

Florence Nightingale: 200 [201] Years Later

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Greetings! It is a major honor to have been invited to present this paper at our celebratory conference today. I thank the fabulous staff of the Boston University Howard Gotlieb Archival Research Center Nursing Archives, in collaboration with the Florence Nightingale Museum in London, England, and the United Kingdom's Florence Nightingale 2002 Partners, and especially for the technical and logistic support of the Boston University School of Public Health, for organizing this remarkable landmark event.

The purpose of my paper is to present a very brief history of the founding of modern nursology in secular schools and then discuss in some detail commentary about Nightingale's (1859) classic book, *Notes on Nursing: What It Is and What It Is Not*, by contemporary nursology theorists who have articulated disciplinary knowledge in the form of nursology conceptual models and theories, as well as comments by other leaders of nursology.

Please bear with me as I use the terms, nursology in place of nursing, and nursologist in place of nurse throughout the presentation. These terms, I am convinced, are the *proper* terms for our discipline and our selves, emphasizing as they do the

empirical, aesthetic, ethical, personal, sociopolitical, emancipatory, and spiritual knowledge that we discover, disseminate, and apply as we fulfill our social mission to serve diverse populations in matters of wellbecoming.

A Very Brief History of the Founding of Modern Nursology in Secular Schools

The Lady with the Lamp of the Crimean War was much more than a nursologist caring for wounded soldiers. As Margretta Madden Styles(1992) maintained, Florence Nightingale is our enduring symbol. Not all [nursologists] will accept that [claim] gladly. For some she is the ancestor we love to loathe. She has been scorned on occasion by her own professional progeny as a crackpot, branded as a despot, even smeared at as a lunatic. . . . It is [however] enough that we accept Nightingale for what she was and is. She was a person with strengths and frailties. She was powerful in her day. She planted the seeds of modern nursing. Her name survives and, above all others, is universally associated with nursing, by [nursologists] and the public. But more important than the fact that she **is** our most enduring symbol is the recognition that she **deserves** to be. (p. 74).

Florence Nightingale is rightfully regarded was an educator, a statistician, and in 1860, the founder of modern nursing. She also was a visionary, an innovator, n advocate and a reformer.

Noteworthy, however, is that Florence Nightingale did NOT establish the first modern secular educational institution for nursologists as, much to my surprise, I learned during a March 2017 visit to La Source Institut et Haute Ecole de la Santé [The Source: Institute and High School for Health] in Lausanne, Switzerland. That honor goes to Countess Valerie de Gasparin, who founded La Source on November 4, 1859, which

was publicly supported by her husband, Agénor de Gasparin. La Source was regarded as a “unique [educational] institution. Indeed, this secular school arose in opposition to the Protestant monasticism inaugurated in the canton of Vaud in 1842, with the creation of the Institution of Deaconesses of St-Loup.” La Source admitted women who were single, married, or widowed. The students were paid for their work, did not wear a uniform, were not required to take religious vows, and were not referred to as “sister.” (Naissance de l'École La Source [Birth of La Source School]. Retrieved from <https://www.ecolelasource.ch/la-source/a-propos-de-nous/historique/1859-1870/>).

The importance of formal education for nursing should not be minimized. As Margaret Newman (1992) explained, Nightingale (and, I suspect, Countess de Gasparin) realized that people are not born as nurses but rather have to be educated so that they learn how to *think* nursing.

Despite being in second place for founding of secular nursing educational institution, Florence Nightingale's intellectual legacy extended into the 20th century and, I am confident, will extend throughout the 21st century and beyond.

In *Notes on Nursing*, Nightingale (1859) presented what is widely recognized as a framework for nursing practice. My analysis of the content of *Notes on Nursing* revealed three themes that constitute the framework:

- How self and others stay well and prevent disease
- How trained nurses, family members, and friends care for the sick at home and in hospital
- What political action is needed for social reforms, especially reforms for sanitation

Interestingly, Nightingale equated knowledge of sanitation with what we now call nursing. She also equated knowledge of health with nursing (Newman, 1992). Consequently, Nightingale's view of the task of each and every nurse (who could be any woman) was "to keep the body free from disease or in such a condition that it could recover from disease . . . [by putting] patients in the best condition for nature to act upon them" (Fawcett, 2013, p. 2629). The practice of nursing, according to Nightingale, includes attention to both well and sick people, with attention to the environmental conditions in which people live. Nightingale believed that programs of study of nursing—teaching and learning both theoretical and practical knowledge—should be separate from hospitals, although most of the education was to occur in hospitals.

Johnson (1992) pointed out that in writing *Notes on Nursing*, Nightingale drew "not only from [her own] personal experiences in [nursing] but also from her significant studies of morbidity and mortality rates and her observations of sanitary conditions and their possible relationship to disease. She was truly [nursing's] first scholar" (p. 27).

