

Review

Psychological impact of vision related symptoms in oncology patients: implications for ophthalmic nursing care - a narrative review

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Abstract: Vision-related symptoms are increasingly recognised as clinically relevant complications in oncology patients, arising from both cancer pathology and cancer-related treatments. Visual disturbances, including blurred vision, visual field loss, diplopia, and ocular discomfort, may disrupt daily functioning, reduce independence, and intensify psychological distress in an already vulnerable population. Despite their potential impact on emotional well-being and quality of life, vision-related symptoms remain under-recognised and inconsistently assessed within routine cancer care. This narrative review synthesises evidence from oncology, ophthalmology, psycho-oncology, and nursing literature to examine the psychological impact of vision-related symptoms in cancer patients and to explore implications for ophthalmic and nursing care. The reviewed literature indicates that visual impairment in oncology populations is associated with heightened emotional distress, anxiety, reduced quality of life, and difficulties in coping and adjustment, with effects that may persist beyond active treatment into survivorship. Vision-related functional limitations may further intersect with psychosocial challenges such as loss of autonomy, altered self-perception, and social withdrawal. Nursing professionals are well positioned to address these issues through early identification of visual changes, patient education, psychosocial support, and coordination of multidisciplinary care. However, structured approaches that integrate visual assessment with psychological evaluation in oncology nursing practice remain limited. This review highlights the need for greater clinical awareness, strengthened nurse-led supportive interventions, and future research explicitly linking vision-related outcomes with psychological well-being to advance holistic, person-centred cancer care.

Keywords: cancer care; nursing practice; ophthalmic nursing; psycho-oncology; psychological distress; quality of life; vision impairment; visual symptoms

1. Introduction

The advancements in cancer detection and treatment have markedly enhanced survival rates across various malignancies. This has led to a paradigm shift in focus from mere survival to a comprehensive understanding of the physical, psychological, and functional consequences of cancer and its therapies. A key area of concern that has emerged is the impact of vision-related symptoms, which, despite being often under-recognized, are clinically significant throughout the cancer continuum from diagnosis through survivorship. Vision-related complications may stem from direct tumour effects, the toxicities of treatments, or long-term neurological and ocular sequelae, substantially affecting the quality of life for cancer patients [1,2].

Visual acuity is fundamental in maintaining daily functioning, independence, and social engagement. Even minimal visual impairment can disrupt essential activities such as reading or mobility. Conversely, severe deficits can lead to increased

dependency and psychological distress, heightening existing vulnerabilities among oncology patients [3]. Furthermore, these visual challenges exacerbate the emotional landscape of cancer, as patients grapple with anxiety, depression, and fears regarding their health prospects and identity, especially when these impairments threaten their sense of autonomy and self-worth [4,5]. Surprisingly, the focus on vision-related symptoms has remained limited in routine oncology care, despite their profound implications for emotional well-being and quality of life [6].

From the psycho-oncological perspective, the interplay between physical symptoms, emotional reactions, and social dynamics shapes cancer-related distress. Symptoms such as vision impairment can lead to heightened anxiety or depression, particularly when they disrupt familiar life patterns and limit patients' participation in meaningful activities [7]. The ensuing emotional turmoil can shift patients' perceptions of their future, further complicating their coping mechanisms during this challenging life phase [8]. There remains a notable gap in the literature regarding the integration of vision-related symptom assessment into psychosocial evaluations within oncology, as these issues continue to be overshadowed by more prominent treatment concerns, thereby limiting the effective management of such symptoms in clinical settings [1,9].

Nursing professionals hold a unique position to mitigate the impact of vision-related symptoms on cancer patients. Through ongoing patient engagement, oncology and ophthalmic nurses can play a crucial role in the early identification of changes in visual function and their psychological ramifications. They can facilitate comprehensive assessments that address not only the physical aspects of patient care but also the accompanying emotional needs that arise from sensory impairments [1,6]. There is an urgent need for enhanced training programs that empower nurses with the skills necessary to integrate visual and psychosocial assessments into their practice. This holistic approach would be instrumental in providing patient-centred cancer care [5,10].

