



Margaret M. Allemang Society for the History of Nursing

February 2010

FEATURE ARTICLE

FLORENCE NIGHTINGALE 2010- 100 YEARS AFTER HER DEATH: Brilliant Mind Gave Florence Her Edge

Kathleen MacMillan

Florence Nightingale was born on May 12, 1820, while her wealthy, landowner parents were still on their extended honeymoon tour of Europe. She was named after the city of her birth. (Her only sibling, sister Parthenope was born in Greece). Her father recognized her keen intellectual skills and gave her the equivalent of a graduate education through home studies in the classics, languages (she spoke five fluently), writing and mathematics.

While we remember Nightingale for her role in founding modern nursing, we know less about her other achievements, which are, “all the more impressive when they are gauged against the background of social restraints on women in Victorian England” (Cohen, 1984, p. 128).

In the difficult years before she was able to pursue her goal, she studied texts on medicine and health care and volunteered with children in the slums of London. Finally, in 1851, Nightingale was able to break away from her family and begin her nursing education in Germany with the Protestant Deaconesses near Dusseldorf and later with the Sisters of Mercy, near Paris. In 1853, she returned to London to begin her professional career, by taking charge of the London hospital for gentlewomen. It was at this time that she conceived her goal of establishing a formal training school for British nurses.

Only one year later, the Crimean War broke out and with it, public criticism of the standard of hospital care for wounded British soldiers. The Secretary of War, Sidney Herbert, was a Nightingale family friend. He summoned her to establish nursing services in The Army Hospital at Scutari.

She left England with 38 hand-picked nurses, the official backing of the government and private financial support. She encountered a blank wall of resistance from the Army surgeons and the most appalling conditions one can imagine. The hospital was filthy; with fleas and vermin, and lacked in the most basic medical supplies, due to Army red tape. The mortality rate was 42.7 per cent.

Nightingale did two brilliant things that led to her success at Scutari. First, she and her nurses waited to be begged by the Army medical staff for their assistance, and second, she collected the mortality statistics for the hospital before and after the introduction of professional nursing care. Six months after the nurses introduced basic hygiene, nutrition and patient care supplies from the private monies, patient mortality fell to an astounding 2.2 per cent. Measuring outcomes gave her the power and recognition that enabled her to accomplish goals for improving the health of people for the rest of her life.

On her return to England in 1856, Nightingale was awarded the equivalent of one million dollars, which she used to establish a nurses` training school. She was also given a medal by Queen Victoria, which was designed by the Prince Consort and awarded by a grateful nation.

Not content to rest on these laurels, Nightingale embarked on a career of reform in public health, hospitals and the military. After almost dying from Crimean fever, she retired to the bedroom of her household for most of the rest of her life. Here, she received diplomats, dignitaries and officials, wrote voluminous correspondence to colleagues and politicians and engaged in her one women war on ignorance, poverty and ill health.

It has been suggested that her role of lady invalid was self-invented—the only legitimate excuse for a Victorian lady not to engage in the social activities and responsibilities that she would normally be required to do. Had she been well, she would have no doubt spent her days pouring tea, caring for ailing relatives and attending scores of dreary functions. Her poor health permitted her to exercise a degree of control over her life that would have been impossible. This strategy, if true, explains her longevity (she lived to age 90 years in full possession of her faculties) and her tremendous accomplishments, all the while pleading invalid status.

Florence is recognized as the first nursing theorist. Her small text, *Notes on Nursing: What it is and is not*, was first published in 1859 and outlines her conceptual framework of nursing as management of the environment. She also wrote guidelines for the care of the sick, of infants and for prevention of disease and promotion of health. She was the first person to describe both the art and science of nursing.

Nightingale was not a great fan of hospitals. She thought the sick should be cared for in their homes (Baly, 1991). She did, however, pay attention to hospital nurse-patient ratios, ward design and spacing of patient beds as well as nursing management strategies. Given that Nightingale`s reforms took place when nurses were of low status and of questionable moral fibre, it is not surprising that much of Nightingale`s focus on nursing relates to discipline, moral standards and desirable qualities. She viewed nursing as an important social contribution and an opportunity for women to be economically independent.