Commentary about *Notes on Nursing*

The 1992 Commemorative edition of *Notes on Nursing* includes marvelous essays by several nursing theorists about the book content.

Dorothy Johnson

Dorothy Johnson developed the Behavioral System Model, which "focuses on human beings as behavioral systems, which are made up of all the patterned, repetitive, and purposeful ways of behavior that characterize life. . . . [The goal of the Behavioral System Model is] to restore, maintain, or attain behavioral system balance and dynamic

stability at the highest possible level for the individual” (Fawcett & DeSanto-Madeya, 2013, p. 55).

Johnson (1992) pointed out that Nightingale “did not emphasize knowledge of disease. . . . Rather she stated quite clearly that the word [nursology] ‘ought to signify the proper use of fresh air [and the other components of her framework]’” (Nightingale, as cited in Johnson, 1992, p. 24). Continuing, Johnson (1992) explained that the components of Nightingale’s framework “provided the beginning of the development of [her own] behavioral system framework” (p. 24).

Madeleine Leininger

Madeleine Leininger developed the Theory of Culture Care Diversity and Universality, which “focuses on the discovery of human care diversities and universalities and ways to provide culturally-congruent care to people worldwide. . . . [The] goals of [nursological] practice are to improve and to provide culturally congruent care to people that is beneficial, will fit with, and be useful to the client, family, or culture group healthy lifeways [and] to provide culturally congruent [nursological] care . . . to improve or offer a different kind of [nursological] care service to people of diverse or similar cultures.” (Fawcett, 2000, pp. 512, 535)

Leininger’s (1992) cited Nightingale’s failure in *Notes on Nursing* to include explicit content about human care or culture care—Nightingale, claimed Leininger (1992), “never defined human care of caring” (p. 30) nor did she discuss or consider “culture care factors related to [nursology]” (p. 34).

Myra Levine

Myra Levine developed the Conservation Model, which “focuses on conservation of human beings’ wholeness. ... [The] goal of [nursology is] promotion of wholeness for all people, well or sick” (Fawcett & DeSanto-Madeya, 2013, pp. 111-112).

Levine (1992) declared, “The [nursology] that Nightingale describes fits comfortably into the Conservation principles” (p. 41) and went on to explain how some components of Nightingale’s framework are similar to the conservation of energy; others, to the conservation of structural integrity; and still others, to the conservation of personal integrity or social integrity.

Margaret Newman

Margaret Newman developed the Theory of Health as Expanding Consciousness, which focuses on patterns of health as the expansion of consciousness. The goal of [nursology] “is not to make people well, or to prevent their getting sick, but to assist people to utilize the power that is within them as they evolve toward higher levels of consciousness” (Newman, 1979, p. 67).

Newman (1992) identified three themes in *Notes on Nursing* that were particularly relevant to development of her Theory of Health as Expanding Consciousness, especially the concepts of health and patterning. The themes are Nightingale’s

- “vision of [nursology] knowledge as *health* knowledge”
- “characterization of disease as a reparative process”
- “recognition of the importance of timing in the activities of [nursologists] in relation to the rhythmic variations of patients” (p. 45).

Hildegard Peplau

Hildegard Peplau developed the Theory of Interpersonal Relations in Nursing, which “focuses on the phases of the interpersonal process that occur when an ill person and a [nursologist] come together to resolve a health-related difficulty,” including orientation, working, and termination phases (Fawcett, & DeSanto-Madeya, 2013, p. 382).

Peplau (1992) pointed out that although *Notes on Nursing* “skirts discussion of [nursologist]-patient interactions or relationships” (pp. 49-50), Nightingale’s ideas “do invite thought and had some bearing on my own professional work” (p. 50). Continuing, Peplau (1992) explained, “My interest in processes, particularly those relevant to competent practice of psychiatric [nursology], arose from reframing Nightingale’s definition [of nursology]” (p. 53).

Martha Rogers

Martha Rogers developed the Science of Unitary Human Being, which “focuses on unitary, irreducible human beings and their environments. [The] goal of [nursology is] to promote human betterment wherever people are, on planet earth or in outer space (Fawcett & DeSanto-Madeya, 2013, pp. 231-232). In particular, the Science of Unitary Human Beings provides a distinctive [nursology]frame of reference for viewing human beings, the mutual human-environmental process, and [nursological] practice.

(<http://societyofrogerianscholars.org/philosophy.html>)

Rogers (1992) traced her own dual concern with human beings and their environments to Nightingale. She explained, “Rogerian science of irreducible human beings provides a framework rooted in a new reality and directed toward moving us

from what might be called a pre-scientific era to a scientific era. Certainly Nightingale laid a firm foundation for this kind of an approach to [nursological] knowledge and its use” (p. 61).

