything but it can ground you and anchor you. (Jevne & Miller 1999, 6.)

Hope takes its roots in the Greek mythology. Literature presents hope through the story of Zeus and Prometheus. After finding out that Prometheus betrayed Zeus by stealing fire from him, the angry god created a box that served as a prison for all the evil manners in the world. With no intention to do harm, Pandora opened the jar and all the evil was released in the world. The myth says that hope was the only thing remaining at the bottom of the box. (Magaletta & Oliver 1999, 539-551.) The moral behind the Pandora's Box myth can be interpreted in different ways. Nietzsche (2002, 71), a prominent European philosopher, has a pessimistic perception of the myth saying that hope "is the most evil of evils because it prolongs man's torment." On the other hand, West (1988, 169-170) has an optimistic interpretation of finding hope in the same jar as the evils. He supports the fact that the box was only a preserving place for the hope which was meant for the humanity (West 1988, 169-170).

The value of hope was evident during World War 2. For example, Frankl (1959, 75), one of the holocaust survivors, describes how hope helped him to endure his terrifying experience in Auschwitz. He claims that hope was crucial for the prisoners and losing hope had a "deadly effect". (Frankl 1959, 75.) However, Frankl (1959, 75) affirms that when prisoners faced exhaustion, hope resources became limited.

In philosophical literature, Marcel (1944, 10) describes how the role of hope is deeply integrated in life:

Hope is for the soul what breathing is for the living organism; without hope life is meaningless (Marcel 1994, 10).

This statement is very valuable, because it shows again that hope is a central element in peoples' lives (Marcel 1944, 10; Miller 2007, 12; Hammer et al. 2009, 549-557).

3.1 Hope theories

Hope, as a concept, rises from religious literature and is strongly connected with the universe, spirituality and the meaning of life. Later on, hope is developed via a theological model in nursing. (Post-White 2003, 10.)

Hope is an essential element in humans' lives (Miller 2007 12; Hammer et al 2009, 549-557). Charles Snyder, PhD and one of the founders of Positive Psychology, developed his own theory about hope according to his observations and interaction with people. He defines hope as "the sum of the mental willpower and waypower that you have for your goals". Willpower refers to the level of eagerness a person develops in order to achieve goals, while waypower constitutes the pathways used for reaching the aims. (Snyder 1994, 7.)

The Hope theory is formed by "goals, pathway thoughts, agency thoughts and barriers" (figure 1). "Goals" represent the core of the hope theory. (Snyder 2000, 9-10.) They are either "short term" or "long term" (Snyder & Lopez 2005, 258). "Goals" give direction for hopeful thinking and they must be reachable and realistic (Snyder 2000, 9; Snyder & Lopez 2005, 258). "Pathway thoughts" are related to the ways that people act in order to reach their objectives. "Agency thoughts" motivate people towards the desired goals by using different routes. If hope resources become scarce, "barriers" hinder the achievement of goals. When facing this kind of obstacle in the process of building hope, people either give up or start building new routes by using pathway thoughts. Figure 1 illustrates how the journey for achieving a desired goal can lead to success or failure. (Snyder 2000, 9-10.)

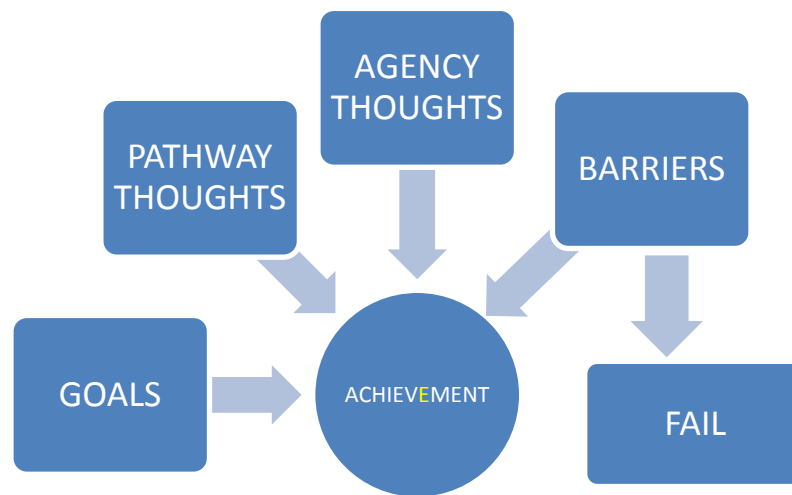


FIGURE 1. Components of the Hope theory (Snyder 2000, 9-10)

3.2 Hope scales

Throughout the years, a variety of scales have been developed and used in order to measure hope. The increase in hope exploration represents an attribute for development of hope measuring scales from “one dimensional” scales to “multidimensional” ones. (Abdi & Asadi-Lari 2011, 72.)

The Adult Dispositional Hope Scale (ADHS) is a questionnaire for adults over 15 years of age (Snyder, Harris, Anderson, Holleran, Irving, Sigmon, et al 1991, 570-585), the Generalized Expectancy for Success Scale (GESS) measures hope empirically (Fibel & Hale 1978, 924-925), and The Herth Hope Index is an instrument aimed at estimating hope by using three dimensions, such as “temporality and future, positive readiness and expectancy, and interconnectedness” (Herth 1992, 1253).

The Adult Dispositional Hope Scale (ADHS) is the first measurement tool developed by Snyder (Appendix 1). The twelve-question self-report questionnaire includes four questions concerning pathway thoughts and four questions concerning agency thoughts. Pathway and agency scores range from 4 to 32, while the total scores are from 8 to 64. Higher scores indicate higher level of hope. However, the ADHS has a limitation, which is that it only tells a person's general level of hope under certain circumstances and depending on the different life area, such as working and family. (Snyder et al 1991, 570-585.)

Another scale for measuring hope in adults was developed by Sympson (in Snyder 2000, 57-85). The Adult Domain Specific Hope Scale (DSHS) covers six domains such as academic, social, family, work/occupation, romance/relationship, and leisure activities. There are eight items for each domain, so a total of 48 items form the scale. (Snyder 2000, 57-85.)

Additionally, the Herth Hope Index (HHI) (Appendix 2) is also a measuring tool designed and examined by Herth (1992, 1252). It is commonly used in clinical settings to explore the level of hope. The HHI includes 3 subscales with 12 items. Each subscale indicates one of the three dimensions which are mentioned earlier. Patients are asked to rate each item from strongly disagree to strongly agree, with a score from one to four. The total scores are from 12 to 48. A higher score shows a greater level of hope. (Chan et al. 2012, 2080-2081.)