REFORM

She is less well known for her military reforms, public health reforms and contributions to the beginning sciences of epidemiology and biostatistics. On her return from Scutari, Nightingale observed that British soldiers had an overall higher mortality rate, simply living in the army barracks, than the average English person. She knew the most compelling arguments for reform would be based on statistics, a novel idea of the time (Keith 1988). As a result, a Royal Commission on the Health of the Army was set up and the health of British military personnel was vastly improved, making a positive contribution to the defense of the country. Nightingale is responsible for the development of the District Nurse and/or Midwife—nurses who were responsible for health promotion and illness prevention throughout England, in identified geographic areas. She fought for higher standards of public hygiene, pure water and air and improved sanitation (Baly, 1991).

Florence was co-developer, with William Farr, of the prototype of the systematic collection of hospital data, using a uniform classification of diseases and operations that is the basis of the ICD code used today, and inventor of one method of graphically representing statistical measures (Keith, 1988). Her data collection in health care ranged “from staffing statistics to nursing education evaluation” (Keith, 1988). She evaluated the health of nurses, using women in the general population as her control group and once described statistics as “the most important science in the World” (Keith, 1988).

CONSULT

Nightingale did not confine her interests only to British citizens. She may have been the first nurse to engage in cross-cultural studies in health. Sir George Gray, the Governor-General of New Zealand, asked for her help in identifying the causes of decline in the Maori population (Keith, 1988) and she provided consultation services to health care providers in India and Australia, advising them to know the languages, religions, superstitions and custom of the people that they taught (Wilkins, 1993).

Nightingale was invited to join both the Royal and the American Statistical Societies, based on her work in collecting and analyzing data on health status and hospital mortality. She was never permitted, as a woman, to present an academic paper at any of the Societies’ meetings, but had them read by male colleagues (Cohen, 1984).

The founding of the Nurses Training School at St. Thomas Hospital in London is her best-known accomplishment. But her misgivings are not widely known. Nightingale did not believe the hospital was the best place to educate nurses. She was convinced to go this route by pressure from the hospitals, who desperately needed nurses to provide care for the sick, and by subscribers to the Nightingale Fund. She herself wanted nurses to be educated with a focus on the community and on prevention. Many of her writings decry the use of nursing students to provide patient care instead of providing them any real education. The length of training was another major compromise. Nightingale argued passionately for at least two years and the Fund subscribers said one year was all the public could afford to invest in the training of nurses (Baly, 1991).

Her numerous publications and personal writings offer a glimpse of Nightingale the person. There is a veritable cornucopia of quotable material. She herself was a paradox; preaching obedience for others while sending telegrams to colleagues which said only “Agitate! Agitate!” (Baly, 1991). It is interesting that her calls for obedience survived in her followers much better than her calls for revolution. The training system of which she was so critical, and found so flawed, survived and was replicated in North America.

The tragedy is that Nightingale is so often blamed personally for the fact that nursing education in the Nightingale schools proceeded “with theory divorced from practice, the training unplanned, and the probationers the main workforce of the hospital” (Baly, 1991, p. 88).

VOTE FOR WOMEN

Nightingale did not believe in the germ theory of disease, nor did she support the suffrage movement. She felt that the energy which was being poured into obtaining the vote for women could have been better used to address the immediate and critical problems of women and children. Benefits of achieving political equality would take a very long time to realize. These examples are often used to support the claims that Florence was anti-science and anti-feminist. Both are quite untrue. Nightingale was concerned that a focus on germ theory as the principle cause of disease would result in less attention being paid to hygiene measures and prevention.

(This seems to have been proven at least partially true. It seems that we have placed more emphasis on antibiotic therapy for nosocomial infections than we do on their prevention through good aseptic technique!)