Nursing interventions can significantly enhance patients' emotional resilience, thereby improving their treatment adherence and overall health outcomes. Studies have shown that psychological interventions in nursing can reduce distress levels, helping patients develop coping strategies that promote emotional fortitude in the face of sensory challenges [2,11]. However, the integration of systematic visual assessments into nursing practice for oncology patients remains an underexplored area, despite its potential to improve the psychological landscape and quality of life for these individuals [5,8].

This narrative review emphasizes the novelty need to explore the psychological impact of vision-related symptoms in oncology comprehensively. Synthesizing literature across various domains, it becomes evident that there exists a significant intersection between visual impairments, emotional health, and nursing practice. Nurses must be proactive in addressing these challenges through trained interventions designed to enhance patient quality of life. Future research should prioritize the development of frameworks that facilitate the integration of visual health assessments into psychosocial care models, thereby promoting holistic nursing care strategies that effectively address the multifaceted needs of oncology patients.

2. Literature review

2.1 Vision-related symptoms in oncology contexts

In oncology, vision-related symptoms are documented across various cancer

types and treatment modalities. Visual impairment can result from direct tumour involvement of ocular or neuro-ophthalmic structures, such as in cases of ocular, periocular, or brain tumours, as well as from indirect mechanisms like radiation-induced optic neuropathy, chemotherapy-related ocular toxicity, and paraneoplastic syndromes [12,13]. Recent advancements in cancer therapy, particularly through the increasing use of targeted therapies and immunotherapies, have expanded the spectrum of ocular adverse effects reported in clinical practice [14]. Documented vision-related symptoms include blurred vision, dry eye disease, diplopia, visual field defects, retinopathy, and optic nerve dysfunction [15].

Despite recognizing these complications, vision-related symptoms are often under-reported and inadequately assessed in oncology settings. Clinical focus frequently emphasizes life-threatening toxicities, leading to an oversight of sensory impairments perceived as secondary or unavoidable [16,17]. Consequently, patients may experience these visual symptoms without appropriate intervention until they significantly disrupt daily functioning or overall quality of life [18]. This under-recognition signifies the impending need for enhanced awareness and systematic monitoring of vision-related outcomes as fundamental aspects of comprehensive cancer care strategies as compiled in **Figure 1**.

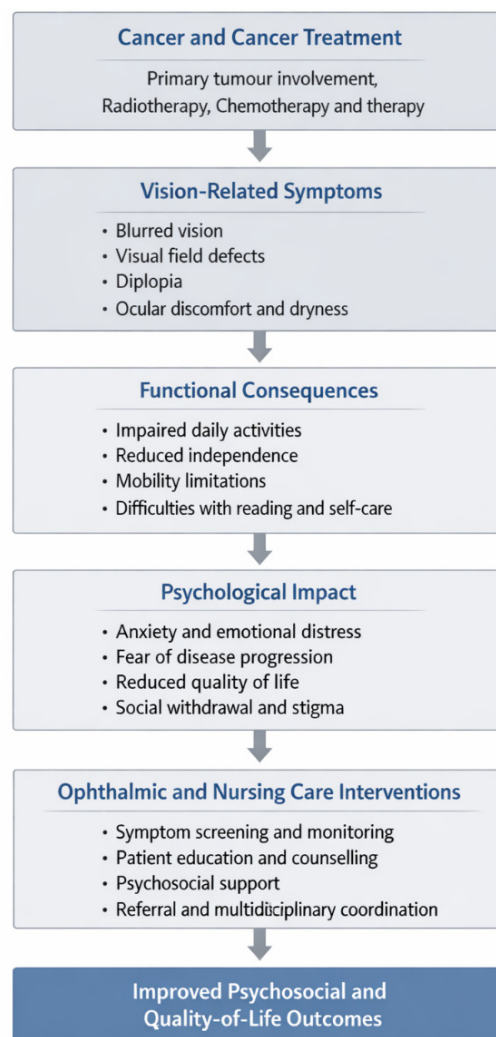


Figure 1. Conceptual framework illustrating the relationships between cancer-related vision symptoms, functional limitations, psychological impact, and the role of ophthalmic and nursing care in oncology patients.