3.3 Hope in nursing

Among other domains, hope is essential in nursing practice (Vaillot 1970, 272; Lambert 1992; Holt 2000, 1116-1125; Miller 2000, 253-254; Hammer et al. 2009, 549-557). Vaillot (1970, 272) is the first nurse in the literature to bring forth the important role of building a strong body of hope. She claims that nurses have a crucial role in inspiring hope in patients and acknowledging hope promotion as a part of their every day job (Vaillot 1970, 272). According to Hammer et al. (2009, 549-557), nurses are the key in building an environment of hope for patients. They promote hope by what they are and not by what they do (Hammer et al. 2009, 549-557).

Hope is an essential part of the therapy and it is positively linked with wellbeing (Lambert 1992; Nekolaichuk, Jervne & Maguire 1999, 591-605; Miller 2007, 12; Hammer et al. 2009, 549-557). Nurses use hope as a resource for healing. Moreover, hope is very useful when it is goal oriented, especially in the recovery process. (Lambert 1992; Asay & Lambert 1999; Hubble & Miller 2004.) By applying hope in the recovery process, patients develop more effective coping strategies and they become concentrated on their upcoming goals (Kylmä, Vehvilainen-Julkunen & Lahdevirta

2003, 191-205). Therefore, hope improves the quality of life (Moore 2005, 100-105) and fastens recovery (Frank 1973, 136; Lambert 1992).

David Clarke (2003, 164-168), a professor in psychological medicine at Monash University from Melbourne, explains how optimism and hopefulness are associated with the positive outcomes, while hopelessness is associated with poor outcomes. As mentioned before, hope itself may be used as an instrument in different health conditions (Elliott 2005, 3-45). Previous studies conducted by psychiatrist Jerome Frank (1973, 136) prove that recovery is delayed when the patient lacks hope.

According to Clarke (2003, 164), the concept of hope applied in nursing is a multi-layered phenomenon which involves beliefs about uncertain things in life. Hope is a main factor in the “nursing framework”, because it is highly interconnected with crises, such as disease (Morse and Penrod 1999, 147). The impact of the negative situation develops a desire to recover and return to a normal lifestyle (Post-White 2003, 10). In order to have positive expectations in the future, the patients must first understand their present situation (Tutton, Seers & Langstaff 2009, 121). Therefore, nurses have an important role in recognising patients’ feelings. Emotions give patients a chance to assess and face changes they are unable to control and allow them to build new connections with others. These emotions direct patients’ actions and goals for their treatments. (Simpson 2004, 430-431.)

Defining the goals of the treatment is the first step in the recovery process. After understanding the overall situation, the patients are able to set their personal objectives. (Tutton et al. 2009, 122.) A holistic approach is used to help patients in determining their goals and their journey of accomplishing them (Post-White 2003, 11). The process continues with developing pathways in order to reach their objectives (Tutton et al. 2009, 122). According to Snyder and Lopez (2005, 257), hope is involved in the determination of the route patients use to achieve their goals.

4 VISUAL FUNCTION

According to Blackwell's Nursing Dictionary (Freshwater & Maslin-Prothero 2005, 653), vision represents "the special sense concerned with the perception of the particular qualities of an object, e.g., colour, size, shape." Visual function is classified into four grades. The first category is normal vision. The second and third levels are moderate and severe visual impairment, also known as low vision. The fourth category is considered blindness. (World Health Organization 2013.) The absence of light perception represents absolute blindness (Bare, Cheever, Hinkle & Smeltzer 2010, 1764).

4.1 The eye

As defined in Blackwell's Nursing Dictionary (Freshwater & Maslin-Prothero 2005, 223), the eye is "the organ of vision, located in the eye socket of the skull." Eye is a small and complex sensory organ in humans. It allows us to sense the light, to see things and to distinguish colours and depth. (Bedinghous 2009.) Eyes optimise vision, a crucial ability in humans' daily living (Tortora & Derrickson 2011, 642). Eyes are highly sensitive organs. They have a very important role for humans in functioning properly and maintaining a healthy lifestyle (Bare et al. 2010, 1757). In addition, eyes give us the possibility to acquire knowledge and develop skills more than the other existing senses such as taste, hearing, smell, and touch (Holland, Jenkins, Solomon & Whittam 2003, 107-109).

4.2 Visual acuity and measurements of the eye function

Nurses assess the visual acuity of patients by using the Snellen chart in order to establish the level of impairment. Normal visual acuity range is considered to be a score of 20/20. When performing the test, the patient is placed at the distance of six meters away from the chart, using distance correction devices (glasses, lenses), and with the support of the nurse he/she reads as many letters as possible. Vision is tested in both eyes. In cases where the acuity of vision is too low, the nurses use different techniques

such as counting fingers, hand motion, and light perception in order to discover the level of diminished visual acuity. (Bare et al. 2010, 1760.)

An assessment nurses use in order to evaluate vision function in patients is tonometry, the measurement of intraocular pressure (IOP). A tonometer is used in order to determine in millimetres of mercury the pressure inside the eye. A normal value is considered to be between 12-22 mmHg. An elevated IOP is a risk factor for damaged eye function. (Tsai 2013.)

4.3 Visual impairment

A person is “visually impaired [when] having reduced vision so severe as to constitute a handicap” (Collins English Dictionary 2014). Visual impairment affects people’s lifestyle, health and own perception of satisfaction (Watson 2001, 317-330). The process degenerates rapidly and without medical care it may lead to activity limitations (Watson 2001, 317-330) and depression (O’Donnell 2005, 197-208).

4.3.1 Age related macular degeneration

Age Related Macular Degeneration (AMD) is a retinal disease causing damages in the macula, the central part of the retina. AMD is the major cause of vision loss in developed countries especially in the elderly. The major changes induced by AMD in a person’s lifestyle are inability to read, to drive, to observe minor details, and to distinguish colours. However, AMD does not lead to blindness, because peripheral vision is not affected. (Bare et al. 2010, 209.)

The risk factors in the development of AMD are hereditary, smoking, and exposure to sunlight. In addition, persons with fair skin and blue eye colour have a greater risk for developing AMD. Although the disease is gradual, early detection prevents rapid visual loss. (Bare et al. 2010, 209.) AMD is divided into two groups: “dry (atrophic)” and “wet (exudative)”. “Dry” AMD is more typical and gradual in symptoms, but in the past years the number of “wet” AMD has increased among aged people. (Watkinson 2010, 22.)