I often think that Nightingale must have been extremely lonely in her vision for our profession. It is unclear if her female contemporaries shared her passion for the profession or could share in her ability to think in terms of the distant future. One of her letters to Hilary Bonham Carter includes the following: “My view you know is that the ultimate destination of all nursing is the nursing of the sick in their homes...I look to the abolition of all hospitals and workhouse infirmaries. But no use to talk about the year 2000.” [sic] June, 1867 (Baly, 1991).

At the same time that our nation was being founded, Florence Nightingale was dreaming her dream of nursing in the 21st century. As we look back on Nightingale from our perspective of 1994, let us look at her, not as a typical Victorian lady, but as a very atypical, renaissance woman who achieved beyond the wildest dreams of any woman of her time. She was not perfect, but we must not need our heroes to be perfect—only to demonstrate leadership.

References

- Baly, M. (1989). Florence Nightingale and the development of public health nursing. *Humane Medicine*, 5, 37-435.
Baly, M. (1991). *As Miss Nightingale Said...*, Scutari Press: London.
Dennis, K.E. & Prescott, P.A. (1985). Yesterday, today and tomorrow. *Advances in Nursing Science*, January, 66.
Keith, J.M. (1988). Florence Nightingale: Statistician and consultant epidemiologist. *International Nursing Review*, 35(5), 147-150.
Wilkins, H. (1993). Transcultural nursing: a selected review of the literature, 1985-1991. *Journal of Advanced Nursing*, 18, 602-612.

[Excerpts from “Brilliant Mind Gave Florence Her Edge” by Kathleen MacMillan, RN MA, *Registered Nurse*, 6(2), 29-31. April 1994. Reprinted with permission from RNAO].

Allemang Society Meeting

Saturday, April 2010 at 3:00 pm.

155 College Street, Toronto, ON

Come and hear Joyce McQueen speak on the Sudbury Oral history project entitled:
“Nursing in a Northern Ontario one-industry town 1933-1974”: forty-two nurses tell their story.

Nurse historian Joyce McQueen, chair of the Sudbury Nursing History Group, will base her discussion on the interviews with Sudbury nurses. As lead researcher she spearheaded the five-year oral history project, now successfully concluded. The Project was supported by the Allemang Society and local Sudbury benefactors.

AAHN ORAL HISTORY WORKSHOP

Carol Helmstadter

Last September I attended the American Association for the History of Nursing's conference in St. Paul, Minnesota. We met in a very beautiful hotel and had a most interesting and excellent selection of papers which demonstrated the growing interest in the history of religious nursing. I was interested, as a former ONA representative, to hear Barbara Mann Wall, an absolutely top-notch historian of religious nursing, present on Roman Catholic nurses and the labor movement, specifically the interactions of Roman Catholic nurses with the California Nurses Association and the church. In the case of the nurses, the Roman Catholic Church which has a history of supporting the labor movement, took a somewhat ambivalent position.

There was an excellent pre-conference workshop on oral history given by James E. Fogerty, Head of the Documentary Programs at the Minnesota Historical Society. He has been working with oral histories for over 25 years and has done most of his work on businessmen and changes in business organizational structure. He said he came to the work because he wanted to find out what decisions had been made behind closed doors, decisions which he knew would never appear in the written records of the organization.

Fogerty suggested that 'oral histories' would be better called 'oral resources.' He pointed out that the standard criticism of oral history -- that individuals who are interviewed suppress information they don't wish to make public and may have forgotten other details -- is of course equally applicable to the written sources which we use such as autobiographies, official records, reports etc. I thought it was an excellent point because of course the interviews are personal documents, not historiographical studies as the title oral history would suggest. Oral resource would be a more accurate description of what the oral histories really

are, but as Fogerty pointed out, oral history has been here for 25 years under that name and it is unlikely that it will change.