2.2 Psychological distress and functional impairment in cancer

Psychological distress is a significant concern within oncology, with anxiety, depression, fear of disease recurrence, and emotional uncertainty frequently reported during various stages of cancer treatment [19,20]. Distress emerges from the interplay between physical symptoms, treatment burden, social dynamics, and existential issues [16]. Functional impairments that challenge a patient's autonomy and identity are particularly noted contributors to heightened emotional distress. Visual disturbances represent a unique and profound form of functional impairment, as visual ability is intimately associated with autonomy, social participation, and self-perception [21,22]. The effects of vision loss on psychological outcomes have been well documented in non-oncological populations, where strong correlations exist between visual impairment and increased emotional distress, reduced social engagement, and lower overall quality of life [23]. It remains unclear, however, to what degree these associations are recognized and addressed within oncology care, suggesting a significant gap in addressing the holistic needs of patients.

2.3 Vision-related quality of life and psychosocial outcomes

Research on quality of life in oncology increasingly emphasizes the significance of patient-reported outcomes concerning the functional and psychosocial dimensions of illness [24]. In the domain of ophthalmic oncology, vision-specific quality-of-life instruments have been created to assess visual function alongside emotional well-being, social engagement, and role limitations [25]. The integration of these psychological measures acknowledges that vision-related disturbances transcend mere physical impairment and delve into emotional and social repercussions. Many oncology studies predominantly utilize general health-related quality-of-life assessments, which may inadequately capture vision-centric concerns [26]. This potential oversight can lead to understated recognition of the psychological and functional implications tied to visual impairment in cancer contexts, thereby emphasizing the necessity of incorporating vision-specific assessment tools into oncology practice [27].

2.4 Coping, stigma, and supportive care needs

The process of coping with cancer necessitates ongoing psychological adaptation, influenced heavily by individual, social, and cultural dimensions [28,29]. Patients experiencing visible or functionally debilitating symptoms often face unique challenges, including altered self-image, diminished social participation, and perceived stigma [30]. Research within psycho-oncology underscores the prevalence of stigma and social withdrawal among advanced cancer patients, particularly within cultural settings where illness correlates with shame or dependence [31]. Visual impairment can exacerbate these issues by influencing appearance, communication capabilities, and self-reliance, potentially heightening feelings of vulnerability and marginalization [32]. Despite this, the specific coping mechanisms and stigma related to vision-related symptoms within cancer populations remain under-explored [33]. Understanding these psychosocial dynamics is critical for the development of supportive care strategies that holistically address both emotional and functional needs.

2.5 Role of nursing in vision and psychosocial care

Nursing is indispensable in providing supportive cancer care, encompassing symptom assessment, patient education, emotional support, and coordination of multidisciplinary services [34]. Oncology nurses typically serve as the first point of

contact for recognizing alterations in patients' functional status and psychological health, while ophthalmic nurses possess specialized training to manage visual symptoms effectively and aid in adapting to vision loss [35].

The integration of knowledge and approaches from both ophthalmic and oncology nursing presents opportunities for improving the identification and management of vision-related symptoms alongside their psychological ramifications. Nonetheless, literature indicates that existing frameworks for incorporating vision assessments and psychosocial support into oncology nursing practices are notably limited. Enhancing clarity around nursing roles and competencies in this domain is crucial for advancing person-centred and comprehensive care models.

2.6 Rationale for the present review

While a considerable body of evidence exists on ocular complications stemming from cancer treatment and psychological distress in cancer populations, there remains fragmentation in research that integrates vision-related symptoms with psychological outcomes and nursing practices. Disparities in study methodologies, outcome measures, and disciplinary focuses have inhibited the formation of cohesive clinical guidance. A narrative review methodology is well-suited for synthesizing this diverse literature, enabling conceptual integration and critical interpretation across various domains pertinent to clinical, psychological, and nursing perspectives. This review aims to consolidate existing knowledge surrounding vision-related symptoms in oncology patients, assess their psychological and functional implications, and explore how ophthalmic and nursing care can synergistically address these challenges. It also seeks to inform clinical practices, highlight existing knowledge gaps, and shape future research directions in this underexplored area of psycho-oncology.