The Annual Statistics 2010, based on the data from The Finnish Federation of the Visually Impaired and National Institute for Health and Welfare, announced that a total of 1.9% of the visually impaired people in Finland are associated with AMD (Ojamo 2010).

4.3.2 Glaucoma

Glaucoma is an irreversible disease which develops gradually harming the optic nerve, optic field and papilla. The risk factors are elevated pressure inside the eye, traumatic events, advancing age, family inheritance, cardiovascular disease, diabetes, and myopia. (Bare et al. 2010, 1767.)

The main types of glaucoma are open angle glaucoma and angle closure glaucoma. Open angle glaucoma is chronic and progressive. It is characterised by silent onset, elevated intraocular pressure and the opening of the anterior chamber of the eye. The symptoms in angle closure glaucoma, also known as narrow angle glaucoma, are pain and reduced visual function caused by the obstruction in the drainage canals. Early detection and prevention is essential in order to decrease the risk of eye damage. The treatment for glaucoma incorporates medication and surgical procedures. However, the first focus is to prevent the severity of impairment by lowering IOP. (Bare et al. 2010, 1767.)

4.3.3 Diabetic retinopathy

Diabetes mellitus is a metabolic disease characterised by insufficient insulin secretion or insulin resistance which acts on the body's effectiveness in handling carbohydrates, fats and proteins (Dunning 2003, 1). Diabetic retinopathy is a very common complication of diabetes, resulting from damage in the membrane of the eye's back wall, which is light sensitive (Chous 2009, 30). In the early stage, which is also called the non-proliferative stage, vision is usually not affected. If it is not treated accordingly or not diagnosed in time, the condition of the eyes worsens. Fluid swelling and growing abnormal capillaries lead to weakening of the blood vessels. Leakage of blood and fluid occurs.

The leakage of blood and fluid causes the retina to detach. In addition, fibro-vascular scar tissues are formed. (Chous 2009, 32.)

Recent statistics approximate that in Finland 40 thousand people have type I diabetes and 25 thousand people are diagnosed with type II diabetes. The estimated number of population with undiagnosed type II diabetes is large, 200,000. (Diabetes in Finland 2012.) The risk of becoming blind for people who have diabetes is 25 times higher. Early detection is crucial in order to prevent further complications which can lead to low vision. (Chous 2009, 30.)

4.4 Consequences of visual impairment

As mentioned before, visual impairment affects a person's independence (World Health Organisation 2013). Performing daily living activities becomes a major worry in people with vision loss. Moderate and severe visual impairment does not only affect a patient physically, but it also has an impact on his/her feelings, financial situation, social network, and spirituality. Depending on the severity and the mechanism of action of the disease, the patients need to adapt and find solutions in order to function in a healthy manner. (Bare et al. 2010, 1764-1767.) For example, patients with age-related macular degeneration use their peripheral vision since the central vision is affected. Patients with glaucoma lose their peripheral vision, and in diabetic patients, the location of blood leakage varies. Therefore, nurses need to find out the individual needs of the patients in order to treat them accordingly. (Bowen & Russo 2013, 38-39.)

Gradual vision loss becomes a permanent and exhausting distress for patients. Health care professionals have to work together with patients in order to provide support. In case of visual loss after traumatic incidents, patients also require support from medical professionals. However, the major need is to encourage them to accept the current situation and to learn how to live with the disability. (Bare et al. 2010, 1764-1767.)

Visually impaired persons have certain limitations regarding routine activities, for example eating, reading, shopping and interacting with people, using common transportation, or travelling (Bare et al. 2010, 1765). Besides affecting the patients' daily activities, deteriorated sight also increases the risk of fallings, especially recurrent

falls. Hospitalisation is often needed as a result of falling, as it can lead to fractures or physical injuries. Following a first injury, patients may be in shock and have fear of falling again. This can cause them to lose their confidence and interests of social activities and they may develop a dependency on others. (Newton & Sanderson 2013, 16.) Therefore, a healthcare professional should prevent the risks that may cause accidents by measuring vision as a preventive procedure (Newton & Sanderson 2013, 17). Fortunately, accidents related to visual impairment have decreased in the past years as a result of the use of protection devices and safety techniques (FFVI 2013).

Finally, according to Thurston (2010, 8-9), vision loss is associated with negativism. It affects the patients' ways of living, mood and activeness in social events. Convincing evidence shows that visually impaired people are more likely to become lonely and depressed. In addition, many studies point out that vision loss has a great impact on patients by causing worry, shock, sadness, anxiety, and doubt for the future. (Baus 1999, 41-44; Norowzian 2006, 21-23; Thurston 2010, 3-12; Royal National Institute for the Blind 2014.) Furthermore, for working-age patients, vision loss also means failure in their achievement and career, as well as changes in self-identity and marriage (Senra, Oliveira & Leal 2011, 1147). According to La Grow (2004, 546-548), the rate of unemployment among the working-age visually impaired is directly proportional with the severity of the impairment. However, the rate of unemployment is also interconnected with the following aspects: age, the onset of the disease, gender, and education (La Grow 2004, 546-548).

5 PROMOTING HOPE IN VISUALLY IMPAIRED PATIENTS

5.1 Building hope in patients

Nurses have a crucial role in inspiring hope in visually impaired patients and their families (Holt 2000, 1116-1125; Miller 2000, 253-254; Hammer et al. 2009, 549-557). Hope improves the quality of life (Hammer et al. 2009, 549-557). Miller (2000, 253-254) sets apart the nursing procedures that guide patients towards hope and the ones that lead them to discouragement, sorrow or melancholy. Helping visually impaired patients to revise their own goals brings a positive outcome in nursing practice. Additionally, nurses benefit from promoting and inspiring hope in patients by feeling accomplished and finding renewal in their professions. (Miller 2000, 253-254.)

Figure 2 illustrates the ways in which nurses can build and maintain hope in their visually impaired patients during the recovery process (Miller 2000, 253-254).

