

# ROLE OF NURSES IN MEDICAL TREATMENT OF BLIND PEOPLE

Man receives more than 80% of vision information, making the eye one of the most important organs. Vision plays an important role in development, enables the identification of objects, events and people. It plays a key role in the development of emotional and social interactions, and a whole range of non-verbal communication is based on the mind. The term blindness includes the inability to perceive the light or the minimum degree of visual capacity is maintained, but the person is helpless in carrying out everyday activities. To make a person independent, it is necessary to provide the necessary prerequisites. In today's accelerated time, an increasing number of people have difficulty in successfully mastering their life tasks. This problem is even more pronounced for people with visual impairments. The most important precondition is the independent living of every person, even the person with visual impairment, movement. While most people have no significant movement problems, blindness is a key problem. Blind or visually impaired people find themselves outside the well-known environment. Blinds are required to have specially adapted aids to carry out everyday tasks, attend lectures at schools and colleges, and spend leisure time. Limited movement and difficulty in doing everyday activities significantly affects the quality of life so people with vision impairment feel worthless and useless to themselves and society. Improving the quality of life of blind people, re-creating feelings of security and unity, solving problems, is gained by joining associations of blind people. Slightness is a medical disorder that manifests itself in the partial or complete inability of the visual system to transmit disruption. Real or complete blindness is visual impairment that implies complete loss of vision, i.e. absence of any visual stimuli (without light perception). Real blindness is also the impairment of vision with which a person has the sensation of light or sight up to 2% for a better eye with or without correction (residual vision). Real blindness is a form of severe disability. In addition to true blindness, the category of blindness also includes practical blindness, which includes the rest of the sight of 2 to 5%, for a better eye with correction or without correction. Blind person is



considered to be any person who has a narrower ocular field at 5 ° and less around the fixing point, regardless of the rest of the visual acuity. People with just the sensation of light actually have only so much vision that they can differentiate the light from the darkness that helps them maintain the day-night cycle and recognize the rough direction from where the light arrives. The World Health Organization estimates that there are around 40 million blind people in the world. The brain center does not handle information coming from a weaker eye, but only receives visual stimuli of a healthy eye (if the disorder is not duplicated). The border between blindness and weakness can be easily perceived when reading the text. Namely, if a person does not see read the text in a letter size of 20 typographical points, he is considered to be a blind person. Determining the upper limit of weakness, or distinguishing lightness from normal vision is somewhat more difficult and determined based on the estimation of the viewing angle. The weakness is characterized by weakened or blurred vision in the eye which is otherwise normal. It is estimated that the weakness affects about 1 to 5% of the population. There are many causes that lead to blindness and visual impairment. Slightness can be caused by hereditary factors, injury or illness. The most common causes of visual impairment are various diseases and malnutrition. According to the 2002 data published by the World Health Organization, the most common causes of embarrassment in the world are cataracts (47.9%), glaucoma (12.3%), senile macular degeneration (8.7%), corneal bleeding (5 , 1%), diabetic retinopathy (4.8%). People living in developing countries have much more visual impairment due to lack of treatment and prevention than people living in developed countries. Strabismus and refractive anomalies are mentioned as the most common causes of weakness, especially among children. Sluggishness may be congenital, may occur immediately after birth or within the first five years of life, probably lacking in visual memory or blindness may occur after the age of five, with the likelihood of visual memory being significantly higher. Visual memory is defined as the ability to classify and memorize objects based on their visual attributes such as shape, color, position, perspective, and the like. The rest of the eyes must not be replaced with the effectiveness of the vision. There is a person with a higher degree of weakness that can more



effectively utilize their vision than some of the faint-hearted persons with a larger sight. The degree of visual impairment is determined by the remainder of the visual acuity and the width of the field of vision, and on this basis the blindness and weakness and their degrees are defined. Vaginal Dislocation to the World Health Organization (WHO).

The role of a nurse is very important, especially if a person has suddenly lost sight because he greatly changes his or her lifestyle so far, and consists of providing support, encouraging a person to talk, educate and motivate a person on the basis of diagnosis, treatment, and outcome. The main goal is to help the blind person to adapt to the new state of affairs. A person needs to be educated about accepting someone else's help, initially more and more in the course of time, to accept their new role as a full or partial dependence and to continue self-restitution without anyone else's help. A person who suddenly loses sight passes through phases that have a significant effect on quality of life and have an individual life time. Phases through which a blind person passes: denial - a person does not want to accept a state of affairs, an assessment of needs - accepting the help that a person thinks she will never need, a conflict of independence and addiction - accepting that a person will be able to learn to do some work independently some will need help from others, overcoming prejudices - recognizing and coping with prejudices prevalent in healthy vision persons. Receiving a Blind Person at a Hospital Department When a blind person finds himself in a new and unfamiliar area, and having health problems is a big problem, because there is uncertainty, concern for one's own health, fear of a search and possible painful experiences. Unknown environment and staff, changing routine of everyday life, and self-destruction contribute to insecurity, so it is important to ensure enough time to work with a blind person to establish trust. The blind person should be presented and addressed by name. During the conversation we are talking directly to the blind person, not through escort. Complacency to a blind person should be avoided. Before we offer her help we need to ask her for help and to respect her self-reliance and support her. It is important for the blind person to have a spatial orientation upon receiving the hospital section so that she can move more independently during the stay and seek minimal help. When conducting, she should allow her to express herself the



us to be led (for her shoulder or forearm). During the blind man's conduct is always half the pace behind us. We must not drag a blind person anymore, but we have to accept its speed of movement. All the time we run we need to verbally inform about the space we are moving into. As we talk to a blind person, we have to describe and name things, never use words like there, this, the one, the like, that's it. Those words to blind people have no significance. Obstacles should be warned, and if there is no obstacle to her, then it will accelerate and extend the step without fear. It is important to allow a person to examine the space and furniture with free hand, which will be used as an orientation in independent motion. The room or patient room in which the blind person should be in need of regularity and always have the same schedule, so it is also important to familiarize the blind person with other patients and note that they do not arrange hospital furniture (table, chairs, nightstands, beds) they leave on the foreseen place. Unnecessary obstacles should be removed to make the blind person relieving movement, the door of the patient room must be closed or opened in no way open to prevent injury. If the toilet is in the vicinity of the room, the patient needs to learn how to get to it so that he later becomes independent. When we help a blind person to store or dispose of things we need to let them know where we have put things down to find them easier. When performing medical technology or performing personal hygiene, a blind person has the right to privacy-providing conditions, which is one of the basic principles of professional nurse behavior. When distributing drugs to a blind person we need to explain how we will administer the drug. If we give the blind person the tablets, we have to put them in the palm of one tablet and tell us what the drug is, we cannot help leaving the medicines on the cupboard and say, "The drugs are on the cupboard." In the parenteral division of drugs we have to explain how we will use the drug, when placing an intravenous infusion, make sure that the infusion time is in place and allow the blind person to get caught at the fingertips if he or she feels pain or bruising at the infusion site. Certainly the blind person will be more frequent.



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