HOME NURSING VISIT TO A PATIENT WITH VISUAL IMPAIRMENT: EXPERIENCE REPORT

Visita domiciliar de enfermagem a paciente com deficiência visual: relato de experiência

Visita domiciliaria de enfermería a paciente con discapacidad visual: relato de experiencia

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ABSTRACT

Background: providing home care to people with visual impairments requires specific adaptations and a personalized approach. Nursing, as a profession centered on care, plays a central role in this context. **Objective:** to describe the experience of a nurse during a home visit to a patient with total blindness. **Methodology:** a descriptive study based on a home visit conducted in January 2024 in a municipality in the metropolitan region of Fortaleza, Brazil. The systematization occurred in five stages: planning, document verification, caregiver evaluation, health education and elaboration of the intervention plan. The data were collected by direct observation. **Results:** several environmental risks and functional limitations were identified. Measures such as reorganization of the space, training of the caregiver, promotion of self-care and emotional support were implemented. The interventions focused on accident prevention, encouraging autonomy and adapting to the condition. **Conclusion:** home visits proved to be a valuable tool for the promotion of personalized care, highlighting the importance of environmental assessment and emotional support in people with visual impairment. This report contributes to the reflection and improvement of nursing practices in home care.

Keywords: vision disorders; nursing; house calls; person-centered care

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RESUMO

Enquadramento: a prestação de cuidados domiciliares a pessoas com deficiência visual requer adaptações específicas e uma abordagem personalizada. A enfermagem, enquanto profissão centrada no cuidado, desempenha um papel central neste contexto. **Objetivo:** descrever a experiência de uma enfermeira durante uma visita domiciliar a um paciente com cegueira total. **Metodologia:** estudo descritivo, do tipo relato de experiência, baseado numa visita domiciliar realizada em janeiro de 2024, num município da região metropolitana de Fortaleza, Brasil. A sistematização ocorreu em cinco etapas: planeamento, verificação documental, avaliação do cuidador, educação em saúde e elaboração do plano de intervenção. Os dados foram recolhidos por observação direta. **Resultados:** identificaram-se diversos riscos ambientais e limitações funcionais. Foram implementadas medidas como reorganização do espaço, capacitação do cuidador, promoção do autocuidado e suporte emocional. As intervenções centraram-se na prevenção de acidentes, estímulo à autonomia e adaptação à condição. **Conclusão:** a visita domiciliar revelou-se uma ferramenta valiosa para a promoção de cuidados personalizados, destacando a importância da avaliação ambiental e do suporte emocional em pessoas com deficiência visual. Este relato contribui para a reflexão e melhoria das práticas de enfermagem em cuidados domiciliários.

Palavras-chave: transtornos da visão; enfermagem; visita domiciliar; assistência centrada na pessoa

RESUMEN

Marco contextual: proporcionar atención domiciliaria a personas con discapacidad visual requiere adaptaciones específicas y un enfoque personalizado. La enfermería, como profesión centrada en el cuidado, juega un papel central en este contexto. **Objetivo:** describir la experiencia de una enfermera durante una visita domiciliaria a un paciente con ceguera total. **Metodología:** estudio descriptivo basado en una visita domiciliaria realizada en enero de 2024 en un municipio de la región metropolitana de Fortaleza, Brasil. La sistematización ocurrió en cinco etapas: planificación, verificación de documentos, evaluación del cuidador, educación para la salud y elaboración del plan de intervención. Los datos fueron recolectados por observación directa. **Resultados:** se identificaron varios riesgos ambientales y limitaciones funcionales. Se implementaron medidas como la reorganización del espacio, la capacitación del cuidador, la promoción del autocuidado y el apoyo emocional. Las intervenciones se centraron en la prevención de accidentes, fomentando la autonomía y la adaptación a la enfermedad. **Conclusión:** las visitas domiciliarias demostraron ser una herramienta valiosa para la promoción de la atención personalizada, destacando la importancia de la evaluación ambiental y el apoyo emocional en las personas con discapacidad visual. Este informe contribuye a la reflexión y mejora de las prácticas de enfermería en la atención domiciliaria.