3. Methods

3.1 Design

This study was conducted as a narrative review [36] to synthesise and interpret existing evidence on vision-related symptoms in oncology patients, with particular attention to their psychological impact and implications for ophthalmic and nursing care. A narrative approach was selected due to the heterogeneity of study designs, outcome measures, and disciplinary perspectives within the available literature, which precluded quantitative synthesis.

3.2 Literature search strategy

A structured literature search was undertaken across major electronic databases, including PubMed, Scopus, and Web of Science. Searches were conducted using combinations of keywords and subject terms related to oncology, vision, psychological outcomes, and nursing care. Key search terms included cancer, oncology, vision, visual impairment, ocular symptoms, quality of life, psychological distress, psycho-oncology, nursing, and ophthalmic care. Reference lists of relevant articles were also manually screened to identify additional studies of relevance.

3.3 Eligibility criteria

Studies were considered eligible if they met one or more of the following criteria: (1) reported vision-related or ocular symptoms in oncology patients; (2) examined psychological, psychosocial, or quality-of-life outcomes associated with cancer or visual impairment; or (3) discussed the role of nursing, ophthalmic care, or rehabilitation in managing vision-related or psychosocial outcomes in cancer

populations. Both empirical studies and peer-reviewed reviews were included to capture clinical, psychological, and practice-oriented perspectives. Editorials, conference abstracts, and non-peer-reviewed sources were excluded.

3.4 Study selection and data extraction

Articles were screened based on titles and abstracts for relevance, followed by full-text review where appropriate. For each included study, key information was extracted, including study design, population characteristics, type of cancer or treatment context, vision-related outcomes, psychological or quality-of-life measures, and reported implications for nursing or supportive care. Data extraction focused on identifying recurring themes and patterns rather than quantitative effect estimates.

3.5 Data synthesis

A thematic narrative synthesis was undertaken to organise findings into conceptual domains reflecting vision-related symptoms, psychological impact, functional and quality-of-life consequences, coping and psychosocial needs, and implications for ophthalmic and nursing practice. Findings were interpreted within a psycho-oncological framework, emphasising the interaction between physical symptoms, emotional responses, and supportive care delivery.

3.6 Use of artificial intelligence

Artificial intelligence tools were used to support language refinement and improve clarity and coherence of the manuscript. All decisions regarding study inclusion, data interpretation, and synthesis were made by the authors, and the intellectual content of the review reflects the authors' critical appraisal of the literature.

4. Results and discussion

4.1 Overview of the included literature

The literature included in this narrative review spans oncology, ophthalmology, psycho-oncology, and nursing disciplines, reflecting the interdisciplinary nature of vision-related symptoms in cancer care **Table 1**. The included studies comprised cross-sectional observational studies, instrument development and validation research, population-based ophthalmic and mechanistic studies, psycho-oncology investigations of distress and stigma, and narrative reviews addressing ophthalmic rehabilitation and nursing practice [37–40]. Although relatively few studies explicitly integrated visual symptoms with psychological outcomes, the collective evidence indicates that vision-related impairments in oncology patients are clinically significant, psychologically consequential, and highly relevant to supportive and nursing care.

Table 1. Characteristics of Included Studies for Ophthalmologic Studies

Author	Journal	Study Type	Population	Main Focus
Wang et al. [20]	Head & Neck	Cross-sectional observational	Head and neck cancer survivors (n = 114)	Vision changes after cancer treatment
Teixeira-Pinto et al. [41]	Canadian Journal of Ophthalmology	Narrative review	Oncology patients with visual impairment	Ophthalmic rehabilitation in oncology

Continuation Table:

Author	Journal	Study Type	Population	Main Focus
Vuong et al. [42]	Current Opinion in Ophthalmology	Narrative review	Tumour-related optic neuropathy	Structural mechanisms of vision loss
Hadavand et al. [43]	Med Hypothesis Discov Innov Ophthalmol	Review	Ophthalmic patients	Role of ophthalmic nursing
Iacorossi et al. [44]	Healthcare	Pilot observational study	Oncology day-hospital patients	Nursing recognition of distress
Teo et al. [39]	Psycho-Oncology	Multi-country cross-sectional	Advanced cancer patients (n = 1358)	Stigma and psychosocial distress
Olsson et al. [38]	Journal of Psychosocial Oncology	Observational	Cancer patients	Psychological distress trajectories
Sasongko et al. [45]	Ophthalmic Epidemiology	Population-based study	Adults with chronic disease	Visual impairment and functioning
Lewandowska et al. [46]	IJERPH	Cross-sectional	Chemotherapy patients	Quality of life and distress
Brandberg et al. [37]	EORTC	Instrument development	Ophthalmic oncology patients	Vision-related QoL measurement

