



## Chapter 6: Conclusion

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This book targets all healthcare and allied professionals caring for people with ocular disease and sight loss. This includes groups such as clinical researchers, academics, patient representative groups, and students undertaking ophthalmic courses and courses in allied health disciplines. Initially, it revisits the main aims and key issues addressed in each chapter.

To recap, the main aims of this book were, firstly, to discuss the need for a theoretical basis for nursing practice to improve psychosocial care with reference to the emotional and psychosocial needs of patients with ocular disease and sight loss. Secondly, its aim was to raise awareness of the importance of the psychosocial needs of patients with ocular disease and sight loss with reference to relevant psychosocial theory and its application in practice.

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Thirdly, its aim was to discuss the role of healthcare professionals working within a multidisciplinary team to help provide integrated care. It was stressed that a holistic caring approach helps facilitate care to relieve emotional distress and promote quality of life for patients with ocular disease and sight loss. Psychosocial care is the culturally sensitive provision of psychological, social, and spiritual care through therapeutic communication, and such care is deemed to be extremely important within a holistic approach to practice. However, psychosocial care as such remains underestimated and under-researched in ophthalmic clinical practice.

The importance of the concept of theory is important to enhance practice. It was addressed with reference to selected nursing and psychosocial theories and models, and the value of addressing and applying such theories and models in practice was discussed with reference to the presentation and examination of case scenarios. Theories and models such as Roy's Adaptation Model and Orem's Self-Care Model and psychosocial theories such as Bandura's Social Learning Theory, Lazarus and Folkman's transactional theory of stress and coping, and Pender's Health Promotion Model were discussed to demonstrate the need for a theoretical basis for the specialist area of ophthalmic practice within the overarching framework of nursing. The conclusion was drawn that the integration of these theories was important for healthcare professionals in helping them to meet the specific psychosocial needs of patients with ocular disease and sight loss as well as the psychosocial needs of patients with general health conditions.

The analysis and application of theory were presented and demonstrated using the seven steps of theory suggested by Walker and Avant. This approach was seen to be helpful in determining the strengths and weaknesses of a theory and its potential use in practice, especially with reference to ophthalmic nursing practice. Moreover, using a standardized approach to analyze theories resulted in an increased understanding of the depth and breadth of such theories. Significantly, the knowledge gained from the analysis of theories can be applied to the care of individuals with ocular disease and sight loss. This emphasizes its value in identifying

and addressing the psychosocial needs of patients and by providing the appropriate psychosocial care. Overall, the application of theory to psychosocial care will enhance the holistic approach to ophthalmic practice and also enhance its scholarly foundation.

The psychosocial impact of the concept of an altered body image for an individual with ocular disease and sight loss is seen to be of critical importance to address. Altered body image is defined as any significant alteration to body image occurring outside the realms of expected human development. Body image itself is defined as the picture of our body we form in our mind and one which can change during the course of a lifetime. It is a diverse subject that involves perceptions, thoughts, and behaviors related to one's appearance. It is also strongly connected to the concept of self-esteem and, as such, is an important factor in an individual's ability to communicate confidently and take part in everyday social activities. Clearly, patients with disfiguring eye conditions such as thyroid eye disease, orbital exenteration for an orbital tumor, herpes zoster ophthalmicus, or squint may experience a profound psychosocial impact resulting in clinical anxiety, clinical depression, distress, stigma, and social avoidance. Thus, the healthcare professional has a key role to play in providing the psychosocial care and support needed to restore self-esteem using a holistic caring approach.

Self-esteem is at the center of the Price Model of Body Image Care, which is presented as an excellent framework to identify the psychosocial needs and plan the care and rehabilitation of patients with altered body image. It serves as a platform for restoring the confidence required to regain a desired quality of life. Linked to the concept of altered body image due to ocular disease and sight loss is the concept of stigma. Clearly, people with visual impairment and sight loss are at risk of stigma. They are vulnerable and can experience social isolation and reduced access to health and social care resulting in sadness, depression, stress, and anxiety. These factors can ultimately lead to self-pity and withdrawal from society. Thus, stigma imposed by the social environment may lead to self-stigma. Consequently, people with visual impairment and sight loss become conscious that they are perceived by society in a stereotypical way, which they accept, acknowledge, and believe

that this is their real image. This negatively affects their self-attitude and obstructs undertaking actions to improve their situation in order to achieve goals in life including education and rehabilitation.

It is paramount that healthcare professionals are aware of stigma relating to sight loss. Ongoing training and education are essential to enable them to develop in-depth knowledge and understanding of the concept of stigma and to recognize stigma in people with visual impairment. Appropriate measures should be adopted to improve social contact, positive social interaction, and inclusivity, thereby improving positive self-image in people with visual impairment and sight loss. Healthcare professionals need to undertake a holistic patient care approach to contribute to reducing social and self-stigma, thus developing autonomy and improving the quality of life of people with sight loss.