Callista Roy

Callista Roy developed the Adaptation Model, which “focuses on human adaptive system responses and environmental stimuli, which are constantly changing. . . . [The] goal of [nursology][is] to promote adaptation for individuals and groups in the four adaptive modes (physiological, self-concept, role function, interdependence), thus contributing to health, quality of life, and dying with dignity by assessing behavior and factors that influence adaptive abilities and by intervening to expand those abilities and to enhance environmental interactions” (Fawcett & DeSanto-Madeya, 2013, pp. 264-265).

Roy (1992) commented on Nightingale’s contribution to her thinking. She explained,

Florence Nightingale’s vigor for life, belief in being able to effect change, and vision of the ideal and the real command attention throughout her writings and her work. Nightingale’s notions of [nursology] and the deliberative activist that she was . . . have had a deep impact on my own thinking and practice of [nursology]. This did not take place all at once, but grew as my own convictions and commitments matured. In several ways her message predictably presaged my own Yet there is a distinct demarcation—I live in a different time and therefore have other perspectives in thought and action. I count as an advantage both that Nightingale provided such a rich heritage and that I live in this time with

the challenges of [nursology] at the turn of this century. Despite her disciplined and lofty image, I sometimes wish I could sit down with Nightingale and talk over her views on continuing and emerging issue in nursology; at other times I think I know exactly what she would say. (p. 63)

Jean Watson

Jean Watson developed the Theory of Human Caring, which “focuses on the human component of caring and the moment-to-moment encounters between the one who is caring and the one who is being cared for, especially the caring activities performed by [nursologists] as they interact with others” (Fawcett & DeSanto-Madeya, 2013, p. 402). These activities were initially called carative factors and now are called clinical caritas processes. Watson (1996) identified the ultimate goal of nursology as “protection, enhancement, and preservation of human dignity and humanity” (p. 148).

Watson (1992) explained that the carative factors are “highly consistent with Nightingale’s call for a values-based approach to [the profession of nursology, and a] oneness of mindbodyspirit with respect to care needs” (p 81). Continuing, Watson (1992) pointed out that Nightingale and she “share a concern for the humanistic—the altruistic, the spiritual, the scientific, the existential, but also a concern for basic caring practices as well as “the health of houses”” (pp. 81-82).

Additional commentary about Notes on Nursing appears in the 2020 160th anniversary commemorative edition. This edition includes introductory commentaries by Joyce J. Fitzpatrick and Maureen Shawn Kennedy along with other commentaries by 14 contemporary nurse leaders—Constance B. Schuyler, Betty H. Ferrell, Diane Angelini, Kari Schmidt, Peggy L. Chinn, Rita H. Pickler, Susan L. Bindon, Gloria F. Donnelly,

Marilyn h. Oermann, Leslie H. Nicoll, Anne D. Woods, Elizabeth A. Ayello, Jacqueline H. McGrath, and Kathy Schoonove-Shoffner. I have selected one leader's closing statement as particularly noteworthy. Chinn (2020) underscored Nightingale's wisdom, explained that Nightingale emphasized "the importance of observation, paying attention to the experience of the patient cared for, and responding to that experience" (p. 35). Chinn (2020) continued, quoting Nightingale as writing "Do remember how [the person's] life is to them" (p. 35).

Conclusion

Florence Nightingale was, of course, a legend in her own time and continues as such. However, as Myra Levine (1992) so aptly maintained,

Few historical figures are as victimized by their legends as she has been. The image of her as an ethereal wisp, floating among the sick, injured, and dying soldiers hovers over all the events of her life. But she was never a gentle ghost. And although she stepped into the 20th century, she was above all, [an] Eminent Victorian. (p 39)

Continuing, Levine (1992) noted that Nightingale "was not a saint, merely a gifted and dedicated woman whose times and trials help us to understand our own with fresher insights. As the years increase our distance from her, she may finally be seen more as the heroic person she really was and less as the mythic heroine we have made her" (p. 42).

Madeleine Leininger (1992) acknowledged our collective gratitude to Nightingale, whom she regarded as "a great leader who gave new direction to [nursologists] and [nursology] as a recognized, valued profession" (p. 37). More specifically, as Joyce

Fitzpatrick (1992) pointed out, “the scope of [Nightingale’s] influence and the extent to which her teaching appear timeless . . . [is] most impressive and instructive” (p. 21).

Perhaps politically most impressive and instructive are Nightingale’s words about nursing’s disciplinary identity, especially the distinction from medicine—she stated, “medicine and [nursing] should never be mixed up, since it spoils both” (Nightingale as cited in Rogers, 1992, p. 61). Hildegard Peplau (1992) commented that Nightingale “was not a devotee of physicians” (p. 56), although she recognized the need for both [nurses] and physicians to “understand ‘nature’” (p. 56), whatever Nightingale meant by nature.

