ACTA SCIENTIFIC MEDICAL SCIENCES (ISSN: 2582-0931)

Volume 4 Issue 4 April 2020

Perspective

A Parent's Fears….. And It's Impact on Effective Healthcare Delivery

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Received: March 02, 2020

Published: March 12, 2020

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It's 3AM….."Oh no! What was that sound I heard?", I thought to myself as I suddenly awoke to a startling noise coming from the adjacent bedroom to mine. "Could it be coming from my daughter's room?", I wondered. My husband and I quickly went to our daughters' room and there she was, our 16-year-old daughter, curled up in a fetal position on her bed writhing in pain and groaning softly. "What's wrong?!", we both seemed to say at once. "I don't know, but my tummy hurts really bad", she said in a whisper. I asked if she ate or drank anything she was not used to eating and she said "NO".

I rushed to the kitchen to get her some ginger ale as her groaning intensified. Being a Family Nurse Practitioner, I realized that my instinct to "protect and cure" was gradually kicking in and probably reached an overdrive as I thought of all the worst-case clinical scenarios that initially present as abdominal pain. "Could this be an inflamed appendix (appendicitis)…?, a hernia…?, a twisted intestine…?, an obstruction…..?", I thought to myself as I returned to her room with a glass of ginger ale. She took a few sips and before I had the chance to ask how she felt, she literally started screaming that her pain had worsened after which she threw up all over her bed. "OK, we are going to the Emergency room!", I half screamed at my husband who then assisted her to get dressed as I also quickly got dressed and helped her into the car. It was close to 3:30 AM by this time.

I sped off to the nearest Emergency Department, and by the time we arrived, I was so anxious that I was barely concentrating as I responded to the staff at the registration center who verified our insurance coverage plan. "When will we see the doctor?", I asked the lady by the desk. She assured me that my daughter would be seen shortly. When my daughter was called in to the examination section, I assisted her as she slowly walked to the exam room. She lay on the bed as the nurse walked into the room and with a friendly smile, she looked at my daughter and said, "So, what seems to be the problem today?". Before my daughter could respond, I hurriedly said, "her tummy hurts really bad, she threw up once and I don't know ….it may be her appendix…. when will the doctor come in because she's really in a lot of pain…..maybe you should give her some pain medicine or do you think she needs an X-ray first…?" The nurse stared at me with a blank expression as I turned to my daughter, who appeared a bit more comfortable as she lay on the exam table. I observed my daughter's horrified facial expression as she quietly mouthed the words "mom please, stop!". "Oh my, I have turned into a Dr. Mom! I must stop and focus on reducing my anxieties in other ways," I thought to myself.

Current healthcare providers or providers in training may wonder how they can connect with their patients or parents despite various attitudes (pleasant and unpleasant) during a consultation. How does one respond constructively to patients when different emotions as anxiety, impatience, fear, anger, suspicion, mistrust etc. are encountered during a consultation? How should the healthcare provider engage to maintain a positive pattern of interaction?

Well, getting back to the scenario of my daughter's Emergency Room visit, I said a silent prayer that the nurse would not hastily become defensive to my approach of history giving and that she would still show compassionate care. Obviously, I very quickly came to my senses when my daughter mouthed the words, "mom, please, stop!" and I apologized for my overly enthusiastic approach while letting the nurse know that being a mom and a Family Nurse Practitioner probably contributed to my heightened state of anxiety. She smiled and said that she's also a mom and could relate to how I felt. Further assessment proceeded without any undue inter-

ruptions and X-Ray report revealed that my daughter was severely constipated. She fully recovered following the administration of 2 enemas. I sure learned a valuable lesson on that day: Underlying anxieties can manifest as different attitudes and personalities and as healthcare providers, we have the responsibility to recognize patients' behavioral traits/attitudes and communicate effectively to reduce patient's anxieties and develop more productive clinician-PATIENT and clinician-PARENT relationships.

Problem Statement: Poor communication skills greatly contribute to the mistrust that is often experienced between Patients and clinicians/healthcare providers.

In recent times, as I explored the above problem statement, I tried to make sense of the correlation between the impact of fear on behaviors and life outlook. I began to study the work of various philosophers and their own interpretation of Fear. I recently read Dr. Michael Fishers 2015 publication "Educating Ourselves: A Lovist or Fearist Perspective". I was fascinated by his introductory paragraph that detailed as a fearist, his observation of a correlation between how we live our lives and how we educate ourselves. He went on further to ask a few vital as these ....

But what exactly is Fear? How does it evolve and who gets to accurately define it? Can any single definition be all inclusively contained especially given the evolving human nature/views/opinions? Sometimes, there are even evolving philosophical views.

The healthcare atmosphere is an emotionally charged one capable of inducing various levels of anxieties/fears. It's important to note that patients and parents often experience high levels of apprehension during their clinical/hospital visits. Sometimes, such high anxiety levels manifest as various attitudes that could become a deterrent to the development of productive clinician-patient OR clinician-parent relationship.

Another philosopher whose views have caught my interest is Osinakachi Kamalu Kalu. Kalu's views that the basic foundation of philosophy is rooted in problem solving is congruent with the theory of evolution of fear in healthcare. Identifying the roots of common fears of patients and healthcare providers/clinicians and going further to develop resources that teach the necessary communication skills will help to avert these common fears/anxieties experienced in healthcare settings.

Kalu further touched on the role of fear in the human struggle by identifying fear as a great motivator which is not typically self-contained but is rather experienced as an external factor which when perceived, motivates one to react. How we choose to direct these emotions that conjure up within us due to external fears is a great determinant of whether our fears/anxieties shall either control or not control our lives.

I was also excited to at the opportunity to review another philosopher's work, Professor Desh Subba who has detailed some interesting observations of fear in a positive perspective. Fear, he said, gives an interpretation of both life and the world. He went on further to state that fearism exists as a theory and in order to study fearism, we have to study all aspects of fears, its' causes, its' effects, how it's embedded in the society and how it affects our behaviors and attitudes (our essence, our being).

Professor Subba also indicates that the "existence of fear precedes essence". This can be applied to the theory of Fearism in Healthcare. Patient's awareness of clinical diagnosis and prognosis can either create feelings of uncertainties, despair/fears/anxieties OR can create an innate commitment for the patient to bravely battle the disease process. Having knowledge of a patient's mindset/being/essence/reservations helps the healthcare provider/clinician to engage strategically which contributes to some tranquility amidst an otherwise chaotic moment.

The book, Simple Tips to Developing a Productive Clinician-Patient Relationship gives simple tips to achieve some level of tranquility for 16 different scenarios of patient attitudes/behaviors [1-7]. Book is available at www.ptdrsimpletips.com.

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