Palabras clave: trastornos de la visión; enfermería; visita domiciliaria; atención centrada en la persona

INTRODUCTION

Visual impairment is a public health problem with significant consequences for the daily lives of individuals, namely in their mobility, functional autonomy, social inclusion and psychological well-being. It is estimated that more than 33 million people over the age of 50 are currently living with total blindness, which is often caused by preventable or treatable diseases, such as cataracts, glaucoma, uncorrected refractive errors, age-related macular degeneration, and diabetic retinopathy (Oliveira et al., 2022).

In addition to clinical challenges, blindness imposes multiple barriers to full participation in society, directly influencing access to health care and the maintenance of quality of life. These limitations become particularly acute in the home context, where the blind person depends on environmental factors, family support structure and functional adaptation strategies to perform basic activities of daily living safely.

In this scenario, the nursing home visit acquires special relevance by providing a contextualized, person-centered approach that promotes autonomy. This practice allows nurses not only to provide direct care, but also to identify environmental risks, assess the capacity of caregivers, offer emotional support, and formulate intervention plans adjusted to the patient's reality (Santos et al., 2017; Veiga et al., 2020). However, despite the recognition of its importance, there are still few detailed reports on the practical experience of nurses in the follow-up of visually impaired patients in the home environment.

The lack of applied studies in this field compromises the sharing of tacit knowledge and strategies that could be replicated or adapted in other clinical contexts. Thus, it is necessary to document experiences that demonstrate, in a structured way, how nursing can intervene effectively with people with visual impairment, that respect their rights, promote their self-determination and contribute to evidence-based practice.

Thus, this article aims to report the experience of a nurse during a home visit to a patient with total blindness, systematizing the challenges identified, the interventions developed and the contributions of this experience to the reinforcement of clinical practice and training in home care.

BACKGROUND

Visual impairment, defined as the partial or total reduction of the ability to see, is a condition of a sensory nature that affects multiple dimensions of a person's life. This sensory limitation is associated with significant impacts on autonomy, mobility, communication, access to information and social participation (Batista et al., 2025). According to Oliveira et al. (2022), total blindness represents one of the most severe forms of this condition, requiring a profound reorganization in the person's life, as well as in their social support network.

People with visual impairment face complex challenges in carrying out activities of daily living, such as hygiene, eating, medication and travel. These limitations make them more vulnerable to domestic accidents, dependence on others and social isolation, especially when there is no adequate support adapted to their needs. The literature points to the need for multidimensional interventions, which involve environmental adaptation, emotional support, and caregiver empowerment (Andrade et al., 2017;

Schuartz et al., 2023). It is in this context that nursing home visits are presented as an essential care strategy. This type of intervention allows an on-site assessment of the conditions of the home, facilitating the identification of physical barriers (such as loose carpets, and the absence of tactile signs) and the implementation of customized solutions. Veiga et al. (2020) reinforce that the presence of nurses in the family environment contributes to the construction of a closer therapeutic relationship, enhancing adherence to guidelines and the effectiveness of the proposed interventions.

Home visits also enable nurses to understand family dynamics, assess caregiver burden, and promote educational actions that favor patient autonomy. Ferreira et al. (2020) demonstrate that, when correctly guided, these visits promote a significant improvement in quality of life, by reducing the risk of falls, increasing functional independence, and strengthening self-efficacy.

However, studies that describe in detail the practices adopted by nurses in these visits, especially in cases of acquired visual impairment, are still limited. Schuartz et al. (2023) warn of the need to consider not only the physical aspects of the environment, but also the patient's sensory and cognitive perceptions, in order to ensure truly person-centred care.

