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When interruption becomes surrender

Nurses know that control is an illusion. There are clinical situations which cannot be fixed or figured out, unexpected deaths and global pandemics which throw curveballs and firebomb the path forward. [Sepsis](#) [2] overwhelms at lightning speed, with survivor Tom Ray likening it, in his case, to a forest fire, “killing quickly, switching off the lights of life in hours, tearing limb from limb, leaving a shaking and humiliated half of you alive to grin and bear it like a wounded animal”. At times like this, nurses surrender. We give up. But not in the way we think giving up means.

We don't give up on the situation, but rather, we give up the notion that we should be able to control it, and that makes all the difference. “Giving up the mistaken belief that we are in charge offers a profound relief,” writes [psychotherapist](#) [3] Nancy Colier. “When we turn the results over, we are, amazingly, granted access to the present moment in a new and fresh way. When everything we're doing, saying, and making is no longer aimed at controlling the future, at producing a certain result, we're able to drop into the present moment and experience this moment directly, as it is.” It allows the nurse to focus on the task in hand and frees them from guilt about the outcome.

In daily clinical practice are smaller moments of surrender. Nurses learn to dance, minute by minute, between control and surrender - as a carefully mapped-out shift is constantly interrupted by call bells, colleagues, computers and the clock. The call bell might be a request for repositioning or to be taken to the toilet; it might also mean a medical emergency or a cry for help, comfort or simply conversation. It's what makes care truly person-centred. The clock, meanwhile, is claiming ever more control over the nurse's time, with alarms set to interrupt throughout the shift and remind of time-sensitive tasks. Blood sugars need to be taken pre-meal, whilst blood pressures are taken at different times depending on how unwell each resident is, with individual timetables set by a strict [scoring system](#) [4] designed to predict deterioration.

I've worked in head and neck surgery, where tissue was transplanted from the arm, thigh or back to reconstruct the face after removal of a tumour. The newly-formed “flap” needs observing at strict intervals, to check that the graft is perfused and healthy. Medications also profoundly punctuate the planning of a nurse's shift. Alongside the

mealtime medicine rounds are drugs which must be given at a particular time, every time. So-called time-critical medicines include those for Parkinson's, epilepsy, and HIV. Delaying a dose of Parkinson's medication, even by just 30 minutes, can irrevocably change a patient's ability to walk, talk or swallow. [One study](#) [5] showed that only 42 per cent of people with Parkinson's admitted to hospital in England last year got their medication on time every time.

Interrupted, nurses also need to interrupt themselves, to keep a running account of all they've done. Everything needs evidencing. Timely and accurate nursing documentation is a critical aspect of patient care, ensuring safety, accountability, and continuity of care. "Complete all records at the time or as soon as possible after an event," write the Nursing and Midwifery Council, with entries being electronically time-stamped, creating real-time records where possible. Late entries can make it look as if care was delayed, when in fact nursing needs may have taken priority over notetaking, and rightly so.

Nurses have an abundance of time on a twelve-hour shift, but simply not enough time to do all that is asked of them. Interruptions are ingrained in nursing care - [one study](#) [6] showing an interruption every six minutes during a nursing shift. With clinical judgement, and courage, a way forward can be forged through delegation, prioritisation, and multitasking, but mistakes happen. Hospitals attribute 43 per cent of [medication errors](#) [7] to workplace distractions; nurses have started wearing "do not disturb" vests during the drug round in an attempt to claim back some sense of control.

Surprisingly though, an environment invaded by interruptions can be a rich place to learn about life. Just as [William Blake](#) [8] saw the infinite in the finite and the macrocosm in the microcosm, when he saw the world in a grain of sand, heaven in a wild flower, and eternity in an hour, nurses can detect some deeper meaning when their personal plan of action is torn apart time and again by external forces. The nursing shift can serve as a crash course in ceding control to something outside of ourselves, letting our best-laid plans be upended by the unknown and unexpected. Seen perhaps more predictably in a monastery or convent where daily life is interrupted by frequent liturgical prayer at regular hours, interruptions can be a starting point for surrender. Matins, Lauds, Prime, Terce, Sext, None, Vespers and Compline punctuate the holy life, and I've looked after a retired nun living with dementia who still sought solace in these holy interruptions as they caused her to look beyond herself to the One in absolute control.

The Bible is a book full of interruptions, as God breaks into lives and brings about a change in direction, on an individual and a cosmic scale. Author and theologian C.S. Lewis sensed this for himself, during what he called moments of insight. "The truth is of course that what one calls the interruptions are precisely one's real life —the life God is sending one day by day: what one calls one's 'real life' is a phantom of one's own imagination," he wrote, adding that "it's hard to remember it all the time".

As we tug at the oars of life and busily manage the sails, are we, in the words of Whitney Houston's [Olympic anthem](#) [9], simply "racing with destiny" looking fruitlessly for the "moment in time when the answers are all up to me"? Fear arises when we foolishly imagine everything depends on us; true rest, and ultimate strength, is found in surrender to the real life, where we do not call all the shots. The nurse in charge is not, in the end, in charge at all.



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