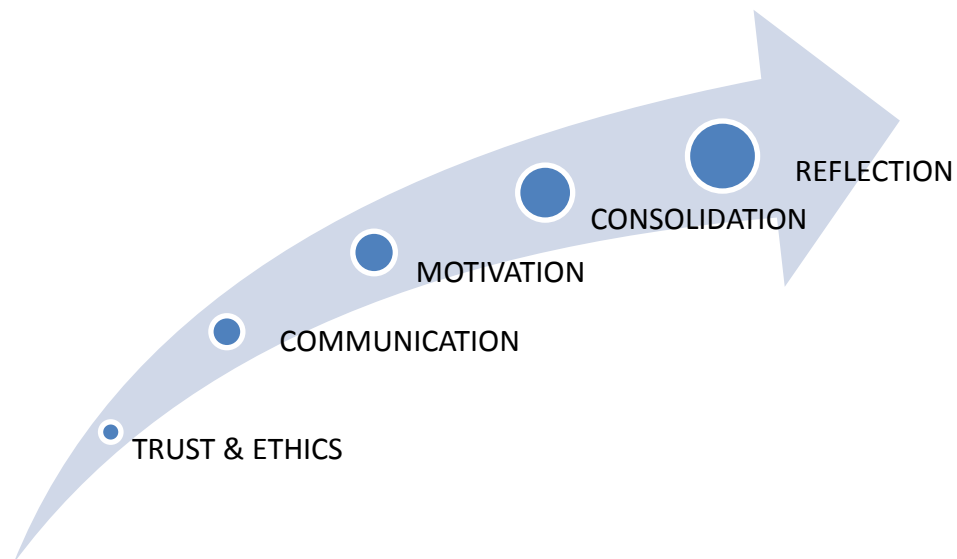


FIGURE 2. Building hope in patients and guiding patients towards hope (Miller 2000, 253-254)

5.1.1 Trust and ethics

Gaining trust is an important step in promoting hope in nursing (Mertig 2007, 155). The process of building hope is gradual and therefore, a strong nurse-patient relationship during the therapy enhances trust levels (Turner 2006, 363-372). Furthermore, a trustful

relationship with the health providers encourages patients to follow the recommendations from physicians and therapists (Johns Hopkins Department of Physical Medicine & Rehabilitation 2013).

The Code of Ethics for Nurses describes the competences needed in order to become a trustful health provider. Privacy and protection of confidentiality are two of the most important factors in gaining trust from the patients. (Nursing World 2010.) Another way to enhance trust is truth telling. When patients know the reality about their conditions, they automatically have a better understanding about the choices they have to make. (Ward 2012.)

5.1.2 Communication

Communicating effectively plays a significant role in providing care to visually impaired patients (Newton & Sanderson 2013, 20). It helps nurses to know their patients on a personal level. In this way, they can provide care according to the individual needs of their patients. (Kautz 2008, 149.)

According to Beverly, Bath and Booth (2004, 1-24), visually impaired patients need access to information as well as guidance during the treatment. Nurses should offer them the correct recommendations concerning health promotion, counselling services, medication, appointments, and also general information about the disability and treatment. The article reveals that the poor delivery of information leads to the patient's negativity. As a result of the lack in communication, patients miss appointments, educational campaigns, and other programmes meant to improve their health status. (Beverly et al. 2004, 1-24.)

Cupples, Hart, Jackson, and Jonston (2012, 44-46) describe how lack in communication and low consultation skills influences the patients' opinion about health promotion. They present a real case of a 27-year-old visually impaired woman complaining about the inadequate care she received from the healthcare centre.

“I was so frustrated at the lack of awareness of staff of the basics of interacting with a person who's blind. Sometimes they would talk to members

of my family rather than me. Also, they'd create such a drama over having to guide me somewhere. I just think that with some basic training, this could've been a non-issue. I can understand blind or partially sighted people dreading dealing with health services. I have, myself, missed appointments because I couldn't read the appointment letter or simply didn't know it had to come until someone with eyesight happened to visit my house." (Cupples et al. 2012, 44-46.)

As Cupples et al. (2012, 44-46) recommend, effective communication between patients and nurses is important for keeping the patient active in the care, as well as for the continuity of the treatment. The patients have to maintain their autonomy and independence regardless of the disability. Nurses should never underestimate a patient's capacity of dealing with routine activities. A correct assessment is required in order to understand the limitations of the patients. (Cupples et al. 2012, 44-46.) However, involving the family in the therapy is a very important strategy for hope promotion (Reinhardt, Boemer & Horowitz 2009, 367-375; Da Silva 2013, 4-8). A suggestion for enhancing patients' hope is encouraging the family to take part in the recovery process. In this way, the patients understand how important they are for their loved ones and their hope levels will grow considerably. (Da Silva 2013, 4-8.)

Finally, a constructive communication maintains the nurse-patient relationship and can later on be a strong base for building hope in patients (Cupples et al. 2012, 44-46). As mentioned before, successful communication between nurses and patients involves building strong goals and ideas for the future (Wang 2000, 189-192; Cutcliffe & Herth 2002, 1119-1195; Post-White 2003, 10-11; Moore 2005, 100-105; Smith & Kautz 2007, 378-382). A way to discover the patient's aims for treatments is for the nurses to motivate them to talk about their vision of hope. Hope enhances the recovery process if used correctly. (Wang 2000, 189-192; Smith & Kautz 2007, 378-382.)

More suggestions regarding communication with visually impaired patients are provided in the section Practical suggestions for nurses caring for visually impaired patients (table 3).

5.1.3 Motivation and consolidation

Nurses motivate their patients to acknowledge their conditions and life circumstances and to decide the following step in order to reach the objectives. Hope is a key aspect in the adaptation process. Therefore, used in the consolidation phase of the therapy, hope gives the patients the strength and energy to continue. (Hammer et al. 2009, 549-557.) A certain level of awareness about the health state of the patients is required before nurses start encouraging and motivating people to hope for the future. Thus, maintaining hope for the moment is beneficial, because it helps in the consolidation process. (Kautz 2008, 149-151.) Hope gives confidence and keeps the patients positive (Hammer et al. 2009, 549-557). However, the recovery takes time and challenging situations may occur during the recovery process (Kautz 2008, 149-151).

The consolidation phase is very important in the process of building hope. It keeps the patients involved in the treatment regardless of the undesired changes which occur during the recovery. When patients become uncertain about the continuity of care, nurses must act immediately. Nurses have to be always ready to inform the patients about their choices of treatment, bring evidence-based suggestions, encourage them to choose what is best, and remember them that it is important to be an active participant in the recovery process. Giving the patients the right material and helping them to choose the right pathways builds motivation and keeps the patients interested in the future outcomes of the treatment. However, nurses should refrain from influencing the patients' decisions. (Clancy 2012, 59-61.)