Thus, it is essential to share concrete experiences that can guide other professionals in approaching this patient profile. The present report contributes to fill this gap, offering a practical and structured example of home intervention performed by a nurse, with emphasis on environmental assessment, promotion of autonomy and emotional support for patients with total blindness.

METHODOLOGY

This is a descriptive study, of the experience report type. This type of study is essential to share innovative and successful practices in nursing, contributing to the dissemination of knowledge and evidence-based practices. Its main characteristic is the detailed description of the intervention carried out, allowing reflection on the challenges and results obtained (Mussi et al., 2021).

The choice of this approach is justified by the need to describe, in a systematized and critical way, the experience of a home visit carried out by a nurse to a patient with total blindness, allowing a deep understanding of the challenges, strategies and impact observed. This design also allows us to value the role of clinical reflection and the adaptation of care practices, especially in contexts with a lack of specific guidelines.

The reported experience stemmed from a home visit carried out in January 2024, in a municipality in the metropolitan region of Fortaleza, Ceará, Brazil, involving a 48-year-old male patient, living in an urban area, with a diagnosis of total blindness resulting from retinal detachment. The process was developed in five stages, as represented in Figure 1, which illustrate the chronological logic of the intervention.

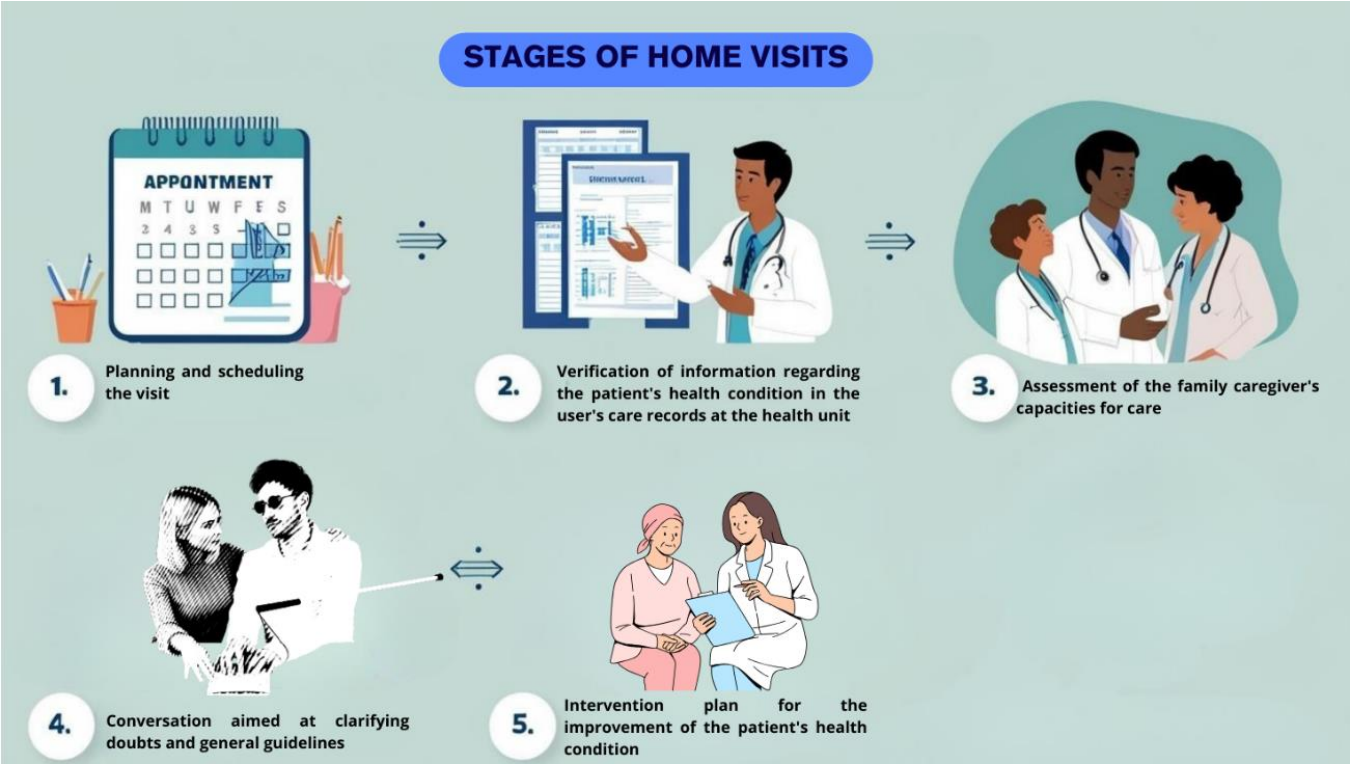

Figure 1

Stages regarding home visits, Redenção, Ceará, 2025. (*Source: authors*)

In the first stage, the visit was planned, based on the previous analysis of the patient's clinical history, consulted in the electronic record system of the health unit. This analysis included data on the evolution of the visual condition, previous interventions, therapy instituted and follow-up notes made by other professionals. The visit was scheduled after direct contact with the patient and his relatives, respecting the principles of autonomy, active participation and informed consent. This phase also included the logistical organization of the team, the provision of educational materials to be used and the definition of preliminary objectives of the visit, with a view to a structured approach focused on the identified needs.

In the second stage, the updated clinical information available in the records was systematically checked, including eye examinations, medical interventions, previous nursing records and notes from previous home visits. This phase allowed not only to understand the patient's clinical path, but also to identify any discontinuities in care and areas that required greater attention during the visit, such as the management of therapy and emotional aspects related to visual loss.

