

PERCEPTION OF NURSING STAFF ABOUT PHYSICAL ACCESSIBILITY AND COMMUNICATION OF PEOPLE WITH VISUAL IMPAIRMENT

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ABSTRACT

This is a descriptive study whose objective was to understand the perception of the nursing team about the physical accessibility and communication of people with visual impairment. Interviews with eighteen nurses and sixteen nursing technicians were recorded at a university hospital located in João Pessoa (PB), in January 2012. The data were analyzed qualitatively by means of content analysis. It was observed that the nursing staff has difficulty in communicating with people with visual impairments. However, some strategies used to facilitate communication with these patients were identified, as non-verbal language, through touch, and involvement of the family. These professionals also suggest training and qualification to deal with these people, as well as the implementation of language in braille. Another important point was the lack of physical accessibility for this population in the hospital. It is hoped that this research will contribute to the educational organizations include content related to assistance for people with disabilities in their curricula and health services encourage its employees to participate in training and the physical structure to be suited so that these clients' needs are met.

Keywords: People with visual impairment. Nursing staff. Health communication. Access to health services.

INTRODUCTION

Disability is any loss or abnormality of a structure and/or psychological function, physiological or anatomical managing incapacity for work performance within the standard considered normal for human being⁽¹⁾. As a result, we need to ensure these people the effective exercise of citizenship and social life by the right to freedom and independence to come and go⁽²⁾.

Among the various types of impairment, the mental, physical and sensory ones stand out. In the latter, it includes visual impairment that can occur in two types: the blindness, when a person has total lack of vision or simple perception of light; and low vision, which is a reduction of visual capacity,

characterized by perception masses, colors and shapes. There are several causes of blindness and visual impairment. The most common include macular degeneration, glaucoma, cataract, diabetic retinopathy, inflammatory diseases, genetic disorders and lesions^(1,3).

Census data conducted by the Instituto Brasileiro de Geografia e Estatística (IBGE) point to the existence of 45.6 million people with a disability, representing 23.9% of the population. Among them, the visual disability is the one with the highest prevalence in Brazil with approximately 35.7 million people with difficulty in seeing. The Northeast is presented as the region with the highest percentage of the population has at least one disability; from these, 21.2% had visual impairment. In Paraíba, these numbers reach 672,400 people with some difficulty in seeing⁽⁴⁾.

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Currently, there is much discussion about practices to socially include this population, who is commonly a victim of prejudice or excluded from society. Some of them are self-excluded because they feel inferior to others; other people isolate themselves from people who they consider normal and try to live with other similar person with disability⁽⁵⁾.

From this perspective, it is necessary to understand the process of social inclusion that is due to the mobilization of all segments of society. This results in a breakthrough in the political process of social subjects, so that the government takes civic responsibility and ethical obligation to develop public policies to meet this population⁽³⁾.

As with the other individuals, the health of people with visual impairment can also be compromised, that's why they need hospital care. However, hospitalization is a delicate process for them, since in addition to the experiences gained admission, there are difficulties arising from an unknown environment and, in most cases, unprepared to promote inclusion of these individuals. Thus, assistance in hospitals for these patients tends to develop in a fragmented way, not humanized, which contradicts the principles established by the Unified Health System (SUS)^(2,5).

In this scenario, the National Policy of Health of People with Disabilities established strategies to meet, in a qualified manner, people with visual impairment, adjusting the physical space and the formation and training of health professionals to work from basic attention to the tertiary care^(1,6).

From this premise, it is considered that the promotion of care based on the biopsychosocial needs permeates an effective communication process between the nursing team and the client. However, it is understood that communication is constructed in different ways and for that, verbal or non-verbal expression of one of the subjects has to be realized within the ordinary meaning of the universe to the other. If not, there is not understanding of signals between subjects, which prevents this process and, therefore, undertakes to care⁽⁷⁾.

In addition, the environment must provide security and freedom to experience the arriving, making and separating without barriers, because this aspect for a disabled person is a sense of living a healthier life, to improve body image and self-esteem⁽⁸⁾.

In line with the exposed reflection, complexity and the difficulties faced by people with visual impairments are evident; however, it is scarce the preparation and awareness of health professionals, lack incentive of governments in order to enable them to meet appropriately to this population and to tailor the physical structure of health services.

