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PSYCHOLOGICAL FACTORS IN RELATION TO GENERAL NURSING.

By DR. YELLOWLEES, O.B.E., F.R.C.P., M.D.

There was a very large attendance when Dr. Yellowlees delivered his lecture on the above subject. Miss Macaulay, O.B.E., R.R.C., S.R.N., was in the chair and expressed the members' appreciation of Dr. Yellowlees' great kindness in sparing his valuable time to speak on a subject which could not but prove of the greatest value to those who were privileged to listen to him. She referred to Dr. Yellowlees' distinguished career and said that she regarded it as a great honour to the Association that he should consent to lecture before it. Certainly the audience appeared to appreciate the lecture very greatly. Dr. Yellowlees held our attention from start to finish, partly because of the interest which he aroused and partly because of the humour that sparkled through the whole of the lecture. With this play of humour and his vivid manner of illustrating certain points, his lecture was just as much a work of art as one of science, but unfortunately it is not so easy to reproduce it in the former aspect when it comes to a matter of reporting it in print.

The Psychology of the Patient. The Psychology of the Nurse.

In commencing the doctor said that the subject was far too big for it to be possible to deal with it in more than a very few of its aspects in an afternoon's talk. He proposed to discuss it from two points of view (a) the psychology of the patient, and (b) the psychology of the nurse. In the opinion of Dr. Yellowlees while the nurse who is trained in the nursing of mental diseases often "makes a very decent shot" in nursing certain bodily illnesses, even the most brilliant general trained nurses often show the greatest ineptitude in managing mental patients. "The greatest drawback in your training and mine," said Dr. Yellowlees, "is that it tends to make us regard our patients more or less as glorified test-tubes in which certain reactions may or may not take place. It does not take into consideration all the necessities of humanity, it ignores the personality of the patient. You have to teach certain facts and certain techniques to people in their training, these are the necessary background on which the profession has to work and without such teaching one would be of no good at all. No other stuff will replace technique. But you cannot teach by rule of thumb how to deal with individuals. All nurses, with the exception of a few careless or stupid ones, can give a hypodermic injection properly; our training has no room to teach us how to deal with individuals and yet we all know the importance of personality. "In the post-mortem room after a patient is dead we are taught to regard the body with reverence as something wherein there once dwelt a personality, but very often true reverence is lacking in cases where there is a deranged mind and yet the personality is still dwelling in his body. We should

really feel far more respect for such a patient than for a corpse. It is a matter worth thinking about!" With regard to surgical nursing, a few years ago, when the anaesthetic was given in the ante-room to the theatre, the nurse considered that she had done her duty if she had her patient there in time, with finger- and toe-nails well attended to, the necessary hot bottles and all the rest, but too often she did not stop to think to what extent the patient's state of mind, before the operation, would have upon his after condition. Dr. Yellowlees proceeded next to relate how once in a ward he had watched a young man "dressed in a little brief authority and a long white coat" go up to take the blood count of a child of fifteen. He marched up to the bed, set out his apparatus in silence and, after the approved manner while the patient watched, he grabbed her ear and made a clumsy jab at it so that the child pulled away from him and a nurse had to be fetched to hold her. By way of contrast the lecturer then told quite a different story of how he had seen a child of eight hop gaily to the operating table because the anaesthetist had taken the trouble to win her confidence the night before. Again let us suppose that we have two specimen jars, the one containing the appendix of John Smith, the other that of John Brown. Both are nicely labelled, both appendices are the same size, in fact they appear alike in every particular and both were done on the same day. Yet John Smith goes on well while John Brown's wound "does not clear up." He faints when the stitches are taken out, does not sleep and altogether does not progress as he ought to. A little questioning might elicit the facts that John Brown has been out of work for three months, that his wife is in prison for shoplifting and that he is terribly worried. Such things do have a very definite effect on the patient's physical recovery. You all know it, science and training should tell you and such knowledge gives you the power to help.

Recently in a gynaecological ward a patient had been operated on for an eroded cervix or some such condition; when she was due to go home she developed paraplegia. A neurologist was called in but he did not commit himself, pressed, because "they wanted the bed," he would exclude myelitis. Why myelitis? He did not know, but "they wanted the bed." And so he ordered electrical treatment, thinking perhaps that this, being of the nature of magic it might have a speedy effect for "they wanted the bed." (Laughter.) Enquiries were pushed further and it transpired that after a previous illness in another hospital the same symptoms had arisen and her condition had been diagnosed as hysteria—a very real disease although many may not agree. No one had thought until then to ask the woman any questions about her home affairs but when this was done it was found that she had married twice, that her present husband was very unkind to the child of the first marriage and that the woman's home life was very unhappy. What that woman needed was understanding on the part of those who were treating her and, it may be, they would have got the bed sooner!

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