In the third stage, a comprehensive assessment of the caregiver's capabilities was conducted. This assessment was made through direct observation of care practices in the home context (such as medication administration, mobility aids and hygiene), complemented by informal interviews to understand the degree of knowledge, the level of emotional involvement and the burden perceived by the caregiver. This phase was decisive in adapting the guidelines and ensuring the continuity of care in a safe, effective and humanized way.

The fourth stage focused on intervention through health education, developed based on the needs

identified in the previous phases. The verbal orientations addressed topics such as safety in the home environment (removal of obstacles), the use of technical aids (cane, tactile reference), strategies to promote self-care and personal hygiene, as well as emotional support techniques. The process was educational, focused on dialogue and discussion, respecting the previous knowledge of the patient and his family, and encouraging the joint construction of viable and culturally appropriate solutions.

In the fifth and final stage, a personalized intervention plan was prepared, with specific recommendations for improving the patient's living condition. This plan included suggestions for the reorganization of the physical space, establishment of safe and stable routines, strengthening of the family support network and strategies to promote progressive autonomy. The recommendations were made verbally and supported in a written document, in the form of text written in ink and braille, ensuring subsequent access and continuous consultation by the caregivers.

The systematization of the experience was carried out through field diary records, direct observation, without the application of standardized instruments. Data analysis followed a descriptive and inductive logic, with the identification of emerging categories based on the observed experiences. Although no formal triangulation was performed, an attempt was made to ensure internal validity through the coherence between the data collected, the stages of the visit and the recommendations in the literature.

From an ethical point of view, the study followed the principles of confidentiality and respect for the person. The patient and his family members were duly informed about the objectives of sharing the experience, having given consent for the use of the data in an anonymized way. As it does not involve experimental procedures or collection of sensitive data, the study falls into the category of exempt from mandatory submission to an ethics committee, according to current national legislation.

RESULTS

The present report focused on the experience of a home visit to a 48-year-old male patient with total acquired blindness, resulting from complications associated with retinal displacement. The approach was based on direct observation of the patient and his or her relatives, analysis of home conditions, and informal interviews with those involved. This systematization allowed the identification of the specific difficulties experienced by the patient in his daily life and served as a basis for the creation of an adapted and humanized intervention.