From this perspective, this study aims to educate health professionals, especially nursing staff, so that physical and communication barriers are removed, so that people with visual disabilities can have full social participation and autonomy, to be understood as holistic being, and receive appropriate and effective care. Thus, the study aimed to understand the perception of the nursing team about the physical accessibility and communication of people with visual impaired.

METHODOLOGY

This is a descriptive study with a qualitative approach, performed in a teaching hospital, located in the city of João Pessoa, PB. The institution has 212 hospital beds.

Participants were eighteen nurses and sixteen nursing technicians. The selection met the following criteria: to be part of the nursing team; being in service providing assistance during the period in which the researcher was collecting data in the place, and to have time available to participate. The numerical definition of the participants was determined by saturation of information, which occurred in the group of 34 interviews.

Data were collected in January 2012. For this, interviews were conducted, directed through a semi-structured questionnaire, with four guiding questions that focused on the perception of the nursing team about the physical accessibility and communication in

hospitals, and the importance of this theme for the assistance.

Data were analyzed through Bardin technique⁽⁹⁾ and thematic content analysis. The following steps are followed: 1 - readings to organize the material to be analyzed, taking up the initial objectives of the research front of the material collected; 2 - aggregation of data to identify the categories; 3 - reflections and interpretations of each category shown, by using the fragments of lines of research participants.

It should be noted that this study met the requirements of Resolution 466/2012 of the National Council of Health, which regulates researches involving human subjects⁽¹⁰⁾, and it was approved by the Research Ethics Committee, under protocol number 292/11. Study participants signed a free and informed consent (IC). To preserve their anonymity, nurses are identified by acronyms (E1 ... E18), and the nursing technicians by (T1 ... T16).

RESULTS AND DISCUSSION

From the empirical data, it was possible to identify four categories: Perception of nursing staff in relation to communication with people who have visual impairment; Communication strategies with people with visual impairments; Physical accessibility for people with visual impairment in the hospital; and Suggestions to improve accessibility to communication.

Perception of nursing staff in relation to communication with people who have visual impairment

This category refers to the perception of the nursing team communication during patient care with visual impairments. About it, here there are some testimonials:

It is not very easy the communication; it is a rather complicated task [...] the patient comes here sad, and the environment also provides restrictions, sometimes they retract themselves, close themselves, since due to their own limitations. There is difficult for us to engage more with them (T14).

I think it is hard to communicate with the visually impaired people; the fact they cannot see becomes this difficulty (E4).

I realize communication as too needy, because there is a lack of preparation for contact of the professional with patients. The staff really has difficulty (E15).

In their reports, professionals demonstrate insecurity and find it difficult to establish an interaction with the visually impaired people, as evidenced by the distance from the patients themselves, the hostility of the hospital, as well as an unprepared team to serve them.

People with visual impairments often find it difficult to access and interaction in health services, either at the time for identification of a potential health problem or disease when diagnosed. Effective communication and the anticipation of difficulties that these individuals may experience is the key to avoid or resolve potential issues⁽¹¹⁾.

It is important to emphasize that communication is an essential element to socialize people; it is present in all stages of life and occurs in different forms of interpersonal, group and social interaction. However, when performed with the person who has visual impairment, it may be compromised because he does not realize the messages sent in the non-verbal way, as gestures and facial expressions. This is a component that enhances the interaction and understanding of a verbalization⁽¹²⁾.

The barriers imposed by the individuals themselves, in the process of acceptance of disability, act as a factor which hampers the process of communication. It is therefore a major challenge to ensure the visually impaired person to social relationships without damage, since that is prevalent in our country the use of improper conduct in the context of disability, beyond the perpetuation of feelings such as pity, shame and fear⁽¹¹⁾.

However, some nurses highlighted that they have difficulty in communicating with patients with visual impairment, but a differentiated assistance is required to be developed with more attention, as shown by these reports:

With the visually impaired patient it will require greater sensitivity. With my personal experience I think there is not difficulty, I always try to facilitate the communication process and thus to meet their needs (E7).

Communication with the visually impaired patients, for me there is not difficulty; they only require more patience, to speak more clearly (E14).

