

# [Florence nightingale environmental theory and contributions to nursing essay](https://assignbuster.com/florence-nightingale-environmental-theory-and-contributions-to-nursing-essay/)

Florence Nightingale was born May 12th, 1820 to parents William and Frances Nightingale during the second year of their honeymoon tour and was named after the city of her birth, Florence, Italy. She was their second child, her older sister Parthenope was born one year prior and was also named after the city of her birth, Naples, or Parthenope in Greek (The Florence Nightingale Museum Trust, n. d.). Her parents were wealthy Unitarians and traveled in the highest English social circles. Her maternal grandfather was a liberal politician who believed in philanthropy and abolitionism (Attewell, 1999). Her father William, who had studied at Cambridge according to the Nightingale Museum website, was progressive for his time and taught his daughters mathematics, statistics, philosophy, history, economics, government, and multiple languages (Johnson & Weber, 2005). Florence was particularly interested in mathematics which she would later use to support her observations (The Florence Nightingale Museum Trust, n. d.). Her mother Frances was religious and although Unitarian she preferred the Church of England and her girls where raised in the church (O’Conner & Robertson, 2003). Florence felt a strong calling by God to help the sick and the poor and was finally able to convince her parents to allow her to attend nursing school at the school for deaconesses at Kaiserswerth, near Dusseldorf Germany in 1851 after she had visited there while on her European tour with family friends (The Florence Nightingale Museum Trust, n. d.). After graduating, she visited hospitals throughout England and Europe, studying their design and the incidence of disease through hospital reports and government publications (Attewell, 1999). In 1853, she accepted her first position as the superintendant of An Establishment for Gentlewomen during illness in London. War broke out in 1854 when Russia invaded Turkey and England and France went to Turkey’s aid. Florence was asked to nurse British soldiers by her friend Sir Sidney Herbert, the Minister of War, after the public outcry over the number of deaths and the conditions of the hospitals for soldiers fighting in Turkey. She worked tirelessly caring for the ill and wounded with the other 37 female nurses she had recruited and became known as the “ Lady with the Lamp” because she would check the wards at night using a lamp to light her way. During her time in Turkey, she became extremely ill with what is believed to be brucellosis which continued to plague her for the rest of her life. Florence returned to England after the war in 1856 and began to use mathematics and statistics to help her write and support her notes on the army, hospitals, and the causes of death of soldiers she cared for in Crimea. She is credited with creating the “ polar area” or pie chart as it is know today (The Florence Nightingale Museum Trust, n. d.). She was upset by the number of soldiers who died from communicable disease versus war injuries and became semi-reclusive communicating primarily in writing (McDonald, 2009). It has been suggested that she was suffering from Post Traumatic Stress Disorder from her experiences during the war (Mackowiak & Batten, 2008). In 1857 she declined her third offer of marriage to devote her life to the care of the sick and social reform. She wrote Notes on Nursing, the basis for her Environmental Model in 1859. The Nightingale Training School at St. Thomas Infirmary opened in 1860 utilizing money that was given to her as thanks for the care she provided to the soldiers in Crimea with the training for nurses being based on her model. In 1864, Florence helped to develop home nursing, hospitals for birth, the insane, and the poor, barracks for married soldiers, and the practice of separating the sick by gender, age, and disease. She continued to write on health and social reform issues such as rural hygiene, deaths during birth, and lying in institutions throughout her life despite being ill and bedridden for extended periods. In fact, she published over 200 books, pamphlets, and reports during her lifetime. The founder of the Red Cross, Henry Dunant, credits Nightingale with giving him the inspiration to create the Red Cross in 1872. Her father, who continued to support her financially and was the one person she allowed to see her on a regular basis, passed in 1874. Her mother followed in 1880 and her sister in 1890. In 1902 Florence became bed ridden for the last time and remained so until her death in 1910. For her contributions to society, public health, and nursing, Florence was awarded multiple commendations and medals including being elected the first female Fellow of the Royal Statistical Society in 1860, the Royal Red Cross in 1883, the first woman recipient of the Order of Merit in 1907, and the Freedom of the City of London in 1908 (McDonald, 2009).

Florence Nightingale was many things during her lifetime: nurse, researcher, statistician, social reformer, educator, and theorist. Her contributions to nursing and society are numerous. Florence Nightingale has been referred to as the “ mother of modern nursing” (Johnson & Webber, 2005). Before she became a nurse, it was common belief in England that nursing was only for holy sisters and women of low birth or moral character who were considered prostitutes, drunks, and thieves. Through her work and example, nursing became a respectable profession for women (The Florence Nightingale Museum Trust, n. d.). She tirelessly collected data through observation and research and applied that knowledge to social reform on the issues of public and military health and sanitation at home and abroad, rural hygiene, hospital planning, organization, and administration, rights of women and the poor, the definition of nursing, and the need for trained nurses and midwives to care for people in workhouses, hospitals, schools, penitentiaries, the military, and at home (Wellman, 1999). Due to the nature of her work and her commitment to improved patient outcomes by developing best practices based on observation and research, she should be considered the first public health nurse and champion of Evidence Based Practice.

Florence was a statistician and an educator. She used her knowledge of math and her research to support her ideas and the necessity of reform (O’Connor & Robertson, 2003).