4.2 Vision-related symptoms in oncology patients

Across the reviewed literature, vision-related symptoms emerged as common consequences of both cancer itself and cancer-related treatments compiled in **Table 2**. In a cross-sectional study of head and neck cancer survivors, nearly half of patients reported vision changes following treatment, including blurred vision, eye tiredness, dry eye symptoms, ocular pain, diplopia, and disturbances in colour or peripheral vision [20]. Patients reporting vision changes demonstrated significantly poorer vision-specific functioning and higher ocular symptom burden than those without visual complaints, indicating a meaningful impact on everyday visual experience. Pharmacological evidence further supports the prevalence of vision-related symptoms in oncology. Reviews of targeted anticancer agents have documented a wide range of ocular adverse effects, including blurred vision, ocular surface disease, retinopathy, optic neuropathy, photophobia, and visual field defects, highlighting that visual symptom are recognised toxicities of modern cancer therapies [47]. From a mechanistic perspective, neuro-ophthalmic studies have shown that tumour-related compressive optic neuropathy leads to measurable structural retinal damage, with thinning of the ganglion cell layer complex closely correlating with visual field loss [42]. Importantly, such structural damage may persist even after apparent clinical recovery, suggesting that vision-related symptoms in oncology patients may reflect lasting neuro-visual injury rather than transient treatment effects. Taken together, these findings indicate that vision-related symptoms in oncology patients are multifactorial, arising from direct tumour effects, treatment-related toxicity, and long-term neurological damage, and may persist well into survivorship.

Table 2. Vision-Related Symptoms Reported in Oncology Contexts

Study	Vision-Related Symptoms
Wang et al. [20]	Blurred vision, eye tiredness, dry eyes, ocular pain, diplopia, colour vision disturbance
Blake et al. [48]	Blurred vision, retinopathy, optic neuropathy, photophobia, visual field defects
Vuong & Hedges [42]	Visual field loss, reduced visual acuity due to compressive optic neuropathy
Teixeira-Pinto et al. [41]	Visual acuity loss, diplopia, ocular surface disease, radiation-related retinopathy

4.3 Psychological impact of vision-related symptoms

Evidence from vision-specific oncology populations indicates that visual impairment is closely associated with psychological burden compiled in **Table 3**. Among ocular and periocular cancer survivors, reduced visual function was consistently linked to emotional distress, anxiety, frustration, and fear of further vision loss, with patients experiencing poorer visual acuity reporting significantly worse outcomes in emotional and mental health domains [49]. These findings suggest that visual impairment contributes to psychological vulnerability beyond physical limitations alone. Similar associations were observed in head and neck cancer survivors, where individuals reporting vision changes demonstrated significantly poorer mental health scores on vision-related quality-of-life instruments [20]. The psychological relevance of vision-related symptoms is further reinforced by the structure of the EORTC ophthalmic oncology quality-of-life module, which explicitly includes emotional distress, anxiety, and social difficulties as core outcome domains [37]. This reflects a formal recognition that psychological impact is an integral component of vision loss in oncology contexts rather than a secondary consequence. Although not vision-specific, psycho-oncology research consistently reports high levels of anxiety, depression, and psychological distress among cancer patients across disease trajectories [38]. Within this broader context, vision-related impairments may exacerbate an already elevated psychological burden, underscoring the importance of recognising and addressing visual symptoms as part of comprehensive psychosocial care.