During the treatment, the patients' recovery resources may decrease. They face overwhelming feelings, such as anger, powerlessness, and worthlessness, which in turn can cause them to feel anxiety and depression. The nurses' role is to encourage the patients to incorporate pleasant activities into their routine. In this way, stress is relieved and the patients' eagerness for recovery is boosted, as they see a fresh start in the continuity of care (Kautz 2008, 149-151.)

5.1.4 Reflection

Reflection is important in order to explain the patient how the situation has changed over the previous meetings. A well done documentation can show the progress and improve the patient's confidence. Having a weekly reflection session helps the patient to see the changes in the process and to obtain a better understanding of the overall picture. (Kautz 2008, 149.) When patients realise positive changes in their condition, the desire to accomplish their goals becomes more intense and so the hope levels are higher. (Johns Hopkins Department of Physical Medicine & Rehabilitation 2013). Finally, accomplishing goals develops a high sense of fulfilment (Hammer et al 2009, 549-557).

Reflection is important for both nurses and patients. Professional nurses use clinical experiences as a source for updating their knowledge and expertise in visually impaired patients. For example, analysing the treatment outcomes helps nurses to develop their practice theories and skills. (Schön 1983, 44-52.) According to Schön (1983, 46-48), "reflection on action" is a tool for discovering more information about a certain event. It is a retrospective process involving analysis. Nurses can use reflection on action when they plan new strategies for the patients. They need to check the results of previous treatments and further on, to discover new perspectives for the upcoming strategies. Thus, reflection is important for visually impaired patients in improving knowledge about their disability, increasing safety and quality of life, as well as boosting their confidence in the caregivers. Finally, reflection sessions build higher levels of commitment for patients by enabling them to follow and be-active in the therapy, and they help nurses to focus on the actual individual rather than the impairment. (Schön 1983, 44-52.)

5.2 Strategies for nurses to promote and inspire hope

According to Moore (2005, 100-105), inspiring hope is a central element in nursing practice regardless of the health domain. Nurses are active participants in the recovery process (Miller 2000, 253-254). They can determine the ways their patients use hope for recovery simply by asking them how they coped with a life crisis before, as well as where they received help from. Some patients use spiritual advisors, and others receive

faith and hope from their relatives. (Post-White 2003, 10-11.) Knowing life circumstances and previous experiences of hope is useful for nurses to understand hope in illness (Hammer et al. 2009, 549-557). Living with a limitation is frightening for the patients. They need immediate support in finding strategies to maintain their motivation. (Post-White 2003, 10-11.) Human to human relationship is always beneficial. Involving relatives or the loved ones in the process helps the patients to rediscover how special and appreciated they are. (Hammer et al 2009, 549-557.)

TABLE 1. Different ways to construct and maintain hope in patients during the recovery process.

Authors	Country	Strategies for promoting hope in patients
Marcel, 1962 Miller, 2000	USA	According to Marcel, humans have a multitude of options in order to improve the quality of their lives. Miller (2000) brings up some ideas for finding inner peace as well as obtaining positive energy from different sources: enjoying the nature, warm sun, beautiful clear sky, using music as a therapy tool, and obtaining inspiration from books.
Herth, 1990	USA	Hope is fostered in patients by: providing comfort, enjoying social life, relationships, seeking the joy in the actual situation, redefining hope when it is lost, using spirituality in the therapy, receiving support from the loved ones, being cheerful, forming and revising goals, and encouraging the patient to speak about their own meaning and understanding of hope.
Ersek, 2006	USA	Hope is enhanced in patients by using experimental and relational processes as well as spiritual aspects. Experimental processes are treating symptoms, feeling cheerful, using humour in the therapy, encouraging patients to aspire for future goals, using literature as a therapeutic tool, and sharing positive hope stories. Spiritual aspects are important, too. For example, using religion and rituals in the therapy and finding meaning through facing difficulties. Relational processes are represented by avoiding isolation, improving communication, allocating time for family and friends, and reviewing the past success.

5.3 Counselling visually impaired patients

Counselling is represented by the work of multi-disciplinary teams aimed at improving the quality of life in people with disabilities. It is a relatively new domain in which counsellors have a major role in caring for visually impaired patients. They provide expertise for persons with disabilities. Counsellors offer holistic care. (Westwood & Nayman 2012, 158.) During a counselling process, patients are encouraged to discuss their feelings and thoughts (Thurston 2010, 7). In this way, counsellors can evaluate the needs of the visually impaired people during a recovery process and help them accept the disability issues. In addition, counsellors stimulate the visually impaired to accommodate and they educate people on how to reintegrate into the community. Therefore, they have a crucial role in education and hope promotion. (Westwood & Nayman 2012, 158-159.)

5.3.1 The role of hope in counselling

Although the research conducted on hope and the counselling process is in its primary phase, counsellors emphasise the use of hope in healing (Larsen, Edey & Lemay 2007, 401; Thurston 2010, 3-12). According to Dufrane and Leclair (1984, 34), a counselling relationship provides collaboration that has the ability to stimulate hope. During the years, numerous researchers have highlighted the importance of hope in the counselling process. The table below summarises the most important findings of these studies (table 2).

TABLE 2. Hope and counselling

Authors	Country	Findings about hope and counselling
Frank 1973	USA	Hope is a great tool for alleviating diseases and healing. Hopelessness may easily lead a person to collapse and further on it can quicken death.
Wilkins 1979, 1985 Wickramasekera 1985 Horvarth & Greenberg 1994	USA	Hope is very important in the early stage of counselling (first three-four weeks).

Ilardi & Craighead 1994		
Frank & Frank 1991 Hanna 2002	USA	Hope may build strong beliefs related to a better future for the patients.
Lambert 1992 Assay & Lambert 1999 Huble & Miller 2004	USA	Hope is related with the beneficial and desirable results after different treatments.
Tally 1992	USA	Hope is used by counsellors to encourage their patients to improve their situation.
Snyder, Michael & Cheavens 1999	USA	Hope is an essential structure in therapy. Positive placebo effects are the results of hope implementation. Hope is an essential and active mechanism for development in counselling.
Herth (Herth Intervention Plan) 2001	USA	Hope as an explicit concept can be used in therapeutic work.
Cutcliffe 2004	Canada	The real benefit comes from the counsellor-patient relationship, where hope is a background concept aid.
Lopez 2004	USA	Hope is related with positive outcomes in psychotherapy.