She is responsible for initiating the professional education of woman in nursing outside of the sisterhood and promoting their employment in hospitals and workhouses throughout England and abroad (The Florence Nightingale Museum Trust, n. d.). Beyond nursing education, she was instrumental in changing military medical education through her observations during the Crimean War. In her Notes on matters affecting the health, efficiency and hospital administration of the British Army Florence writes:

[…] whatever amount of scientific information appears to be presented by the civil student on his entrance into the Army, they convey little or no evidence of his practical knowledge. But as his entrance into the Army instantly introduces him into practice, and in a very short space of time submits patients to his charge, it seems necessary that a school of that kind which exercises the pupil in practical knowledge should intervene between his entrance into the army and his regimental service (Attewell, 1999, p. 5).

It is evident that her influence was genuine as the first Army Medical School in England was opened in 1860 by physicians and surgeons who were veterans of the Crimean War.

Finally, Florence Nightingale was a theorist. She developed her Environmental Model in 1859 and titled it Notes on Nursing: What It Is and What It Is Not based on her observations and experiences while treating the soldiers during the war (Johnson & Webber, 2005). Nightingale wrote:

In watching disease, both in private houses and in public hospitals, the thing which strikes the experienced observer most forcibly is this, that the symptoms or the sufferings generally considered to be inevitable and incident to the disease are very often not symptoms of the disease at all, but of something quite different- of the want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness, or of punctuality and care in the administration of diet, of each or of all of these (Nightingale, 1860, p. 2).

Florence wrote these notes on practice, not intending them to be a manual on nursing, but ideas for women who take care of others because she felt that at some point, nearly every woman nursed somebody in her charge and it was up to them to manipulate the environment to help nature take its course (Nightingale, 1860). Her model includes 13 constructs with recommendations on implementing them. They are: ventilation and warming, health of houses, petty management, noise, variety, taking food, what food, bed and bedding, light, cleanliness of rooms and walls, personal cleanliness, chattering hopes and advises, and observation of the sick (Nightingale, 1860).

Although Nightingale did not intend for her writings to become a teaching manual for nurses, her ideas were clearly applicable to teaching nurses how to care for the patient environment and was eventually used in her school to do just that (Johnson & Weber, 2005). Some of her hints on nursing are still applicable to practice today. They represent a holistic view of nursing by addressing the physical, mental, and social aspects of the patient environment. For instance, cleanliness of air, water, home, linen, and person are still important and helpful in preventing disease and promoting health. Also, adequate nutrition and sunlight are necessary for proper bodily function. Excessive noise and lack of variety can be harmful to mental health and must be remedied. Lastly, as nurses we still observe the sick, keep track of their vital signs, likes and dislikes, and monitor changes in their condition. All of this we record in the patient’s chart much like Nightingale did when she recorded her observations 150 years ago.

Although Nightingale’s Environmental Model does not meet the guidelines of modern theory and has not spawned the same quantity of research as contemporary models, it can be said that her ideas have influenced nursing theorists and their respective models. Like all nurse theorists, Nightingale used her personal, spiritual, and educational experiences to guide her ideas (Johnson & Weber, 2005). The Living Tree of Nursing Theories was developed by nurses to illustrate the influence of Florence Nightingale on later nurse theorists. It proposes that person, environment, health, and nursing are the roots of the tree and Nightingale is the trunk supporting the branches, which are the modern theorists (Tourville & Ingalls, 2003). In essence, without Florence Nightingale’s work and ideas, nursing theory would not be the same as it is today. She created the fundamentals on which nursing theory is built. In fact, when comparing modern theories to the Nightingale Model many similarities can be appreciated. Henderson was concerned that the early nurse practice acts did not clearly cover what nursing is and therefore promoted an unsafe environment for the public. She helped define what nursing is and what it was not. Her definition reads:

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health, or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible (Johnson & Webber, 2005, p. 133).

A direct connection can be made to Nightingale’s model if one considers the changes in societal expectations and the growth of the nursing role from doer to helper in the 100 years between when the two theories were written. Henderson promotes helping the patient achieve independence through nursing assistance that Nightingale did not. Her 14 components of nursing are similar to Nightingale’s 13. They include: breathe normally, eat and drink adequately, eliminate body wastes, move and maintain desirable postures, sleep and rest, select suitable clothing, maintain normal body temperature, keep the body clean and well groomed to protect the integument, avoid dangers in the environment and avoid injuring others, communicate with others, worship according to one’s faith, work in such a way that there is a sense of accomplishment, play or participate in various forms of recreation, and learn, discover, or satisfy the curiosity that leads to normal development and health using available health facilities (Johnson & Webber, 2005).

Faye Abdellah’s theory titled, Patient-Centered Approaches, is just that, patient centered. Her 21 nursing problems are also similar to Nightingales 13 ideas and when advances in science and understanding of how the human body functions are taken into consideration a direct correlation can be established. Lastly, Sister Callista Roy’s Adaptation Model relies on the construct that the role of the nurse is to manipulate the environment to free patients so that they can adapt to other stimuli. Although this is a deviation from Nightingale’s theory, both nurses believed in the reparative process of providing the optimal environment for healing (Johnson & Webber, 2005).

In conclusion, Florence Nightingale was instrumental in influencing nursing and society by opening the door for women to practice as nurses, promoting nurse education, guiding evidence based practice through her research and observations, by being a human rights advocate, and by working tirelessly to improve the health and quality of life for people throughout many nations. Florence Nightingale devoted her life in the pursuit of helping others.