Table 3. Psychological and Psychosocial Impact Associated with Vision or Cancer-Related Symptoms

Study	Psychological Outcomes
Huang & Guo [49]	Anxiety, frustration, fear of further vision loss, reduced emotional well-being
Wang et al. [20]	Lower mental health scores in patients with vision changes
Brandberg et al. [37]	Emotional distress, worry, social difficulties explicitly measured
Olsson et al. [38]	Anxiety, depression, sustained psychological distress
Teo et al. [39]	Perceived stigma, emotional distress, social withdrawal

4.4 Impact on daily functioning and quality of life

Vision-related symptoms were shown to significantly interfere with daily functioning and overall quality of life were simplified in **Table 4**. In ocular and periocular cancer survivors, visual impairment affected reading ability, mobility, independence, and social participation, leading to substantial reductions in vision-

related quality-of-life scores across functional and psychosocial domains [49]. Notably, these impairments often persisted beyond active treatment, indicating long-term consequences for cancer survivorship. Broader oncology evidence provides important contextual support for these findings. In a large cross-sectional study of patients undergoing chemotherapy, the majority reported reduced daily activity, difficulties with self-care, and high levels of anxiety or depressive symptoms, resulting in markedly compromised health-related quality of life [44]. Although visual symptoms were not assessed directly in this study, these results suggest that additional sensory impairments, such as vision loss, may further compound functional disability and quality-of-life deterioration. Population-based ophthalmic studies from Asian settings similarly demonstrate that visual impairment is common, frequently under-recognised, and closely linked to functional limitations, reinforcing the relevance of vision-related outcomes within chronic disease and supportive care frameworks [45].

Table 4. Impact of Vision or Cancer-Related Symptoms on Daily Functioning and Quality of Life

Study	Functional and QoL Impact
Huang & Guo [49]	Impaired reading, mobility, independence, social participation
Lewandowska et al. [46]	Reduced daily activity, self-care difficulty, impaired HRQoL
Sasongko et al. [45]	Functional limitations related to visual impairment
Teixeira-Pinto et al. [41]	Reduced independence, participation, and survivorship QoL

4.5 Coping responses, stigma, and unmet psychosocial needs

Several studies highlighted substantial psychosocial challenges and unmet supportive care needs among oncology patients, which are likely intensified in those experiencing vision-related symptoms summarise in **Table 5**. Qualitative and mixed-method psycho-oncology research has shown that cancer patients commonly experience emotional distress, uncertainty, and difficulty coping with treatment-related changes, often in the context of limited access to structured psychosocial support [50]. In a large multi-country study of Asian patients with advanced cancer, over one-third of participants reported experiencing cancer-related stigma frequently, while up to 60% reported stigma at least occasionally [39]. Perceived stigma was strongly associated with psychological distress, social withdrawal, and body image concerns. Although vision-related symptoms were not examined explicitly, visual impairment may plausibly intersect with these experiences by affecting appearance, independence, and social participation, thereby amplifying psychosocial vulnerability. Collectively, these findings suggest that psychosocial needs in oncology populations are substantial and often insufficiently addressed, and that patients with additional functional impairments, including vision loss, may face heightened challenges in coping and adjustment.

Table 5. Nursing and Supportive Care Implications Identified in the Literature

Study	Nursing / Supportive Care Implications
Iacorossi et al. [44]	Training improves nurse detection of psychological distress
Hadavand et al. [43]	Ophthalmic nurses provide education, counselling, early detection
Teixeira-Pinto et al. [41]	Multidisciplinary care including nursing is essential

Continuation Table:

Study	Nursing / Supportive Care Implications
Teo et al. [39]	High unmet psychosocial needs require structured support
Santin et al. [50]	Need for nurse-facilitated psychosocial interventions

4.6 Role of ophthalmic and nursing care in symptom management

The reviewed literature consistently emphasised the importance of early recognition, monitoring, and supportive management of symptoms within oncology care, with nursing professionals playing a central role. Evidence from oncology day-hospital settings demonstrated that trained nurses were more accurate than untrained nurses in identifying psychological distress and determining the need for specialist referral, highlighting the value of targeted education and structured screening approaches in nursing practice [44]. Within ophthalmic contexts, reviews of ophthalmic nursing practice indicate that nurses are uniquely positioned to detect visual and functional changes, provide patient education, and offer psychological support to individuals experiencing vision loss [43]. Training in communication, counselling, and referral was identified as essential for addressing the emotional consequences of visual impairment and facilitating patient adjustment. Furthermore, narrative reviews of ophthalmic rehabilitation in oncology care recommend multidisciplinary models that explicitly incorporate nursing professionals to address both visual deficits and associated psychosocial consequences, particularly in survivorship settings [41]. Taken together, these findings support the integration of ophthalmic and oncology nursing roles within comprehensive care pathways that address vision-related symptoms, psychological distress, and quality-of-life outcomes in cancer patients.

