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Understanding patients' concerns and anxieties

Fact sheet 3

It has been estimated that a quarter of patients feel anxious about having their eyes examined. Research into exactly which parts of the eye examination cause the most anxiety indicates that talking to the optometrist and procedures such as contact lens insertion and removal cause the most anxiety. It is important that you are able to recognise signs of anxiety, and that you can reassure patients appropriately if they become anxious.

Concerns about the eye examination

As described in Fact Sheet 1, patients can have several concerns about the eye examination. These can be related to the equipment in the examination room, about finding some tests uncomfortable, about answering the optometrist's questions, about getting the "right" answer during refraction, and about the optometrist finding something wrong. It is particularly important that the optometrist explains that they will be taking notes throughout the eye examination, and that the patient should not worry about this. While most patients experience only mild anxiety, some are affected a great deal, and describe feelings of fear and panic at different parts of the eye examination. Box 1 shows some common signs of anxiety. If you suspect the patient is anxious, gently explore their concerns but in a way that does not embarrass the patient. For example, you might say something like:

"A lot of people feel a bit nervous when they are having their eyes examined, is there anything that worries you?"

Once the patient is able to express their concerns, then those concerns are usually easily addressed.

Concerns about wearing glasses

Research into the effects of refractive error on quality of life indicates that the patient may have concerns about a wide range of aspects related to needing spectacles or contact lenses. These concerns include factors such as: patients finding driving more difficult, e.g. from the glare from street lights and car headlights; having tired eyes; having concerns about the cost of spectacles; and being worried about their appearance when they wear glasses. It is important that you explore and address any concerns the patient has. Concerns about appearance may be particularly relevant to first-time wearers; you should reassure the patient that the dispenser will help them to find glasses that look good, and that they will feel confident wearing.

Coping with fears, concerns and anxieties

When faced with fears, concerns or anxieties, we all use our own coping strategies. The aim of a coping strategy is to reduce the threat from a situation, both from the visual difficulties patients experience, and from their emotional reaction to them. There are several different coping strategies, for example:

- Trying to ignore the situation or problem
- Finding out lots of information about the problem
- Trying to put things in a positive light
- Talking to friends or family, or asking for help from other people
- Expressing emotions, such as fear, sadness, anger
- Using humour

The optometrist should adapt their communication with the patient to match the coping strategy the patient is using. For example, patients who are using an information-seeking approach will want lots of information, including printed leaflets or booklets while those who are trying not to think about the problem will not want lots of information. When giving patients information about eye conditions, remember not to use jargon and to show empathy and understanding where appropriate.

Box 1: Signs of anxiety

Either going pale or flushing

Sweating

Trembling hands

Plucking at clothes or other objects, e.g. buttoning and unbuttoning clothes, playing with a pen, watch, or jewellery.

Changes to the voice, such as talking very quickly, or a shaking voice

Tense posture

Avoiding eye contact

Breaking bad news

Nobody likes to give patients bad news, but it is a necessary part of a clinical role. You might have to tell a patient that you need to refer them to an ophthalmologist, that you have identified signs of a problem such as a cataract, or that they have unrealistically high expectations of how good their corrected vision will be. Patients react in different ways to bad news, such as denial, asking difficult questions, and displaying their emotions such as anger, shock, blame, guilt, grief, and fear. These reactions are described below.

Denial

A patient in denial does not accept what they are being told, e.g. "There must be a mistake", or "I'm sure it won't affect me as badly as that". Denial can be a valid coping mechanism and it can be probed by questions such as:

"You say you're sure your vision will improve – are there any times that you're not so sure?"

Total denial is rare, and levels can fluctuate over time. Most patients move towards reality and will indicate when they are ready to talk.

Asking difficult questions

Patients can ask difficult questions, but these provide an opportunity to explore emotions and address major concerns.

Examples:

- Is there a cure?
- Why me?
- How long before my vision goes completely?
- Would complementary therapies help?

When dealing with difficult questions, check the reasons for questions:

"Why do you ask that?"

Show interest in the patient's ideas:

"How does that seem to you?"

Confirm or elaborate:

"You are probably right" "Complementary therapies don't cure, but they do seem to help some people's quality of life"

Be prepared to admit when you don't know.

Empathise:

"It must seem very unfair"

Emotions need to be expressed and diffused (although not necessarily by the optometrist). Remember that:

- Anger can be misdirected onto the practitioner
- Guilt arises from thinking that the illness is a punishment
- Blame arises because of wanting to believe that the current situation is somebody's fault
- When dealing with emotions it is important to acknowledge the emotion, show concern, and remain calm
- Exploring the issue can help put things in perspective, e.g. guilt
- It can help the patient develop coping strategies

When breaking bad news do so in a quiet and private environment. The need is often to confirm bad news rather than to break it – it is important to check the patient's understanding of what you have told them. News should be given at the patient's pace. Remember to give time for news to sink in and shock to subside. While most patients want more information than they are typically given about their eye care, it is important to remember that patients differ in the amount and type of information that they prefer to receive. Start off giving basic amounts of information and be guided by the patient as to how much they want to know, and how much detail to use. Ensure that you don't use jargon, and tailor the amount of information you give to match their requirements. It is useful to have a set of printed information leaflets about common eye conditions or treatment options. Patients can then take them away and read them in as much detail as they want. Allow patients to express emotion, should they wish to do so, and show empathy for how they are feeling. Always finish by summarising what you have told them, and check that you have answered all their questions and concerns as best you can.