The qualitative analysis of the experience allowed the identification of five categories of emerging needs: (1) environmental risks; (2) limitations in functional mobility; (3) gaps in caregiver knowledge; (4) emotional impact of visual loss; and (5) potential for rehabilitation through routine reorganization and structured support. Based on the identified risks, the following categories listed in Table 1 were used.

During the evaluation of the environment, several risk factors were detected that compromised the patient's safety and autonomy, such as inadequate arrangement of furniture and the presence of loose carpets.

Table 1

Dimensions and interventions identified in the home visit

Category	Intervention
Environmental safety	Furniture rearranging, carpet removal
Mobility and orientation	Recommendations on the use of a cane, training safe routines
Caregiver support	Medication administration education, emotional support
Promotion of autonomy	Encouragement of adapted self-care, involvement in decisions
Emotional support	Active listening, positive reinforcement and empowerment of the patient and family

The implementation of these measures was carefully carried out with the patient, respecting his spatial memory and tactile perception, essential in the functional orientation of blind people.

DISCUSSION

The findings of this experience reinforce evidence already described by Schuartz et al. (2023), according to which physical barriers at home are the frequent causes of falls and accidents among people with visual impairment. In response, the intervention was structured according to three priority axes: reorganization of the physical space, training of the caregiver and emotional support to the patient and his family.

As Silveira (2021) points out, changes in the physical environment must be planned with the active participation of the person, otherwise it will generate disorientation, fear or resistance. This experience reinforces the need for inclusive, collaborative, and individualized practices in the home context.

In the health education axis, the focus was on training the caregiver for the safe management of medication, mobility support and risk prevention. This step proved to be crucial to ensure continuity of care with safety and dignity. As noted by Ferreira et al. (2020), the involvement of the informal caregiver in therapeutic planning is a determining factor for the success of interventions at home and for the reinforcement of the patient's functional independence.

The emotional dimension of the intervention also stood out as central. The sudden loss of vision had a significant impact on the patient's self-esteem and psychological well-being, who verbalized feelings of frustration and dependence. In this context, the role of nursing went beyond the technical dimension, integrating psychological support, active listening and reinforcement of confidence. Visual loss implies a complex identity transition, requiring monitoring that includes both functional and affective aspects (Brandão et al., 2017).

The results observed in this experiment are in line with the findings of previous studies (Veiga et al., 2020; Santos et al., 2017), which point to the concrete benefits of home visits in improving quality of life and preventing adverse events in people with visual impairment. However, the distinctive contribution of this study lies in the detailed systematization of an integrated intervention, which combined environmental adaptation, emotional support and caregiver training in a single structured visit.

In addition, this experience reinforces that the effectiveness of nursing care in home visits depends on both technical capacity and empathetic understanding of the realities experienced by people with disabilities,

requiring sensitivity, adaptability and qualified listening. The present reflection thus contributes to the strengthening of sustained, contextualized and person-centered practices, aligned with the principles of humanization and equity in health.

CONCLUSION

The present experience allowed us to critically reflect on the role of nursing in home visits to visually impaired people, demonstrating that person-centered interventions — focusing on environmental safety, caregiver training and emotional support — can produce concrete effects on the patient's autonomy, well-being and functional adaptation.

The home visit described illustrates, in an applied way, how the nurse's work can be sensitive to the specificities of visual impairment, promoting not only direct care, but also the reorganization of the space in the home, the valorization of the caregiver's experience and the strengthening of support networks. The observed impact confirms what is defended by the literature, but advances by offering a practical systematization of an integrated intervention in a real scenario.

The main limitation of the study is the fact that it is a unique experience report, not generalizable, and located in a specific geographical and cultural context. Even so, this singularity offers relevant clues for reflection on the construction of more inclusive and contextualized practices in the context of home visitation care.

For future investigations, it is recommended that qualitative studies be carried out with multiple cases and mixed methods, which evaluate the longitudinal impact of nursing interventions in home visitation adapted to visually impaired people. These studies may contribute to the development of specific protocols and to the foundation of inclusive public policies.