Quality of life (QOL) has been defined as individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. Sight loss impacts the attributes of QOL including physical, social, and emotional well-being. The emotional impact of sight loss in reducing a person's QOL is well documented, with particular reference to older people. Vision loss and population aging have therefore become an important social issue worldwide, and improving QOL is one of the biggest challenges for healthcare professionals. Ocular diseases such as cataract, primary open-angle glaucoma, age-related macular degeneration, and Charles Bonnet Syndrome (CBS), the presence of visual hallucinations, can often affect QOL. AMD has been identified as a risk factor for this syndrome, which occurs mostly in people who have developed severe loss of central vision in both eyes of which AMD is a cause. The role of the healthcare professional is to provide the appropriate psychosocial care to address the most commonly experienced emotional reactions following diagnosis of the ocular condition alongside the practical implications of sight loss. Good therapeutic communication and interpersonal skills

are instrumental to the delivery of effective psychosocial care. Moreover, the healthcare professional's ability to apply psychosocial theory to practice facilitates the process of regaining self-esteem and confidence sufficiently to enable the patient to return to a sense of well-being and acceptable QOL. Becker's Health Belief Model and Bandura's concept of self-efficacy were presented as useful psychosocial theories and tools to utilize in practice. Becker's Health Belief Model is useful when the healthcare professional is exploring the patients' beliefs and attitudes about their ocular health and when support and help are required to make decisions related to the benefits and costs of receiving treatment. Bandura's theory is useful for the healthcare professional to help patients to reach a state of self-belief about their own ability to change their behavior and cooperate with prescribed treatment. The successful outcome of the application of these theories is dependent on effective therapeutic communication.

The emotional reactions of sight loss due to ocular disease include stress, anxiety, low self-esteem, feelings of loneliness, depression, and sometimes suicidal thoughts and even suicide. Of all these emotional reactions, perhaps depression remains the most daunting for the patients and the most challenging psychosocial problem for the healthcare professional to recognize and manage effectively. Given the vulnerability of visually impaired older adults and increased rates of depression in this age group, the need for qualified healthcare professionals' psychosocial support is essential and adds to the best ophthalmic care available within a holistic caring framework. Healthcare professionals can utilize talking therapies such as counseling and cognitive behavior therapy, including stepped care interventions, to help people work out how to deal with their own fears, anxieties, negative thoughts, and feelings and then make positive changes.

In drawing conclusions from the chapter discussions, it appears that future perspectives and directions have emerged about the significance of psychosocial care for patients with ocular disease and sight loss within a holistic paradigm of care. Moreover, future

perspectives on the role of the ophthalmic nurse and allied health-care professionals have emerged as a basis for providing psychosocial care to facilitate emotional recovery and independence for the self-empowerment and self-management of patients with ocular disease.

The value of the use of theory to guide ophthalmic nursing practice and research is an important perspective for the future role of ophthalmic nurses and allied healthcare professionals. Unfortunately, the use of theory has been limited although it is clear that nursing departments and agencies often subscribe to nursing theory as part of their philosophy of care or nursing professional practice model. Ophthalmic nurses and healthcare professionals can learn and gain insight from published research studies which have used a theoretical framework for connecting the theory with the overall study aims, data collection and analysis, and the interpretation of findings. Incorporating theory into their research investigations, evidence-based practice projects, and quality improvement activities can strengthen and build nursing knowledge including the theories themselves. Importantly, the role of ophthalmic nurses and allied healthcare professionals must contribute to improving practice outcomes through observation, ongoing reflection, and critical evaluation.

An important future direction for ophthalmic nurses and healthcare professionals is for them to contribute to and participate in research activities in their practice environment. This would provide a platform for the sharing of their knowledge and clinical experiences through reflection on the psychosocial needs of patients with ocular disease and the effectiveness of the care given. This is tantamount to engaging in informal research activities, the experiences from which can then be utilized within a more formal research framework/structure. Although they may not be able to conduct primary research themselves initially, they can still become involved in researcher-led activities. Action research would be a crucial means of allowing ophthalmic nurses and allied healthcare professionals to become involved in the experience of collecting data based on meeting the needs of patients with ocular disease and sight loss. This would result in making a positive contribution to developing ophthalmic evidence-

based practice within the domain of psychosocial care. The ultimate goal will be the formation of an international ophthalmic nursing research collaborative with a theoretical foundation that has the potential to advance the science of ophthalmic nursing. This will also represent a major achievement in bridging the theory-practice gap.

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## **1 Summary**

In summary, this text has endeavored to challenge all healthcare professionals to raise their awareness of the importance and value of psychosocial and nursing theory as a basis for addressing ophthalmic nursing practice as both an art and science within a holistic caring framework.

When ophthalmic nursing is viewed as an art and science, it can be utilized in a complementary way resulting in ongoing development and improvement of practice that benefits the care and treatment of patients with ocular disease and sight loss. Although more emphasis is given to the application of scientific principles, nevertheless, the greater need is to apply the principles of psychosocial theory to provide the necessary psychosocial care to meet the holistic needs of patients with ocular disease. It is not only the practitioners but the educators who will need to consider carefully the academic content relating to the psychosocial aspects of caring, with specific reference to ocular disease and sight loss. This same principle is equally applicable to all spheres of health-care practice.