Fogerty stressed the importance of careful preparation before meeting with the interviewee; planning and execution is the step most often neglected but the one which affects the quality of the project the most. Do you know enough about the context? How will you decide whom to interview? What are your resources, funding and time? How much can you afford to do? How will you choose the people to interview? He suggested not starting with names of individuals but choosing people by category. For example if the project involved a school, you would select categories such as parents, teachers, students, janitors, school bus drivers etc. and then look for individual persons.

He then went on to give some rules for the interviews. He recommended not writing down write down topics and sub-topics rather than specific questions, and he was very firm that one must never prompt the interviewee. The most common sensible advice he had, and yet one which he thought many people (including himself) sometimes forget is to listen sympathetically to what the person is saying. Having done this, some of the best questions the interviewer can ask will be follow-up questions. He also stressed that it was essential not to interrupt the narrator; when you listen to your tape there should be very little said by the interviewer -- his questions should be short and to the point and not leading questions. He thought one of the worst mistakes interviewers make is to do a lot of the talking themselves. If the interviewer has good questions, he said, one can let the interviewee follow his own train of thought and one usually finds one gets more interesting information.

Fogerty thought the most important point to be considered before embarking on an oral history project was that you must have the possibility for a good repository for the histories when they are finished. Otherwise all the work that goes into collecting the interviews is pointless but with the

high cost of archiving material it is often difficult to find a group which will accept your project.

The second part of the workshop was a presentation of an oral history project on how the health science units at the University of Minnesota were reorganized into an academic health center. This was a fascinating study of institutional power and politics and how power operated in the system, illustrating how the nurses had almost no power and therefore very little influence, and surprisingly, the doctors more, but not a great deal. He played an interview with the former Dean of Medicine which dramatically illustrated how compromised his abilities to direct the changes were.

I was especially interested in the workshop as an Allemang Society member because our society partially funded an oral history project on nursing in Northern Ontario directed by Joyce MacQueen. The Sudbury project met all of Fogerty's criteria including his primary one of being housed in a public institution. Fogerty was especially proud of the fact that his Minneapolis academic health center project was accepted by the University of Minnesota archives rather than by the academic health center's own archives. Not only are the Sudbury histories archived at Laurentian University but they have their own fond. Fogerty's presentation made me appreciate what a good investment the Allemang Society made!

MEMBERSHIP RENEWAL

Remember to renew your membership for 2010. Your support is needed to carry out our mandate of information sharing to promote and preserve nursing history.

NEWS ITEM

Remembering First World War Nurse Casualties

As an historian for Parks Canada, responsible for women's history, I've long been interested in the ways women are commemorated. Nurses seem to be among the few women who have received some national level recognition, although there is still a great deal of silence around this theme. I am presently researching an article that will explore efforts to commemorate First World War nurse casualties, looking beyond the major national level monuments such as the Parliamentary Nurse memorial erected in 1926 and studied by historian Kate McPherson. I will look at the lives of these 62 nurses (including those who served with American and British forces) who died as a result of their wartime service. Specifically I'm looking at whether local and provincial level commemorations take a different focus than national ones. Some of these are listed in the Veterans Affairs Canada website, but I'm guessing there are others out there as well. If you know of any such historic/memorial markers erected in towns, churches, graveyards, etc. to remember these nurses, could you please get in touch with me? Ideally, I would like a photograph and description of the memorial.

Thanks so much,

Dianne Dodd, Historian
Parks Canada
5th Floor, 25 Eddy Street, (25-5-R)
Gatineau, Quebec K1A 0M5
Email: Dianne.Dodd@pc.gc.ca
Phone: 819-994-5537
Fax: 819-953-4909

HISTORY OF NURSING WRITING PRIZE

The Allemang Society is offering a nationwide prize of \$500 for the best essay in the history of nursing written by a student in the year September 2009 through August 2010.

Criteria for submissions:

1. The paper may deal with any topic in the history of nursing in any period and in any country.
2. Papers should be a minimum of 8 pages, and a maximum of 25 pages in length including footnotes.
3. Both undergraduate and graduate students may submit.
4. The student must be enrolled in a university or community college anywhere in Canada. Students **from any faculty, including nursing, social science, humanities and science**, are invited to apply.