From the point of view of practice, this report is proposed as a replicable and adjustable example by nursing professionals who work in similar contexts. The importance of creating and applying continuing education programs in nursing that integrate competencies in environmental assessment, communication with people with sensory limitations and health education strategies aimed at those who make home visits is reinforced. These elements are indispensable for an ethically committed, technically grounded and humanly significant clinical practice.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

REFERENCES

Andrade, A., Silva, I. S., & Veloso, A. (2017). Integração profissional de pessoas com deficiência visual: das práticas organizacionais às atitudes individuais. *Revista Psicologia, Organizações e Trabalho, 17*(2), 80–88. https://doi.org/10.17652/rpot/2017.2.12687

Batista, V. M. A., da Silva, R. S., da Silva, L. V. F., Sales, G. B., Lopes, N. V. A., de Sousa, Y. A. B., & Ribeiro, P. J. T. (2025). *Condições e práticas de saúde bucal em pacientes com deficiência visual – revisão de literatura*. *Revista Multidisciplinar do Nordeste Mineiro*, *1*(1), 1–17. https://doi.org/10.61164/remunom.v1i1.3354

Brandão, J., Nascentes, G. A. N., & Pereira, K. (2017). Assistência do cuidador nas habilidades funcionais de autocuidado em crianças com baixa visão de 2 a 3 anos de idade. *Revista Brasileira de Oftalmologia, 76*(1), 17–22. https://pesquisa.bvsalud.org/portal/resource/pt/biblio-844066

Ferreira, A. R. O., Oliveira, W. R., dos Santos, B. M. B. M., & Araújo, C. R. M. A. (2020). *Integralidade da assistência na visita domiciliar: relato de experiência*. *Revista Recien – Revista Científica de Enfermagem*, *10*(32), 324–331. https://doi.org/10.24276/rrecien2020.10.32.324-331

Mussi, R. F. F., Flores, F. F., & Almeida, C. B. (2021). Pressupostos para a elaboração de relato de experiência como conhecimento científico. *Práxis Educativa, 17*(48), 60–77. https://doi.org/10.22481/praxisedu.v17i48.9010

Oliveira, Í. P., Silva, M. L., Santos, R. M., Costa, J. F., & Almeida, A. C. (2022). Estratégias e desafios em prevenção à cegueira e deficiência visual. *Medicina (Ribeirão Preto), 55*(2), e-187823. https://doi.org/10.11606/issn.2176-7262.rmrp.2022.187823

dos Santos, E. E. P., Perin, C. B., Calza, D., de Azevedo, D., de Oliveira, S. S. Z., & Amthauer, C. (2017). Reflexões sobre visita domiciliar: estratégia para o cuidado qualificado e integral de indivíduos e famílias. *Anuário Pesquisa e Extensão Unoesc São Miguel do Oeste, 2*, e14084. https://periodicos.unoesc.edu.br/apeusmo/article/view/14084

Schuartz, P., Ferreira, A. L. A., Bernardo, L. D., Raymundo, T. M., & Palm, R. C. M. (2023). Ações de terapeutas ocupacionais na prevenção de quedas da pessoa idosa no domicílio: revisão integrativa da literatura (2017–2022). *Cadernos Brasileiros de Terapia Ocupacional, 31*, e3526. https://doi.org/10.1590/2526-8910.ctoAR270335261

Silveira, A. (2021). *Cuidado e convívio com pessoas com deficiência: guia para familiares e cuidadores* (1ª ed.). Editora Gráfica Grafimax.

Veiga, J. F. P., Stabach, F. A. L., Stoeberl, J., Mendes, M. S., Campos, R., Fonseca, J. H., & Cassias, S. (2020). Vivências PET: a importância das visitas domiciliares. *Saúde e Meio Ambiente: Revista Interdisciplinar, 9*(Supl.1), 107–108. https://doi.org/10.24302/sma.v9iSupl.1.3375