AB031. Exploring the facilitators and barriers encountered by adults and seniors with acquired vision loss who pursue braille training

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Background: As the prevalence of age-related vision loss continues to increase, vision rehabilitation practitioners will encounter a growing number of older adults who experience reading-related difficulties. Braille may be considered as an alternative to sight enhancement options for clients with progressive or significant visual pathologies. However, little is known about the impact of aging on braille reading performance. The goal of this research was to explore the experiences of older adults with acquired vision loss who have learned braille later in life, and to better understand the facilitators and barriers encountered throughout this process.

Methods: Qualitative interviews were conducted by telephone with 14 participants from across Canada (age 40–72, Mdn =55.5, 7 female). All participants learned braille in adulthood (starting age 33–60, Mdn =46.5). Recorded interviews were transcribed verbatim and later analyzed by two independent researchers based on the phenomenological method of analysis.

Results: Personal, social and environmental factors were shown to influence the braille-learning process. In particular, prior learning experiences (both positive and negative) were shown to impact both the decision to learn braille and participant training experiences. Participants highlighted the importance of perceived support from family and friends, and reactions towards braille from the general public posed a barrier to those still adjusting to vision loss. Participants also highlighted the value of knowing others who learned braille later in life. Conversely, a reoccurring environmental barrier that emerged was the perceived response from rehabilitation practitioners who believed that clients should not or could not learn braille due to their age, as well as the lack of available resources to facilitate training.

Conclusions: Results highlight the need to explore the influence of stereotypes associated with aging, blindness and braille, and the degree to which this may impact opportunities for clients who may benefit from braille training. Though previous learning experiences appear to influence successful rehabilitation outcomes, these factors are not routinely considered during the braille assessment process. Our findings will therefore contribute to future research and the development of assessments to better meet the needs of older adults who pursue braille training.

Keywords: Braille; aging; rehabilitation; blindness; vision loss

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