5. Implications for practice and future research

5.1 Implications for clinical and nursing practice

The findings of this narrative review highlight the need to recognise vision-related symptoms as clinically and psychologically meaningful components of cancer care rather than peripheral treatment side effects. Visual impairment in oncology patients may contribute to emotional distress, functional dependence, and reduced quality of life, underscoring the importance of systematic assessment within routine clinical practice [5,13,14]. Oncology and ophthalmic nurses are uniquely positioned to identify early visual changes, monitor symptom progression, and initiate timely referrals, given their sustained patient contact and central role in supportive care [27,30]. Integrating basic vision screening and symptom inquiry into oncology nursing assessments may facilitate earlier recognition of visual problems and associated psychological distress, consistent with evidence demonstrating that routine assessment of quality-of-life and symptom burden improves patient–clinician communication and well-being [14,34]. In addition, nurse-led education and counselling can support patients in understanding vision-related changes, managing uncertainty, and adapting to functional limitations, aligning with prior evidence that psychological and educational nursing interventions reduce distress and enhance coping in cancer populations [1,2,11]. Multidisciplinary care models that incorporate ophthalmic services, psychosocial support, and rehabilitation may be particularly beneficial for patients experiencing persistent or treatment-related visual impairment.

Such approaches are consistent with established supportive care frameworks and nursing practice models that emphasise coordinated, person-centred care to address complex physical and psychosocial needs in oncology [29,31]. Collectively, these strategies have the potential to improve both clinical outcomes and psychological well-being in oncology settings.

5.2 Implications for future research

Despite growing recognition of vision-related complications in cancer care, the current evidence base remains fragmented. Future research should prioritise studies that explicitly integrate visual symptoms with psychological outcomes, using validated vision-specific and psycho-oncological assessment tools to improve sensitivity to patient-reported experiences [30,37,49]. Longitudinal study designs are particularly needed to examine the trajectory of vision-related symptoms and their psychological impact across treatment phases and into survivorship, given evidence that distress and supportive care needs evolve over time [17,21]. Further investigation into nursing-led interventions, such as structured screening protocols, patient education programmes, and referral pathways, is warranted to determine their effectiveness in reducing distress and improving quality of life among oncology patients with visual impairment. Existing evidence supports the value of targeted nursing interventions in addressing psychological distress, hope, and unmet supportive care needs in cancer populations, but vision-specific applications remain under-explored [1,2,35]. Additionally, culturally sensitive research, particularly in underrepresented populations, is needed to explore how social context, stigma, and health system factors influence coping and access to supportive care [19,28,39]. Addressing these gaps will support the development of integrated, evidence-based models of ophthalmic and psychosocial care in oncology.

6. Conclusion

Vision-related symptoms represent an important yet often under-recognised dimension of the cancer experience. Evidence synthesised in this narrative review indicates that visual impairment in oncology patients is associated with meaningful psychological distress, functional limitations, and reduced quality of life, extending beyond the physical consequences of cancer and its treatment. These effects may persist into survivorship and intersect with broader psychosocial challenges such as anxiety, stigma, and difficulties in coping and adjustment. The findings highlight the critical role of ophthalmic and oncology nursing care in the early identification and management of vision-related symptoms and their psychological impact. Nurses are well positioned to integrate vision assessment, patient education, and psychosocial support within routine cancer care, contributing to more holistic and person-centred management strategies. Strengthening interdisciplinary collaboration and expanding nursing-led supportive care initiatives may help address current gaps in care and improve outcomes for patients experiencing vision-related complications. Overall, greater clinical awareness, targeted nursing interventions, and integrated research efforts are needed to ensure that vision-related symptoms and their psychological consequences are systematically addressed within comprehensive oncology care.

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