

PROMOTING HOPE IN VISUALLY IMPAIRED PATIENTS IN FINLAND

Jiaojiao Guo & Diana Popa
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HOPE

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

HOPE IN NURSING

- Essential element in humans' lives.
- Nurses use hope as resource for healing.
- Important part of the therapy and it is positively linked with wellbeing.
- Optimism and hopefulness are associated with the positive outcomes, while hopelessness is associated with poor outcomes.
- Main factor in "nursing framework" because it is highly interconnected with crisis such as disease.
- Recognising patients' emotions helps nurses to understand the meaning of hope.

GREEK MYTHOLOGY

- Hope takes its roots in Greek Mythology. It is presented in 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.

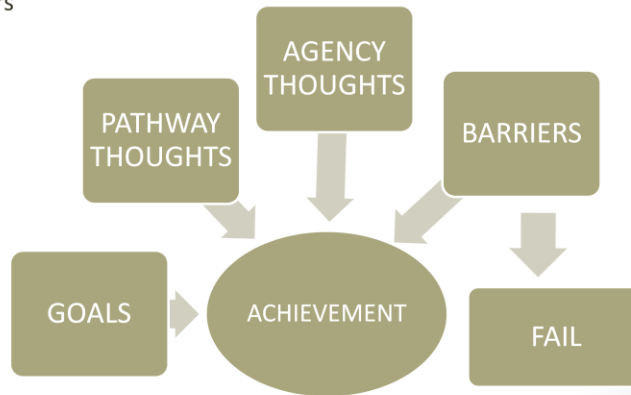
- The moral behind the Pandora's Box myth is interpreted in different ways:
 - Hope "is the most evil of evils because it prolongs man's torment."
 - The box was only a preserving place for the hope which was meant to be used for the humanity.

WORLD WAR 2

- Frankl, 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”.
- However, Frankl affirms that when prisoners faced exhaustion, hope resources became limited.

HOPE THEORIES

- Goals
- Pathway thoughts
- Agency thoughts
- Barriers



Goals: are the core of hope theory, they give direction for hopeful thinking and can be either short term or long term; goals must be realistic and reachable.

Pathway thoughts: are related to the ways people act to reach their goals.

Agency thoughts: motivate people towards the desired goals by using different routes.

Barriers: hinder the achievement of goals.

HOPE SCALES

- Development of hope measuring scales from “one dimensional” scales to “multidimensional” ones.

Examples:

- ADHS: Adult Dispositional Hope Scale
- DSHS: Adult Domain Specific Hope Scale
- HHI: Herth Hope Index

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 the development of hope measuring scales from “one dimensional” scales to “multidimensional” ones.

VISUAL IMPAIRMENT

- A person is visually impaired when having so severely reduced a vision that it constitutes a handicap.
- The process degenerates rapidly, and without medical care, it may lead to activity limitations

CAUSES OF VISUAL IMPAIRMENT

- AMD: Age Related Macular Degeneration
 - It is a retinal disease causing damages in macula.
 - 2 types: atrophic AMD and exudative AMD.
 - It affects the central vision.
- Glaucoma
 - An irreversible disease harming the optic nerve, optic field and papilla gradually.
 - 2 types: Open angle glaucoma and angle closure glaucoma.
- Diabetes retinopathy
 - It is a cause of Diabetes Mellitus.
 - It damages the membrane of the back wall of the eyes, which is light sensitive.

CONSEQUENCES OF VISUAL IMPAIRMENT

Visual impairment affects people's lifestyle, health and own perception of satisfaction.

It affects directly

- Physical integrity
- Confidence
- Independence
- Career
- Self-esteem
- Techniques of daily living
- Family and friends

MIND EXERCISE

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?

FOR STUDENTS

- Discuss your opinions regarding the previous mind exercise.
- How do you find this situation?
- Are you ready to take care of visually impaired patients at this point of your studies?
- Was the mind exercise useful and why?

BUILDING HOPE IN PATIENTS

- **Trust & Ethics**

- privacy
- confidentiality
- truth telling

- **Communication**

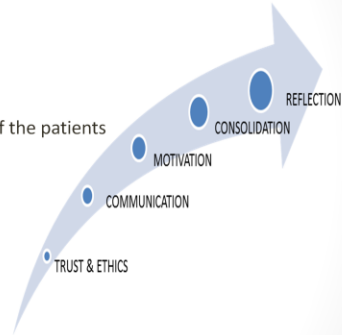
- taking into consideration the individual needs of the patients
- providing correct guidance
- access to information

- **Motivation & Consolidation**

- adaptation & awareness
- maintaining hope for the moment
- increasing confidence
- providing evidence-based suggestions
- involvement - the patient is an active participant in the recovery process

- **Reflection**

- well done documentation & reflective sessions (outcomes of the treatment, changes, etc.)



STRATEGIES FOR PROMOTING HOPE

Authors	Country	Strategies for promoting hope in patients
Marcel, 1962 Miller, 2000	USA	Humans have a multitude of options in order to improve the quality of their lives: enjoying the nature, warm sun, beautiful clear sky, using music as a therapy tool and getting 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 therapy, getting support from the loved ones, being cheerful forming and revising goals and encouraging the patient to speak about his/her own meaning and understanding of hope.
Ersek, 2006	USA	Hope is enhanced by: feeling cheerful, using of humour in therapy, encouraging patients to aspire for future goals, using literature as a therapeutic tool and sharing positive hope stories, using religion and rituals in therapy and finding meaning through facing difficulties, avoiding isolation, improving communication, allocating time for family and friends and reviewing past success.

HOPE IN COUNSELLING 1

- 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.
- Hope is very important in the early stage of counselling (first three-four weeks).
- Hope may build strong beliefs related to a better future for the patients.
- Hope is related with the beneficial and desirable results after different treatments.
- Hope is used by counsellors to encourage their patients to improve their situation.

HOPE IN COUNSELLING 2

- 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.
- Hope, as an explicit concept, can be used in therapeutic work.
- The real benefit comes from the counsellor-patient relationship, where hope is a background concept aid.
- Hope is related with positive outcomes in psychotherapy.

NURSE'S ROLE 1

- Skills and knowledge.
- Nurses should challenge themselves to find new opportunities to develop their professional practice.
- Attitude and willingness to help people.
- Nurses listen and support visually impaired people.
- They use tools such as humour and communication skills in order to build a friendly and professional relationship with the patients.
- They are mediators between patients and their families.

NURSE'S ROLE 2

- Nurses encourage both parts to be active participants in the health care process.
- They should be patient, supportive and have a positive attitude.
- Nurses have to remind their patients that they are not alone in this journey and encourage them to stay strong during the recovery process.
- Nurses can build a strong and trustful connection with their patients.

SUGGESTIONS FOR NURSES 1

- 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 it 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".

SUGGESTIONS FOR NURSES 2

- 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. 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 and in correspondence with the needs (e.g. proper lighting).

SUGGESTIONS FOR NURSES 3

- 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-(color, 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 when a signature is needed.
- Make sure the patients' personal resources are enough to cover the needs or costs for the treatment.

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