Nursing professionals are concerned in giving appropriate assistance for these people, because they understand that the acquisition of skills and expertise in the communication process adds value to the practice of care, which enables positive interaction and bringing with this kind of patient.

A study conducted in a large hospital in the state of Sao Paulo shows that nurses are concerned with finding better ways to interact with patients who have visual impairment, since 84% of them reduce the non-verbal behavior as much as possible and they are expressed verbally when performing nursing intervention activities with these people⁽³⁾. However, among the non-verbal forms, the use of touch is required and must also be present in communication with these patients.

The perception of space by visually impaired person is given by the combination of tactile and auditory sensations, combined with the mental experiences ever built by the individual. The lack of vision does not prevent the interaction, only imposes different ways. In the hospital environment, these people need that health professionals give them individual attention and provide them with comfort and well-being⁽¹³⁾.

Communication strategies with people with visual impairments

In considering the importance of communication as a key process for the social inclusion of people with visual impairment, we tried to find out what are the strategies used by nursing staff in relation to the communicative process. On this, these reports are referred about:

With the visually impaired people the communication process involves more touch,

you have to get closer and make him feel the object you're offering (E2).

[...] It goes beyond verbal communication; it involves touch, [...] seeking tactile equipment to facilitate understanding (E10).

These statements reveal that nurses seek strategies to facilitate communication with these patients. They use objects and equipment that involve touch, to understand the procedures being performed. Thus providing these skills is extremely important in the interaction between the professional and the disabled people.

It is known that the nursing professional needs verbal communication with the patient in daily life; however, the person with visual impairment has this limitation. To the detriment of this, these professionals should be aware that the process of communication with this patient requires special care, and it's their responsibility to realize exactly the needs in order to enhance this interaction instrument⁽¹⁴⁾.

Touch is a very keen sense for people with visual impairment and one of the main channels of interaction with the world of information. So the interaction through this sense is crucial to understand the concepts and build structures of thought and physical and social reality. Tactile intelligence and hearing these people show the possibility of communication with other forms of language that can facilitate human relationships and the development of the information provided⁽¹⁵⁾.

Thus, a comprehensive health care which meets the needs of this population still represents a major challenge because the health care for these people need is based on the humanization, what only occur through the development of a communication approach adapted to the individual, which also reflected in a less traumatic experience of the hospitalization process⁽¹⁶⁾.

In their speeches, the professionals have expressed that they involve companions/family members of patients to aid in the communication process, as shown below:

With visually impaired patients, actually we have more communication with their mothers;

we talk, and they will listen how we usually do (T1).

I always try to help the companions, family members, so that our communication improves (T14).

In the process of interaction with the patient who has visual impairment, the family can get involved; however, the ideal would be that the professionals try to find ways to interact directly with the patient, in order to preserve their individuality. For this, the client should contact the unaccompanied service, because the communication intermediation can inhibit the disabled person who is deprived of talking about their real needs. Therefore, it is often violated the right to privacy of these patients, and this affects the exercise of their autonomy, prompting the question of ethics and morality⁽¹⁷⁾.

We can observe another strategy used by the Nursing technician to enhance the interaction with the patient with visual impairment:

[...] I have already realized that they recognize us for our voice; then, I always try to maintain the same standard of voice for them to identify me by my way of speaking (T3).

To accomplish this type of communication, the professional should be available for the patient during assistance, and value what he exposes and feels, because as the sense of hearing is more sensitive, these people find the direction of the speaker's voice. However, so they can identify the person by the voice, it must have made several contacts. It is important to emphasize that despite recognizing the voice, this should not be done as a form of presentation⁽¹²⁾.

By corroborating this point, it is emphasized that the nursing professionals should introduce themselves before any intervention, orally and clearly, saying their names, function and the procedure to be performed, providing security, tranquility and familiarity of patients with visual impairment⁽³⁾.

Physical accessibility for people with visual impairment in the hospital

The category shows the inadequacy of hospital facilities for the care of people with visual impairments, in the view of nursing professionals:

It is a great difficulty for the visually impaired patient: there is not a good structure; the floors are not suitable; so it makes difficult for them to access (T4).

[...] We do not have an environment to meet such a patient (T5).