A therapeutic relationship between a nurse and a client is crucial in the counselling process (Freshwater 2003, 4). According to Freshwater (2003, 4-6), nurses are involved in the counselling process by giving support and confidence to their patients, in order to discover and understand their disease. Nurses use counselling to encourage their patients to be active participants in the recovery, support them to follow the instructions regarding treatment, and also to enhance hope levels in patients facing a crisis or uncertainty (Freshwater 2003, 6).

5.3.2 Strategies for counselling in Finland

According to Kautz (2008, 148), in order to promote hope, it is important to create a proper “environment of hope”. Nurses often question themselves on how some patients with disabilities stay focused and maintain hope during the whole recovery process, while others decide to quit from the beginning. There are many factors influencing the

patients' adherence to the treatment, but a strong rehabilitation structure is considered one of the most important ones. (Kautz 2008, 148.)

The Finnish Federation of the Visually Impaired (FFVI) provides counselling for the people in need, regardless of the cause of the disease. Patients have the right to attend the leisure activities offered by regional associations. The counsellors offer visits at the patient's homes in order to assess the living environment and give recommendations. The FFVI also provides free of charge support for visually impaired patients. The FFVI offers a variety of devices needed for living and their free time. The federation offers guides and booklets as teaching material for visually impaired patients. The FFVI works in collaboration with health professionals, social workers, district secretaries in charge, and with rehabilitation clinics. Secondly, the institution has a major role in hope promotion, quality of life, and continuity of care. (FFVI 2013.)

Nurses and social workers use the devices and material provided by the FFVI in order to promote independent living. They teach patients to maintain a safe environment by using proper furniture and accessories, closing the cabinet doors, and handling sharp objects correctly. Household appliances, proper lighting, alerting devices, and other aids must be introduced to the patients. Nurses should find out which of these devices are beneficial for each individual. In this way, the patients feel independent and safe while performing daily routines. (Näkövammaisen Palveluopas 2013, 9-28.)

The quality of life is improved by offering patients the possibility to stay in touch with their relatives, be active, and enjoy their free time. Being active and cheerful helps patients to improve their social life and expectations. For example, in Finland, a visually impaired person who enjoys reading has the chance to borrow audio books for free from the Celia library, an institution that works in collaboration with health care and the FFVI. Therefore, patients should be taught how to use devices such as screen magnifiers, amplified telephones, guiding dogs, and talking reading machines in order to make their life more pleasant. (Näkövammaisen Palveluopas 2013, 9-28.)

5.4 Practical suggestions for nurses caring for visually disabled patients

Nurses should have the skills to assess the needs of visually impaired patients. Communication with the visually impaired becomes challenging if nurses lack sufficient knowledge in this domain. (Bowen & Russo 2013, 39-40.) When caring for visually impaired people, nurses should consider that patients have a different range of vision depending on the eye disease. Facial expression, body movements and hand gestures are not as important as verbal communication, because the patients are not able to see clearly and they can easily feel confused. (Newton & Sanderson 2013, 20.) When speaking with visually impaired patients, nursing practitioners should not use the phrase “I hope” because it can lead to unrealistic expectations. In such cases, it is more adequate to address to the patient by saying “hopefully” so that the patients understand that the situation is uncertain at the moment, but it can change for the better. In this way, the patients will set their own goals according to their expectations for the treatment. (Kautz 2008, 149.)

Table 3 summarises information gathered from several articles (Bowen & Russo 2013, 39-40; Cuppless et al. 2012, 42-46; Stevens 2003, 7-9). It describes practical suggestions that nurses should follow when caring for visually impaired patients.

TABLE 3. Summary for nurses.

- **Summary for nurses (Bowen & Russo 2013, 39-40; Cuppless et al. 2012, 42-46; Stevens 2003, 7-9)**

- Introduce yourself every time you meet a patient.
- Speak simply and naturally. The communication should be implemented in a natural way by using casual language.
- In case you do not remember the name, a soft touch on the patient’s shoulder will make clear that you are addressing him/her.
- Always tell the patient when leaving the room. In addition, remember to inform the patient when ending a conversation.
- Pay attention to the voice tonality you are using and also the gestures.
- Do not be afraid to use verbs such as “see” or “look”.
- Approach the patient directly. Ask for more information from the relatives after asking the patient.
- Remember to ask for permission from the patient in case there are other persons attending the consultation (e.g. students).
- Always inform the patient about your actions (e.g. the administration of

eye drops).

- Describe the environment and help the patient to have a clear picture about the place and possible risk factors – use the technique that works the best (e.g. “clock face” method).
- Make sure the environment is safe in correspondence with the needs (e.g. proper lighting).
- If the patient is not familiar with the environment, ask if guidance is needed. In case the patient refuses, do not feel resentful. It is good enough that you offered to help.
- If guiding a visually impaired person, position yourself ahead. When walking around, let the patient grip your elbow or shoulder in order to feel secure. Be aware not to walk too fast or too slow.
- When offering guidance in a written format, make sure that it is properly designed for visually impaired patients-(colour, contrast, shapes, font size).
- In case the material does not correspond with the requirements for the visually impaired, read aloud the information for the patients. In addition, they require guidance on when a signature is needed.
- Make sure the patients’ personal resources are enough to cover the needs or costs for the treatment.

5.4.1 Mind exercise for nurses

According to Luckowski (2008, 20), nurses meet visually impaired patients more often nowadays than in the past. For this reason, nursing students and registered nurses need more education and support in order to promote effective care. Sensitivity is a major issue when treating visually impaired people. Nurses should always consider that losing sight can trigger frightening emotions. As stated before, nurses need to find concrete solutions and avoid undesired situations when patients are hospitalised. A mind exercise is a very good way to understand the needs of visually impaired persons. It helps the nursing students and registered nurses to have a better picture of the care they have to provide. Luckowski (2008, 20) brings up a scenario designed for nurses in order to imagine that they are visually impaired patients and no longer health providers:

Imagine yourself as a visually impaired patient in a hospital ward. You hear noise in the room. Suddenly somebody touches you saying “I’ll measure your pulse”. You try to ask a question but you realize that the person just left the room. Alone and confused, you start questioning was that person

even a nurse? You need to use the toilet but you cannot see the ring bell for calling the nurse. In this moment, you realize how helpless you are in the hospital even if at home you live independently. Later, a doctor comes to examine you. He asks the necessary information directly from your life partner. How does that make you feel? (Luckowski 2008, 20.)

