“Staff lack vital skills in caring for visually impaired people”

I am a visually impaired person and my experience of being a patient has been frustrating. I have found staff often fail to understand the fundamental care needs I have as a result of my disability or even discuss what these care needs might be. As a result, I have felt, at times, deserted and bereft of any empathy.

Hospitals are not designed for visually impaired people. Every time I have had the misfortune of being admitted to hospital, staff have failed to understand the unique challenges that strange environments present to people in my position. I have noticed staff tend to lack essential skills and knowledge in how to care for me as a visually impaired person.

It feels at times as if being blind has little or no bearing on the care I receive. This is frustrating for me as a former nurse who is actively involved in educating hospital staff about the needs of those with visual impairment.

Healthcare staff are enthusiastic about new clinical methods of treatments and innovations, but these should not be to the detriment of vital communication skills. I need staff in hospital to see for me, to help me find my wash bag and clean clothes and to guide me around an unfamiliar environment that is fraught with danger.

So, when you are caring for me, please don’t push me from behind through doors and corridors – take my arm and guide me. Please don’t ask me to fill out a menu card when I am clearly unable to do so. I need you to tell me what my meal is, not just put it in front of me and walk away. I can’t read information leaflets so I need your help to understand what is happening to me.

As a health professional, it is important for you to take the time to find out and understand the individual needs of your patients. The old adage of one-size-fits-all does not work when you are caring for individuals with a visual impairment.

In my experience, patient individuality, as opposed to uniformity, is often overlooked especially in people who already have an underlying long-term condition, such as a visual impairment. This is frustrating as people with long-term conditions often know exactly what we need and will tell you if you take time to listen.

There are three words that should be the guiding principle in any clinical situation:

» ASK the patient;
» LISTEN to the patient;
» ACT on what the patient tells you (Kopp, 2009).

We can help you to help us. But we need you to stop, take time and listen. NT

Klaus Kopp was formerly a senior lecturer in nursing

Reference

The RNIB Emotional Support Service (ESS) is run by a team of telephone counsellors who are accredited by the British Association for Counselling and Psychotherapy. The service offers confidential telephone support, information and counselling to people who, because of sight loss, are experiencing emotional difficulties.

Student nurses often make a career choice based on their placement experiences. A stimulating placement can plant the seed of a long-term involvement with a particular area of nursing. For me, working on a cardiac care ward as a student led me to seek my first job in that specialty.

Healthcare is developing into a complex web. Services are still provided in traditional acute and community settings, but also in other sectors such as private, independent and voluntary. Training needs to keep abreast of those changes and, as our authors on page 18 explain, offer students a variety of placements that reflect the reality of care.

Some areas, such as prison services, have had difficulties recruiting. Widening the placement range will encourage students to expand their nursing career horizons.

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