The hospital does not have the conditions that should have: we do not have instruments that we can use, not a bell to call the nurse when it's necessary (E1).

Professionals consider inadequate the hospital's physical structure, which hinders the physical accessibility of patients with visual impairment. This fact leads to a reflection on the changes in these environments, aiming to appropriate them for this clientele in order to provide better care.

In a foundation located in São Paulo, there are employees with visual impairment, and to meet their needs, there are specific communication tools, such as auditory totem (an intercom system used as communication tools), with which the employee have access to the organization's information through voice⁽¹⁸⁾.

The architectural barriers should not be seen only as a set of ramps and steps to be respected, but also as a general philosophy of care, comfort and facility, integrating people with disabilities in society through good accessibility. These barriers when present in hospitals undertake the displacement of individuals with disabilities⁽¹⁹⁾.

This difficulty of access is not only related to people with motor disabilities, but also extends to people with general deficiency. Almost always, the atmosphere is inaccessible. Thus, it is urgent that the health care system do with that comply with the standards that ensure access to the physical environment and buildings and implant instruments, using braille to help the interaction and the mobility of these people in the hospital⁽²⁰⁾.

I guess there is accessibility ... The issue of braille, as what I know, has nowhere. I think that about it, there is plenty to do in this institution (T6).

In this report, it appears that the braille is not used in the institution, and that accessibility is still very restricted for these patients. By corroborating this fact, a study in a hospital in São Paulo found that 56% of nurses do not use the material in Braille for lack of knowledge and resources. This finding reinforces the unpreparedness of the institutions in rarely having materials for these patients and the lack of nursing professionals not only in the language, but also of its importance and how to provide this type of material⁽²⁰⁾.

When the information provided is written, it is essential to be present in audio format, and in letters, Braille, therefore, still in relation to the main problems identified during the hospitalization, they are: receiving information in writing in inaccessible format, difficulty in communicating with the health team and the design on the part of professionals, who are not able to develop self-care⁽¹⁶⁾.

Based on this understanding, it is considered that disclosure of the benefits in using this language for nursing staff can help to inform and educate this population in relation to health. In addition, health institutions need to acquire and make available resources to facilitate interaction with this population and enhance the physical structure of the environment to provide them with comfort and security.

Suggestions to improve accessibility to communication

This category reflects the suggestions that nursing professionals offer to improve the accessibility of communication with visually impaired people, which is referred to in the following reports:

There is got to have more staff training to interact with these patients because nowadays the companions are released, but if we do not have them it would be even worse (E1).

We should have more guidance and instructions regarding the patient with visual disabilities [...] (T4).

[...] I think that all professionals should be more prepared to deal with these people (T10).

Nursing professionals suggest that training covering issues related to persons with disabilities, so they can be more prepared to meet them. Thus, it is possible to realize that these professionals are interested in improving their knowledge and enable proposals that can improve this interaction.

Difficulties and communication barriers between patients with visual impairment and the professional are evident. To get necessary conditions to improve this aspect requires time and behavioral and structural changes at the local and national scope⁽¹²⁾.

Study conducted with students of undergraduate course in Nursing at Universidade Federal do Ceará obtained as results that according to these students, to improve relations between health professionals and people with disabilities, professional training is required. Also according to some researches, this process should be started at graduation; while others said it should be in health institutions⁽²⁰⁾.

With the training of professionals, the client may feel more valued and confident to express their needs. But it is essential to sensitize future professionals to empower much more with regard to the relationship and communication with people with disabilities, because this issue has not been often worked during the academic training in higher education.

[...] Even on the street, there is technique for guiding a blind, and we do not have this preparation. This should be implemented in all hospitals (T5).

Suggestions for improving the interaction with these patients are related to teaching about the acting skills of these professionals with disabled people in the hospital. It is necessary to understand that the care process and interaction with these people transcends words and has direct and profound

consequences on the effectiveness of nursing care⁽²⁰⁾.

It is essential, then, that the nursing team knows the techniques to guide these individuals, for example, asking them to hold on shoulders so that they can cover all the physical space, stating the location of people and objects. By developing these skills, they will feel more secure as the environment in which they operate.