This mind exercise is beneficial for both the nurse and patient. It is a tool for nurses to have a clear picture about how helpless the patients feel in the hospital if they are not treated properly. The example is simple. It presents a typical situation often found in hospitals with undereducated health providers. (Luckowski 2008, 20.)

The nurse should approach the patient differently by considering how the consequences of visual impairment can affect people while being helpless in a hospital. When changing the environment, visually impaired patients need more guidance and support from their caregivers (see table 3). Finally, the doctor should first discuss with the patient and afterwards with relatives. In this way, the patients' independence is not altered. (Luckowski 2008, 20.)

5.4.2 Nurses' attitudes and social skills

Being a good nurse requires skills and knowledge. The skills and knowledge have to be improved and nurses should challenge themselves to find new opportunities to develop their professional practice. However, the nurse's attitude and willingness to help people is very important. When caring for visually impaired patients, nurses should consider the following methods in order to provide quality care. Firstly, nurses should listen to and support visually impaired people. (Cutcliffe & Herth 2002, 1190-1195; Turner & Stokes 2006, 363-372.) Secondly, they can use tools such as humour and communication skills in order to build a friendly and professional relationship with the patients (Cutcliffe & Herth 2002, 1190-1195; Smith & Kautz 2007, 378-382). Humour is a very important part of the recovery process when used appropriately. It helps with maintaining hope and motivating the patients. Therapeutic humour has healthy effects on people, such as boosting mood, improving coping, releasing anger, and invigorating them in order to stay focused on their goals. Even though humour is a very useful tool

in the healing process, the nurse must be aware of the circumstances and how his/her patients respond to it. (Kautz 2008, 149.)

Nurses are mediators between patients and their families; they encourage both parts to be active participants in the health care process (Cutcliffe & Herth 2002, 1190-1195). Cutcliffe and Herth (2002, 1190-1195) also recommend that nurses should be patient, supportive, and have a positive attitude. According to Scheafer, Coyne and Lazarus (1981, 381-406), support is crucial in decision-making. By using support as a tool, nurses remind the patients that they are not alone in this journey and encourage them to stay strong during the recovery process. Finally, by providing support and appropriate care, nurses can build a strong and trustful connection with their patients. (Cutcliffe & Herth 2002, 1190-1195.)

6 METHODOLOGY

6.1 Theoretical methodology

This is a functional thesis and it contains two parts: the theoretical section and the product (Vilkka & Airaksinen 2003, 65). According to Polit and Beck (2008, 100), it is important to use a variety of sources and keywords in order to “own the literature”. Therefore, the authors conducted their research in a critical manner. The theoretical section of the thesis contains information gathered from different sources such as the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and material offered by the WHO and FFVI. The CINAHL sources were provided by EBSCOhost. The data were collected by using keywords including hope, nursing, visually impaired, promotion, and patient education.

As recommended by Vilkka and Airaksinen (2003, 76-77), books obtained from the TAMK library were used for the research process. As Polit and Beck (2012, 95) suggest, the authors used a “notebook” for documenting and tracking the articles. They created a portfolio containing the selected papers. In this way, the effectiveness of the research improved and it helped the authors to visualise their work and the further needs. (Polit & Beck 2012, 95.) The authors used primary and secondary sources in the research. The primary sources included statistics and surveys, while the secondary ones contained articles from different journals for nurses or books. (Polit & Beck 2008, 95, 501.)

According to Moule and Goodman (2009, 108), in order to obtain appropriate results, regardless of how wide or narrow the result spectrum is, the researchers need to know clearly what they are investigating in their study. Therefore, right from the beginning of the process, the authors had an explicit idea about what kind of articles would effectively answer the research questions and what a good theoretical framework would be (Moule & Goodman 2009, 108). Analytical reading led the authors to an unbiased evaluation of the research articles. On the other hand, in-depth reading gave them a clear image of how the knowledge can be implemented in nursing practice. (Moule and Goodman 2009, 114.)

The authors also used critical appraisal in order to evaluate the research papers. They chose objective peer reviewed articles containing strong ethical considerations, relevant methods for investigation, appropriate findings, and clear limitations. (Moule & Goodman 2009, 112.) According to Polit and Beck (2008, 117), “inclusion” and “exclusion” criteria are used to define the major aspects of the work and to create a limit for the research. The inclusion criteria in this thesis contained moderate and severe visual impairment, working age adults, AMD, diabetes, and glaucoma as causes for visual impairment. The authors excluded trauma as a mechanism of the disease and also the existence of other disabilities from the criteria. The publication year of the articles was not a limiting factor regarding the fact that the concept of hope has very deep roots in the history.

During the process, the authors decided to use some articles where the participants were elderly. The reason behind this was that those research papers described the concept of hope in a very detailed manner. In addition, after conducting the research for the articles, the authors immediately noticed a lack of information regarding hope promotion for visually impaired. Therefore, some of the research material used contained information about promoting hope in the chronically ill and patients facing crisis situations regarding sickness. For the authors, it was important to find reliable sources. For this reason, the authors selected articles with different aims and results but all answered the research questions in this thesis.

Data triangulation was used in order to demonstrate that the articles used by the authors in the paper are evidence-based (Polit & Hunngler 1995, 362) and also to achieve credibility in the study (Jasper 2006, 188). Investigator triangulation helped the authors to gather and convert the data in tables or mind maps. In this way, the major findings in the peer reviewed articles were clarified and pointed out. (Polit & Hunngler 1995, 362.) The authors developed relevant and concise tables and charts as aids for a better understanding (Jasper 2006, 330).

The references used in this thesis were applicable for the purpose of the study (Polit & Beck 2012, 174-175). According to Vilkkka and Airaksinen (2003, 76), the value of the references used in a paper is more important than the quantity. The authors used accurate references, and in this way the credibility of the study was increased (Polit & Beck 2012, 174-175). According to Polit and Beck (2012, 585), researchers should

always aim for credibility in their research. A misconducted research can occur due to fabrication or manipulation of data (Polit & Beck 2012, 169). For this reason, the authors avoided plagiarism by paraphrasing the original sources.