The deadline for submission is **August 30, 2010**. The prize will be awarded at the 2010 AGM.

Papers may be submitted either by email or in hard copy. Electronic copies should be in Microsoft Word and include academic affiliation, address, telephone and fax numbers. Students submitting in hard copy should send three copies. The first copy should have the name, academic affiliation, address, telephone, fax and email. The accompanying two copies should have no identification.

Please send papers to:

Lynn Kirkwood
570 McCann Road
Portland, ON K0S 1V0
Email: Kirkwood@rideau.net

UPCOMING MEETINGS

Canadian Association for the History of Nursing

2010 Annual Meeting, Winnipeg, June 18-20

“Continuities, Contingencies and Fault Lines: Nursing 100 Years After Nightingale”

A century after her death, Florence Nightingale continues to cast a long shadow over the History of Nursing, especially in the English-speaking world, where the Nightingale narrative long served as a basis of assertions of a universal body of knowledge, and a unitary sphere of practice that justified nursing's professional claims. In the last quarter century, however, historians have increasingly turned their attention to illuminating the diversity of nursing practitioners, the contingency of nursing practice, and nursing's location within the social, national and imperial projects. CAHN/ACHN.ca

International Perspectives on Nursing History

September 14-16, 2010 London, England

European Nursing History Group and American Association for the History of Nursing, Inc.

Canadian Nurses Association Biennial Convention

“The Power of Nursing”

June 7-9, 2010 Halifax, Nova Scotia

World Trade and Convention Centre

OBITUARIES

Shea, Julia Anne RN DPHN NP MHSc., (nee Higgs) passed away at Toronto Grace Hospital on Tuesday, December 1, 2009. Born and raised in West Toronto (1939), her career included nursing with Northern Affairs, VON, Hospital for Sick Children, City of Toronto Public Health, and WSIB. Her contributions to the community, amongst many



others, included chairing the Ontario Institute for Visually Impaired Children, Trillium Foundation, membership on the Grants Committee of the Ontario Trillium Foundation, and

membership on the Toronto Central CCAC, volunteer services with St. Hilda's Tower Retirement and Assisted Living facility for seniors, and founding member of "Operation Herbie". She was a 2009 recipient of the Ontario Volunteer Award.

She blessed the life of her husband, Derwyn, and their lifelong family of cats. She was a member of the Clarkson family (after whom the town was named). Remembered for her love of home and life, travel, infectious laugh and outrageous sense of humour, loyalty to friends, determination and infinite patience. She was an avid cook, accomplished pianist, reader, needleworker, collector of everything, artist, and most generous and welcoming hostess. She was the embodiment of faith, hope, and love.

(Excerpted from The Globe and Mail, Saturday, December 5, 2009).

Martin, Lois Yvonne (nee Farr), while serving the Lord and following her passion in Haiti on Tuesday, January 12, 2010, aged 67 years. Her three sons described her as "a generous person who just wanted to help others find their way". Their mother had a special affinity for Haiti, and this was her fourth time in the country. She was growing to love Haiti, this was her retirement plan, to fundraise, learn Haitian Creole and go back.

Martin, a resident of Elmira, ON, travelled to Haiti with World Partners—the missions' agency of the Evangelical Missionary Church of Canada.



About 90 minutes after she arrived, a 7.0 earthquake shook the county, sending an already delicate infrastructure crumbling to the

ground. Martin was the only person in the group to be killed.

The nurses said Martin was dedicated to helping others and would have returned to Haiti had she survived.

(Excerpts from LifeNews.ca and CTV News).

Editor Newsletter

Jaime Lapeyre. jaime.lapeyre@utoronto.ca

Dorothy Wylie. Please contact her regarding news items, short articles, announcements, etc.

All contributions are welcome.

223-602 Melita Crescent

Toronto, ON M6G 3Z5

wyliedm@aol.com