

# Nursing as defined by me Florence Nightingale



**ASSIGN  
BUSTER**

My purpose for writing "Notes on Nursing" was to give caregivers and nurses some hints or thoughts on how to teach themselves how to nurse by optimizing the environment so that the person requiring care will have no disease, can recover from disease or maintain his or her well being (Nightingale, F. Notes on Nursing, 1969 . P. 3, Dover Publications Inc. New York, U. S. A). Through this writing I intend to generate enough awareness on how the nurse could help a physically, socially or psychologically weak person to utilize his vital powers in promotion of self recovery. Secondly, I intend to impress upon the nurse the necessity of putting the person in the best condition for nature to act on (Nightingale, F. 1969). Thirdly, I intend to make aware the importance of providing care to clients as prescribed in the 'Nursing Practice Standard'(. Nightingale, F. 1969; College of Nursing Ontario, (CNO), Nursing Practice Standard, 2002).

I am of the opinion that the nurse should provide prompt and adequate care and enabling environment to a person (sick or well), who at the particular time was not able to help himself or herself, but would have helped him or herself, if he or she had strength, will and knowledge (Henderson. V. The nature of nursing: a definition and its implications, practice, research and education. P. 66McMillan Co. New York).

For the nurse to fulfill this assignment, the nurse must exhibit the desire, intent, and obligation to apply relevant knowledge, skills, values, meanings and experience to support repair that will empower the person to return to a state of health where he or she can adapt positively to changes occurring in his or her live (Johnson, B and Webber. An introduction to theory and

reasoning in nursing, 3rd edition. Wolters Kluwer/ Lippincott Williams and Wilkins, New York, 2010, P. 60).

I began this treatise with assumptions about nursing care. These assumptions proffered answers to what nursing is and what is not. Again based on these assumptions I defined the concept of nursing care as providing assistance to a patient to live a better live (Nightingale, F. 1969).

I assumed that care is fundamental and pertinent to nursing and that for proper care to be provided that the nurse must recognize environment as a determinant of health. This means that the nurse can achieve better patient outcome by manipulating environmental factors in preparation for nature to act on the patient.

I assumed that the nurse can promote health of persons by advocating and adjusting environmental conditions, because poorly or badly managed environment will lead to poor health and absence of comfort. (Nightingale, F, 1969; Shanner. H. Environmental Conditions a phenomenon in nursing: Reflections from nurse theorists, 2006; Canadian Nurses Association, (CNA), The importance of engaging all nurses, 2008).

I understand that there are natural laws that govern the health of individuals and it is the breaking of these laws that cause disease. It is through symptoms of disease that nurses are alerted to the presence of illness and ensuing interventions.

I assumed that disease is a reparative process of the body to correct problems and provide opportunity for spiritual growth (Nightingale. F. p. 9, 1969, P. 7).

Also, I assumed that nursing is an art and a science that has observation as its core tool (Nightingale. F., 1969, P. 133). In my opinion a person is composed of biological, physical, social, spiritual and intellectual components.

I have set my goals of nursing in the region of four most important concepts. The concepts are: (a) The person. (b) Health and disease (c) The environment (d) Nursing

### The Person

The person is the individual we describe as the patient. The person has biological, psychological, intellectual and spiritual components. The patient is center of my care planning and I have a holistic view of him or her. The patient is affected by disease and is the one who needs recovery. His or her recovery is directly affected by the environment and the interventions of the nurse. However, the patient has vital powers to deal with disease as long as enabling environment is provided for nature to act (Nightingale. F., 1969).

### Health and disease.

Health is more than the absence of disease, it is an additive process resulting from a good mix of the activities of environmental factors and nursing acting on the individual. My emphasis on health is about keeping the person and the population healthy. To achieve good health requires that

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proper environmental manipulation and control is implemented by the nurse so that the patient is empowered to utilize his or her vital powers.

Maintenance of good health and prevention of disease should be the focus of the nurse. It is through these ways that the nurse helps the patient in his or her recovery process (Nightingale. F., 1969; CNO, 2002 ; Canadian Nursing Association, 2008,).

### The Environment

By the environment I mean every condition that will assist in putting the patient in the best condition for nature to act. Environmental conditions include the physical, psychological and the social aspects of living. The physical environment includes the building (where the patient receives care), air, light, water, ventilation noise level and odors (Nightingale. F., 1969, P. 24).

I made the environment the center of my advocacy for nursing intervention, because I believe that the provision of good quality environment for the sick and healthy is possible. I plead that the nurse should be aware of the effect of nature on the mind and body to help pain perception in the patient (Nightingale, F., 1969, P. 24; Hong. M., The Nightingale Principles -19th century thinking for 21st century sustainable practice).

In order to generate a sustainable milieu for patients comfort, the nurse must advocate for the integration of outdoor views and vistas (Nightingale, F., 1969P. 20; Hong. M). The reason is that " since patients spend most of their recovery time in the hospital units, the designs must include warm

interiors, comfortable furniture, art works, lightings and reduced noise levels (Hong. M).

I also advocate for the opening of windows at both night and day to promote circulation of fresh air at all times. The same thing I say of home ventilation and aeration, " Households require pure air, pure water, efficient drainage, cleanliness and light as well" ( Nightingale. F., 1969, P.).

The nurse must communicate with the patient in a manner that shows partnership with the patient (Nightingale. F., 1969; CNA, 2008). " I say we (nurses) must not talk to them, or at them but with them in a soothing and unhurried manner" The nurse must listen to the patient and show no surprise to him or her (Nightingale. F., 1969; CNO, 2002 ).

The nurse.

