

THE COMPLICATION OF FEAR.

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Can Nurses suffer from Fear? Probationers will smile and admit that they can and do often, when there is an examination in the near future, when they are told they are wanted in Matron's Office and on one or two other occasions perhaps, but they would think that their elders and betters in hospital never suffer from such humiliation, and the elders and betters themselves might be loath to admit that they ever felt afraid.

But it does not always mean that because we do not admit we are afraid, we are not from time to time victims of this old enemy, and that strange feelings of restlessness, sleeplessness or irritability do not appear in the behaviour of all ranks of the nursing profession. What is of still greater importance is that they hamper the professional capacity of the nurse and affect both her patients and those working with her and under her.

Once again, we must look to the past for the solution of the puzzle. Old fears of the past are often revived when a similar occurrence once more confronts us. The feeling that we experience then will frequently not be of definite fear but rather of vague discomfort, uneasiness or impatience, perhaps some unaccountable behaviour or forgetfulness which surprises even ourselves.

Sometimes these old fears of childhood can be provoked by encountering a patient who closely resembles a relation or someone we knew in the past, whom we dearly loved, or one whom we hated. We may have been afraid of this person in the past and this recurs. Or some particular illness is connected in our minds with a family tragedy and a patient coming into hospital for a particular operation echoes past anxiety which sets us feverishly hoping that death will not once more be the end of the struggle. It may be that we ourselves have a dread of some special disease and fear that this may be our fate. The entrance of such a case sets our own fear working. Constantly, although we try to push the thought out of our minds, the idea will recur, diverting our attention from our work, and making us unusually forgetful, because we identify ourselves with this patient and suffer with her by proxy, becoming over-anxious about her recovery.

Many nurses are victims of a tiresome psychological disturbance that is likely to become especially troublesome upon night-duty when vitality is worn thin by constant short hours of sleep and the entirely changed conditions of life, or during menstruation. I refer to *Doubt*. We cannot remember whether we have given certain medicines when due or carried out certain treatment. We are not sure whether we closed a door, put out a light or turned off a gas ring securely. The result is mental torture. Did we or did we not do what we should have done? We may go back and back again to prove that the gas is turned off, that the door is shut. We go to the medicine bottle and work out if possible from the amount that remains whether we did give the dose which was due and the right amount. Perhaps we can ascertain this and set our minds or our consciences at rest but perhaps we cannot. What happens then? The Sister or Nurse struggles with her conscience. Should she report that she has or has not carried out the treatment or given a wrong dose? Sometimes she falls back upon the plan of asking

the patient in her extremity, which makes him or her feel extremely uneasy. If it is a case of fearing that a wrong dose or a wrong mixture has been given this would be useless and only alarm the patient. I once knew a nurse in such a predicament report that she had given a patient a dose of disinfectant instead of the right mixture in case she had done so. Endless complications arose, but it was found out in time that it was a groundless fear as the bottle of disinfectant was still down in the Dispensary never having been brought up during the day. It happened upon night-duty after a stretch of five months without a break and constant interruptions of sleep through final examinations.

What can be done in cases of this kind? Not only do such worries destroy the efficiency of the nurse as her fears cannot help being conveyed to her patients either directly or indirectly through unconscious suggestion. A temporary measure that can sometimes be useful in emergencies is to make a list of what has to be done and cross off each item when accomplished. The nurse can also try to think if anything of the sort happened in her childhood; if she was set an extremely strict code of truthfulness or whether her conscience had been too keenly aroused over trifles. Sometimes she may be lucky and hit upon the origin of the trouble by herself, but usually this sort of occurrence and feeling is a signal that she is in need of expert psychological advice, just as an aching tooth warns us that we are due for a visit to our dentist. In the future to seek and obtain help for troubles such as these will not be so uncommon as it is now and there will be more people available capable of giving this help. No one at present in the Nursing Profession, we will hope, goes about with badly decayed teeth, because we have recognised the fact that it is injurious for our general health, our professional efficiency and that in time it reflects upon our patients' welfare. But the dangers that can arise from our fears both for ourselves and our patients is not yet so clearly recognised.

Other common fears that are frequent enough and which work an equal amount of havoc are those which make a member of the Nursing Profession doubt her own efficiency, and those of fear of responsibility, or of incurring blame. Many excellent nurses, sometimes those in positions of authority, are secretly or unconsciously afraid of responsibility or that others are going to consider them incapable. It may make them shrink from undertaking work of which they are perfectly capable or it may make them unbearably irritable or suspicious. They may be always trying to prove to themselves and others what efficient persons they are by doing more than really lies within their province or trying to show up the inefficiency of superiors or subordinates. They try to cheat the fear by running into the danger zone. Those who are constantly afraid that they are going to be blamed for anything that happens are equally inconvenient. They may even be impatient with their patients who do not get on as fast as might be hoped, because they feel that some one will blame them for it. They worry and fret making everyone on edge and often just for this reason get blamed for many things for which they are in no way responsible because their anxiety unconsciously attracts what they most fear.

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