CONCLUSION

By considering these results, it is noticed that there are difficulties of the nursing team regarding the accessibility of communication with visually impaired people, which undermines the effectiveness of such assistance. However, we identified some strategies used by these professionals to facilitate communication and encourage socialization with these patients, as non-verbal language, through touch, and the involvement of the family. Professionals also suggest training and qualification to deal with people

with visual impairments and the implementation of language in braille. Another relevant point in the perception of the nursing team was the lack of physical accessibility for this population in the hospital.

In this context, educational organizations which form future professionals shall include such content in their curricula, and health services should encourage the training of professionals to acquire communication skills and to adapt the physical structure, so that the needs of these clients, in hospitals, are met.

This study contributed to deepen issues related to improvements in the physical accessibility of health services and the communication of the nursing team with the visually impaired patients, supporting new researches. It also allows a reflection on measures which aim the social inclusion of these individuals, regardless of their limitations, providing a qualified and humanized care, where they are treated with respect and have their rights guaranteed as citizens.

PERCEPÇÃO DA EQUIPE DE ENFERMAGEM ACERCA DA ACESSIBILIDADE FÍSICA E DE COMUNICAÇÃO DE PESSOAS COM DEFICIÊNCIA VISUAL

RESUMO

Trata-se de um estudo descritivo, cujo objetivo foi de compreender a percepção da equipe de enfermagem acerca da acessibilidade física e de comunicação de pessoas com deficiência visual. Foram realizadas entrevistas gravadas, com dezoito enfermeiros e dezesseis técnicos de Enfermagem de um hospital universitário localizado no município de João Pessoa (PB) em janeiro de 2012. Os dados foram analisados qualitativamente, mediante a técnica de análise de conteúdo. Observou-se que a equipe de enfermagem tem dificuldades para se comunicar com pessoas com deficiência visual. No entanto, identificaram-se algumas estratégias utilizadas para facilitar a comunicação com esses pacientes, como linguagem não verbal, através do tato, e envolvimento do familiar. Esses profissionais também sugerem capacitação e qualificação para lidar com essas pessoas, assim como a implantação da linguagem em *braille*. Outro ponto relevante foi a falta de acessibilidade física para essa população no ambiente hospitalar. Espera-se que esta pesquisa possa contribuir para que as organizações educacionais incluam conteúdos referentes à assistência de pessoas com deficiência em seus currículos e que os serviços de saúde estimulem seus profissionais a participarem de capacitações e adéquem a estrutura física para que as necessidades dessa clientela sejam atendidas.

Palavras-chave: Pessoas com deficiência visual. Equipe de Enfermagem. Comunicação em saúde. Acesso aos serviços de saúde.

PERCEPCIÓN DEL EQUIPO DE ENFERMERÍA ACERCA DE LA ACCESIBILIDAD FÍSICA Y DE COMUNICACIÓN DE PERSONAS CON DISCAPACIDAD VISUAL

RESUMEN

Se trata de un estudio descriptivo que tuvo como objetivo comprender la percepción del equipo de enfermería sobre la accesibilidad física y de comunicación de personas con discapacidad visual. Se realizaron entrevistas grabadas, con dieciocho enfermeros y dieciséis técnicos de Enfermería de un hospital universitario ubicado en la ciudad de João Pessoa (PB) en enero de 2012. Los datos fueron analizados cualitativamente, por medio del análisis de contenido. Se observó que el equipo de enfermería tiene dificultades para comunicarse con las personas con discapacidad visual. Sin embargo, hemos identificado algunas estrategias utilizadas para facilitar la

comunicação com estes pacientes, como o lenguaje no verbal, a través del tacto, y la participación de la familia. Estos profesionales también sugieren la capacitación y calificación para lidiar con estas personas, así como la implantación del lenguaje en braille. Otro punto importante fue la falta de accesibilidad física para esta población en el ambiente hospitalario. Se espera que esta investigación pueda contribuir para que las organizaciones educativas incluyan, en sus currículos, contenidos relacionados con la asistencia de personas con discapacidad y que los servicios de salud estimulen a sus profesionales a que participen de la capacitación y se adecuen a la estructura física para que las necesidades de esta clientela sean cumplidas.

Palabras clave: Personas con discapacidad visual. Grupo de Enfermería. Comunicación para la salud. Accesibilidad a los servicios de salud.

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