Finally, Dorothy Johnson (1992) claimed that nursing “might have evolved in a very different way or even disappeared, at least under the name, nursing, without Nightingale’s timely leadership and scholarship” (p. 27). Accordingly, Barbara Stevens Barnum (1992) asked, “What was it that enabled Nightingale to stimulate the development of a profession, change the health and lives of so many, and still draw criticism and praise from a generation of [nurses] as far removed in time as our own?” (p. 1).

Perhaps the answer to Barnum’s question is that Nightingale was passionately committed to reform—reform of sanitation, reform of the education of nurses, and reform of practice. Nightingale was not only passionately committed to reform, she was a successful reformer. As Constance Schuyler (1992) noted, Nightingale combined scientific knowledge with idealism by using “empirical evidence to illustrate the need for reform and her belief in philosophic and religious ideals . . . to push the needed reforms into reality” (p. 13).

Let us now go forth as disciples of Florence Nightingale by always doing all we can so that all nursologists are or soon will be reformers. I join John D. Thompson (1992) in urging all of us to “never [lose our] passion for reform” (p. 79), especially reform that advances nursology, so that all of us fully understand and apply knowledge of the what, why, when, where, and how we “collaborate with other human beings as they experience wellness, illness, and disease, within the context of their environments“ (Fawcett, 2018, p. 919).

Thank you. .

References

- Barnum, B. S. (1992). Introduction. . In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (Commemorative edition, p. 1). Philadelphia, PA: Lippincott.
- Chinn, P. L. (2020). The importance of “notes” in “Notes on Nursing.” In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (160 Anniversary Commemorative Edition, pp. 32-36). Wolters Kluwert.
- Fawcett, J. (2000). *Analysis and evaluation of contemporary nursing knowledge: Nursing models and theories*. F. A. Davis.
- Fawcett, J. (2013). Appendix N-1: Conceptual models and theories of nursing. In D. Venes (Ed.), *Taber’s cyclopedic medical dictionary* (22nd ed., pp. 2629-2660). F. A. Davis.
- Fawcett, J. (2019). Nursology revisited and revived [Editorial]. *Journal of Advanced Nursing*. 75, 919-920. doi: 10.1111/jan.13925
- Fawcett, J., & DeSanto-Madeya, S. (2013). *Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories* (3rd ed.). F. A. Davis.
- Fitzpatrick, J. J. (1992). Reflections on Nightingale’s perspective of nursing. In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (Commemorative edition, pp. 14-22). Lippincott.
- Johnson, D. E. (1992). The origins of the behavioral system model. . In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (Commemorative edition, pp. 23-27). Lippincott.

- Leininger, M. (1992). Reflections on Nightingale with a focus on human care theory and leadership. . In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (Commemorative edition, pp. 28-38). Lippincott.
- Levine, M. E. (1992). Nightingale redux. . In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (Commemorative edition, pp. 39–43). Lippincott.
- Newman, M. A. (1992). Nightingale’s vision of nursing theory and health. In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (Commemorative edition, pp. 44–47). Lippincott.
- Newman, M. A. (1979). *Theory development in nursing*. F. A. Davis.
- Nightingale, F. (1859). *Notes on nursing: What it is, and what it is not*. Harrison and Sons. [Commemorative edition, Lippincott, 1992]
- Peplau, H. E. (1992). Notes on Nightingale. . In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (Commemorative edition, pp. 48–57). Lippincott.
- Rogers, M. E. (1992). Nightingale’s notes on nursing: Prelude to the 21st century. In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (Commemorative edition, pp. 58–62). Lippincott.
- Roy, C. (1992). Vigor, variables, and vision: Commentary on Florence Nightingale. . In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (Commemorative edition, pp. 63-71). Lippincott.
- Schuyler, C. B. (1992). Florence Nightingale. . In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (Commemorative edition, pp. 3-17). Lippincott.

Styles, M. M. (1992). Nightingale: The enduring symbol. . In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (Commemorative edition, pp. 72–75).

Lippincott.

Thompson, J. D. (1992). *Notes on Nursing: Stirring the spirit of reform.* . In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (Commemorative edition, pp. 76–79). Lippincott.

Watson, J. (1992). *Notes on Nursing: Guidelines for caring then and now.* . In F. N. Nightingale, *Notes on nursing: What it is, and what it is not* (Commemorative edition, pp. 80–85). Lippincott.

Watson, M. J. (1996). Watson's theory of transpersonal caring. In P. Hinton Walker & B. Neuman (Eds.), *Blueprint for use of nursing models* (pp. 141–184). NLN Press.