I believe that the nurse can manipulate the environmental resources to help the patient utilize his vital powers and permit nature to act on the patient (Nightingale. F 1969). The nurse will assist the patient through assessment, observation, planning, implementation and evaluation of the patient's health condition (nursing process) (Nightingale. F, 1969; College of nurses Ontario (CNO) Professional standard of practice, 2002). This is because the goal of nursing is to place the patient in the best possible condition for nature to act ( Nightingale. F., 1969)

Therefore, the nurse must advocate for and promote patient's cleanliness, cleanliness (of rooms, walls, bed, beddings and water), proper drainage systems, ventilations, adequate lightings, sufficient warmth, control of noise,

odor, variety, minor supervision and provision of nutrition and diets (Nightingale. F.,). These activities are considered sanitary nursing. The professional nurse must also have the skills and knowledge of wound dressing and medication administration, because, " a patient may be left to bleed to death in a sanitary place" (Nightingale. F., 1969). Therefore, professional nursing is reserved for those individuals who are educated in the art and science of nursing (Nightingale, F.' )

Again, the nurse must demonstrate leadership (petty management) capability by not devoting herself to extra working hours, but by demonstrating the art of multiplying herself (delegation) to ensure good care when he or she was not there(Nightingale. F., 1969; Macqueen. J. S. Florence nightingale's nursing practice. Nursing history review, 2007 Vol. 15, p. 29).

Key sources of information I used to create my beliefs about nursing.

The sources of information that I used to create my beliefs about nursing were greatly influenced by my belief in God. My religious insight made me to focus on the unmet needs and health of people around me: To see human sufferings and the effects of poverty and disease on the England's misery caused by the great depression. I was overwhelmed by this human tragedy that I wrote in my notes " my mind is absorbed with the idea of the sufferings of men...All the people I see are eaten up with care and disease" (Baly, M. Florence Nightingale: Founder of modern nursing Part I the Crimean Experience. Humane medicine, Healthcare Vol. 2 (1), 2002).

Furthermore, my formal education in nursing shaped my observation skills and hands-on experiences which immensely contributed to the enrichment of my values and beliefs.

My beliefs about nursing were formulated over a long period of time, through years of working with hospitals, charities in England and the British army. I gained experiential knowledge during my nursing tours of Europe; indeed I was not impressed with their nursing style. Thus, I had to conclude that good nursing cannot be achieved by devotion alone. From then going forward, I made observations and took notes. " By the time I returned from Scuteri and the Crimean I had seen the best and worst of things in nursing" (Baly. M , 2002).

In fact, from my Crimean experience I was convinced that filth, inadequate nutrition, dirty water and inappropriate sewage disposal system led to the death of more British soldiers than battle field (Cohen. B. Nightingale Florence. Scientific American, Vol. 250 (3) 1984. pp. 128-137). Then I deduced from my empirical observation and statistical documentation that poor environment caused disease. And on the other hand, if environmental factors are positively manipulated, health and living conditions could improve to a point where natural laws will prevail (Cohen. B., 1984).

These were why I based my ideas on human being, community and professional nursing values.

How my beliefs about nursing are relevant to modern nursing.



## **Nightingale's holistic person model**

### **Nightingale's Model for nursing practice**

My model for nursing practice remains useful in modern nursing and my environmental adaptation pronouncements on the proper use of fresh air, light, warmth, cleanliness, and proper selection of nutrition and diet remains relevant to professional nursing.

I will not be overstressing the fact if I claim that my environmental adaptation theory was transpersonal about human caring and relevant in the 21st century nursing. Watson Jean had this to say." Nightingale made explicit the connections between and among all aspects of self, other, humanity, the environment, nature, and the cosmos as a means of learning, understanding, and connecting health, caring and learning"(Knutson. M. B. Original Nursing theories of Florence Nightingale. Power point

[www. authorstream. com/.../khanapurkar-285582-florence-nightingale-entertainment-ppt-powerpoint/](http://www.authorstream.com/.../khanapurkar-285582-florence-nightingale-entertainment-ppt-powerpoint/)).

As we all know that the goal of nursing is to place the patient in the best possible conditions for nature to act (patient centered care), the environment notwithstanding, the nurse remains in charge of manipulating the environment benefit the patient. As I continue to say " medicine is the surgery of functions, while nursing places the patient in the best condition for nature to act" (Nightingale, F., 1969, p. 133). In order to achieve harmony in care, I advocated for nursing to be a discipline separate from medicine and have a hierarchy under the authority of the matron. Today, the nursing

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profession is recognized as member of healthcare inter-professional team distinct from medicine.

I appealed for nursing education to incorporate theoretical learning and clinical experiences, here again; modern nursing embraced the relevance of these ideas.

My use of statistical data and expression of clinical facts in bar and pie charts, is credited in nursing research and education (Cohen. B, 1984).

### Conclusion

In my conclusions of the " Notes on nursing" I affirmed that " The most important practical lesson that can be given to nurses is to teach them to observe...what symptoms indicate improvement or...and of what kind of neglect" (Nightingale. F 1969 P. 105). The nurse must have observation skills and demonstrate recognition of the spiritual nature of beings, the environmental, biological, psychological and social aspect of care (Shanner. H. Environment as a phenomenon in nursing: Reflections from nurse theorists. The Nightingale institute for health and environment. 2006).

The nurse must be one who is trained in surgical and general nursing and must be capable of ensuring that care is provided in a suitable and comfortable environment.

The duty of the nurse is to prevent disease in any care given setting, hence " the nurse must be on the watch...against uncleanness, foul air, want of light, warmth" (Nightingale, F. 1969, P. 127).