Impact of Environmental Fear on Public Health Nurses

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The increasing concern of public health nursing students about their safety when working in a large metropolitan area, plus the daylight murder of a nurse going home from work at a university hospital, led us to study variables in the environment of public health nurses and their effect on nurses' performance of their roles. We considered aspects of the environment which nurses report produce fear and, also, the extent to which the nurses had personally experienced the incidents they described as fearful, in contrast to having learned about such incidents from others. In addition, consideration was given to the perceived fears of nurses, their families, colleagues, and patients.

In earlier analyses, we formulated a scalogram with which to measure environmental fear among nurses working in inner city areas for both official and nonofficial agencies (*1*). Those nurses who would refuse to provide a patient with care because of the characteristics of the neighborhood or geographic area in which he lived were distinguished from those who would

care for a patient regardless of the community in which he lived. These variables were then related to the nurses' preferences among systems of protection involving companions that might enable them to feel safe going into certain areas where they would be afraid to go alone.

Method

Questionnaires were administered to 159 public health nurses and public health nursing students working in official and nonofficial agencies. In the official agency, the questionnaire was completed by the respondent, sealed in an envelope, and returned to the investigators. In the unofficial agency, the investigators presented the instrument at the end of a plenary meeting of the respondents and collected the completed data at that time. In both instances, data were collected in the way most convenient to the respondents and the agency administrators.

The reactions of persons in numerous situations in which natural stress is an element have been previously studied—patients awaiting surgery, students before examinations, and recruits undergoing military training (*2*). In our study, we considered certain aspects of the environment that might produce strain for public health nurses. As in other occupations, nurses may perceive aspects of their physical and social environment as stressful and even dangerous (*3, 4*), and these perceptions may then be manifested in the individual nurse as fear.

In line with the propositions of Kahn (*5*), stress may be conceived as a demand that the environment places on a system (person or organization). The demand as experienced by the person or organization may produce varying levels of strain. The adaptations of various persons to stress may affect both their current behavior in their work roles and eventually, also, the behavior that is designated by an organization as being part of its task environment.

For example, the reluctance of nurses to make home visits in a certain area may in turn stimulate the organization for which they work to define its responsibility in that area as being confined to the maintenance of clinic facilities. That is, the task of the organization is modified in response to the behavior of its members. We are concerned with those aspects of the environment that nurses perceive as sources of fear.

Results

Of the 159 respondents, only 18 indicated that they were unafraid to go into any area of the city. While only 11 respondents would refuse to care for a patient because of his disease or physical condition, 64 of the respondents stated they would refuse to accept a patient for care because of the characteristics of the community in which he might reside. Seven of the nurses would reject a patient for care only if they were in a trimester of pregnancy during which they might put the fetus at risk. One hundred forty-one of the respondents were able to describe the location and characteristics of the environments in which they were afraid.

We classified the concerns of the 159 nurses and students according to whether they related to general or specific aspects of the environment and then further divided these two groups into behavioral and environmental categories:

General Aspects

Behavioral (39 respondents)
People wandering around with nothing to do
People showing disregard for authority
Gangs of men and boys standing on the street
People's use of violence against one another
Sloppiness in appearance, representing unknown attitudes

Environmental (67 respondents)
Poor living circumstances
Deprived areas
High crime rate
Racial composition of area (fear of blacks in poverty areas, more blacks in an area)

Specific Aspects

Behavioral (23 respondents)
A group of men collected around my car and pounded on it
A man approached me with a broken bottle
A friend was murdered
I was accosted by two men in a dark elevator in a housing project
I was attacked and robbed by a young black

Environmental (20 respondents)
Elevators (dark and inoperative)
Dogs
Poor lighting
High-rise buildings
Halls

General concerns are those that do not relate to a specific event that the nurse has experienced, but rather to personal behavior or environmental conditions that the nurse believes may be associated with potentially dangerous acts threatening to her safety. Specific concerns relate only to incidents that the nurse herself has experienced and which she later cites as reasons for being afraid to work in a particular area. Behavioral concerns relate to actions or appearances that the nurse attributes to people in an area in which she is afraid—ranging from certain behavior "showing disregard for authority" to cues given by the clothing or personal appearance of people in the area. Environ-

mental concerns may arise from the physical or social characteristics of an area, such as the quality of housing or the community's deprivation as assessed from its physical appearance.

Specific aspects of the physical environment that produced stress included halls, stairs, lighting, and elevators. On the environmental fear scale mentioned earlier, these architectural characteristics contribute to fear even among the persons least likely to be afraid, that is, who score low on the fear scale (*1*). When social characteristics of areas were designated as the sources of fear, a high crime rate and the racial composition of the area were the items most frequently mentioned. The two were often linked, for example, in such statements as, "I would be afraid in a Negro neighborhood because of crime in those areas." Socioeconomic status and race were also correlates of fear: "I am afraid in poverty areas, especially colored areas", "I am afraid in low-income districts with high crime rates." The association between density ("too many people in a compact space") with high rates of crime was frequently verbalized.

If a respondent gave both behavioral and environmental reasons for her fears, the reason was more likely to be general than specific. General environmental concerns were the most likely to be reported (67 respondents), and a high proportion related to the crime rate and the prevalence of blacks in the feared areas.