6.2 Functional methodology

As stated previously, the functional part of the thesis is a product that the authors created for the use of educating, guiding, organising, and rationalising in the field of nursing (Vilkka & Airaksinen 2003, 9). The product is concrete teaching material (Vilkka & Airaksinen 2003, 51) for nursing students at TAMK. It contains educational information about the visually impaired and the benefits of hope promotion in patients, and thus summarises the findings of the literature review.

As Bastable (2008, 14) states, the focus of good teaching material is on learners. Therefore, the first important step is to define the target group for the product, which in this case was nursing students at TAMK (Vilkka & Airaksinen 2003, 38, 42). The information passed to nursing students must be precise, objective and reliable (Bastable 2008, 475). It is important to describe complex information in a simple and clear way by dividing it into smaller pieces and using appropriate and understandable language. The font should be large enough for reading easily. For the students to make notes in the slides, it is suggested to leave enough empty space (Bastable 2008, 475, 481.) The information can later on be updated, downloaded and printed. Moreover, the students can modify and customise the presentations according to their personal needs. (Bastable 2008, 494.)

The product was created as a PowerPoint presentation. After defining hope, the mind exercise is presented. By using the exercise, the students can question themselves if they are ready to care for visually impaired patients. The next step is describing the concept of hope. The Greek mythology story about the Pandora's Box is presented. Additionally, Frankl's experience as a holocaust survivor is brought up in order for the students to understand the importance of hope in critical situations. Furthermore, the product contains information about building hope in patients and the major elements in this process. The authors believe that students should be familiar with the basic needs of visually impaired in order to promote care accordingly. For this reason, the product

contains a major recommendation to consider when meeting and caring for a patient with low vision. Finally, suggestions for nurses to enhance the levels of hope in patients are presented. The authors assume that after the material is presented to students, they will have a better understanding of the importance of hope promotion.

7 DISCUSSION

7.1 Reflection

The thesis brings together the ways of promoting hope in visually impaired patients. Furthermore, it suggests that nurses should identify their knowledge and skills deficits and challenge themselves to correct their practice. At the beginning of the process, the authors identified shortfalls in their own knowledge and skills. Therefore, a significant learning goal was for the authors to develop their knowledge on hope promotion. Because hope is such a broad concept, the authors faced some difficulties to set the boundaries in the research. However, exploring the benefits of hope in humans was the most exciting part of the process. At the end of the process, the authors realised the growth in the knowledge on hope and visual impairment. They experienced the thesis process as a learning opportunity in order to value their future practice as nurses. Due to the positive influence hope has on humans, the authors decided to continue developing their knowledge on this subject.

7.2 Findings and limitations of the study

Although evidence based studies show that hope is interconnected with healing, the authors noticed a lack of well-structured literature describing strategies for nurses to use hope in visually impaired patients' recovery process. All the studies regarding the benefits of hope in therapy conclude that nurses should promote hope in patients regardless of the illness. However, hope promotion is not possible if nurses are not aware of the special needs of the patients. The authors concluded with the findings about hope promotion by collecting suggestions for nurses on how to care for visually impaired patients and on the role of hope in counselling. The tables presenting these suggestions are designed to be used as tools in nursing practice. The major findings in the research articles show that trust, ethics, communication, motivation, consolidation, and reflection are key elements for building hope in patients. Studies also suggest a better prognosis for the treatment and continuity of care when hope is involved in nursing practice.

8 CONCLUSION

The purpose of the conducted research was to gain valid information about promoting hope in visually impaired patients in Finland. The research was used to create teaching material for nursing students at Tampere University of Applied Sciences. The analysis of the articles used in the study revealed that hope is a crucial tool in nursing practice. Moreover, the value of hope is evidently important for the improvement of the treatment outcomes and for ensuring the continuity of care.

The aim of this thesis was reached by creating an evidence-based material that answers the research questions. Overall, the study found that hope promotion is a key element in enhancing the quality of life for visually impaired patients. However, the authors are not able to predict how beneficial the material is until the nursing students explore the product. Nevertheless, this thesis provides valuable information on hope promotion, and thus improves the progress towards a more holistic point of view in health care.

As mentioned before, despite the fact that understanding of hope as a tool in nursing has increased over the last decades, there are surprisingly few studies investigating hope promotion in visually impaired adults in Finland. Suggestions for further research would include qualitative studies on the experiences of visually impaired patients as experts of their own situation. In this way, nurses would understand how visual impairment affects patients individually. Thus, because the patients' perspectives are important in finding the right pathways for the treatment, it would be valuable for future research to develop material regarding the needs of visually impaired people and create strategies for nurses in order to improve their quality of care.

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APPENDICES

Appendix 1. Adult Dispositional (Trait) Hope Scale (Snyder & Lopez 2005, 268)

The Trait Hope Scale

Direction: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

1= Definitely False

2= Mostly False

3= Somewhat False

4= Slightly False

5= Slightly True

6= Somewhat True

7= Mostly True

8= Definitely True

___ 1. I can think of many ways to get out of a jam.

___ 2. I energetically pursue my goals.

___ 3. I feel tired most of the time.

___ 4. There are lots of ways around any problem.

___ 5. I am easily downed in an argument.

___ 6. I can think of many ways to get the things in life that are important to me.

___ 7. I worry about my health.

___ 8. Even when others get discouraged, I know I can find a way to solve the problem.

___ 9. My past experiences have prepared me well for my future.

___ 10. I've been pretty successful in life.

___ 11. I usually find myself worrying about something.

___ 12. I meet the goals that I set for myself.

Note. When administering the scale, it is called The Future Scale. The agency subscale score is derived by summing items 2, 9, 10, and 12; the pathway subscale score is derived by adding item 1, 4, 6, and 8. The total Hope Scale score is derived by summing the four agency and the four pathway items.

Appendix 2. Herth Hope Index (Herth 1992, 1251-1259 & Herth Hope Index 2009)

Listed below are a number of statements. Read each statement and place an (X) in the box that describes how much you agree with that statement right now.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I have a positive outlook toward life.				
2. I have short and/or long range goals.				
3. I feel all alone.				
4. I can see possibilities in the midst of difficulties.				
5. I have a faith that gives me comfort.				
6. I feel scared about my future.				
7. I can recall happy/joyful times.				
8. I have deep inner strength.				
9. I am able to give and receive caring/love.				
10. I have a sense of direction.				
11. I believe that each day has potential.				
12. I feel my life has value and worth.				