To give general reasons for fears requires no personal experience; these reasons can be obtained through the media or by listening to colleagues. A person may be able to cite a high crime rate as a blanket perception of an area, whereas specific physical features (halls, stairs) would be less likely to be mentioned unless the respondent had some contact with the area.

Taking into account the characteristics mentioned for the areas in which the majority of nurses say they are afraid, what are some of the things that they fear or that they believe may occur in these areas? What forms do their fears take, and is there support for their fears from significant others?

An attempt was made to determine to what extent the nurse might find social support for her fears; that is, was the interpersonal environment composed of her family, friends, and colleagues supportive of her fears?

Seventy-nine of the nurses indicated that members of their families had expressed concern for their safety. At the same time, 68 noted that their patients had also voiced concern about their safety while giving care in the community. Apparently the nurses' interactions with their colleagues were less likely to include discussions and expressions of fear; only 38 mentioned that their colleagues had expressed concerns about safety. Thus, the nurse viewed her family and patients as being more concerned about her safety than were her associates at work.

The nurses were asked to indicate, from among several categories of feared events, those that they were afraid might occur. The categories included being killed, bodily injury, purse snatching, and nonphysical harassment. The most frequently mentioned category was bodily injury; 76 said they were afraid they might suffer bodily injury in the course of their work. This result contrasts with the 99 who perceived their family and friends as being concerned that they might suffer bodily injury.

The nurses' expectations of nonphysical harassment and purse snatching were about equal; about 60 expected the harrassment, and 58 expected to experience purse snatching. There was little difference between the nurses' expectations for occurrence of these events and their perceptions of their families' and friends' expectation of such occurrences. This similarity between the nurses' fears and those of their families and friends contrasts with the difference found in the responses relating to "being killed." Only nine of the nurses expressed a fear of being killed, as contrasted with the 32 who reported that their families and friends were afraid that the nurses might be killed.

Discussion

It is only recently that fear and danger have been treated as aspects of the role of the public health nurse (*1, 6–9*). Few data are available as to how other professionals such as social workers, community aides, and teachers adapt to the same environments in which nurses work.

In the nursing literature, fear has generally been treated as a characteristic of the patient. In nursing texts, typical fears of patients are pointed out, the reasons for them are discussed, and the nurse's responsibilities in assisting the patient to cope with his fears are stressed. The expectation is that the nurse will anticipate and manage the fear responses in a patient but will not manifest fear in any situation in which a patient is involved. Yet our data indicate that a nurse working in an urban area may herself experience fear. More-

over, the fears expressed by her family, friends, and patients appear to provide an environmental context that may reinforce the nurse's own fears; in fact, the fears expressed by others may serve to legitimize the strain that this professional experiences.

That 56 of the nurses can report specific fear-producing events which they have experienced indicates that the fears mentioned by nurses are neither groundless nor based only on information obtained from others or from the media. Their reported experiences are neither fanciful nor hysterical; they are factual accounts of events which, although they did not cause the nurse to give up community nursing, may very well have influenced her professional behavior negatively.

Refusal to offer care to patients in certain neighborhoods is an overt response to a feared situation. Such refusals may lead in time to a restructuring of organizational and professional goals or to the initiation of systems of protection which may violate professional norms of nurse-client relationships. The introduction of a companion would eliminate the privacy that has characterized this one-to-one relationship between nurse and patient.

One response on the part of nurses to environmental fears—the more pernicious because it is not easily identified—is a tendency to shorten home visits, to decrease the time spent in feared neighborhoods by reducing the amount or quality of the care given.

Yet, at the very time that nurses are in some instances refusing to go into high-risk areas or possibly curtailing their services in such areas, many pressures are being exerted to expand the nurse's role. Lysaught (*10*), for example, has stated that "There are those who insist . that nursing and the other health professions will never begin their essential service until they move in the direction of health maintenance and disease prevention, rather than maintain the almost defensive posture of assisting in cure and recuperation." And it is in the very environments that some (64) of the nurses in our study indicate they will not go to care for patients where the most urgent problems of health maintenance and disease prevention are to be found.

Summary

Characteristics of the physical and social environment that produce fear among public health nurses in a large metropolitan area were elicited. The data collected indicate that fear is an aspect of the environment of nurses working in this area. Of 159 respondents, only 18 stated that they were unafraid to go into any area of the city.

The fears of the nurses were categorized as to whether they were related to general or specific aspects of the environment; they were further divided as to whether they were behavioral or environmental. General environmental concerns were most often reported; a high proportion of these related to the crime rate and the prevalence of blacks in the feared areas.

Members of the nurses' families, their patients, and to a lesser extent, their colleagues shared the fears expressed by the nurses. Thus, such persons may provide a nurse with social support, reinforce her own fears, and serve to legitimize the strain she experiences.

Fifty-six of the nurses reported specific events they had experienced that produced fear. In response to feared situations, 64 stated they would refuse to offer care to patients in certain neighborhoods. Since, however, the most urgent problems of health maintenance and disease are to be found in these very neighborhoods where nurses are reluctant to go, pressures are being exerted to expand the nurses' role to include the provision of services in such high-risk areas.

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