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Advocacy

The Voice of Florence Nightingale on Advocacy

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[Patrick C. Crane, MSN, RN](#)

Abstract

Modern nursing is complex, ever changing, and multi focused. Florence Nightingale, however, the goal of nursing has remained to provide a safe and caring environment that promotes patient being. Effective use of an interpersonal tool, such as advocacy giving environment. Nightingale used advocacy early and often of modern nursing. By reading her many letters and publications it is possible to identify her professional goals and techniques. Nightingale valued egalitarian human rights and developed leadership and practices that provide useful advocacy techniques for nursing in the 19th century. In this article we will review the [accomplishments of Florence Nightingale](#) and discuss [advocacy in nursing](#) and show how [Nightingale used advocacy](#) promoting both egalitarian human rights and leadership activities by exploring how Nightingale's advocacy is as relevant for the 21st century.

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Nursing has never been simple. Early care stressors included exposure to environmental conditions that were often unsanitary and a lack of knowledge as to how to treat serious injuries or diseases. Through environmental conditions have improved and science has provided effective treatments. However, other complexities, including societal acceptance of the profession and educational and regulatory disarray, have created a multifaceted

against which nurses continue to provide the most basic of human int

One of the most effective tools that [Nightingale] employed was advocacy, both for individuals and for the nursing collective.

In the nineteenth century, religious convictions and the potential of nursing, although that of domestic service ([Nightingale, 1893/1949](#)), a woman, Florence Nightingale's personal motivation, availed the strength of her own personal professional transformation ([1913](#); [Dossey, 2000](#)). One of the advocacy strategies she employed was advocacy for the nursing collective.

explore Nightingale's use of advocacy as a tool and to identify the conventional and practical advocacy strategies for the nursing profession in the 21st century. We will review the accomplishments of Florence Nightingale, discuss advocacy strategies that Nightingale advocated both through promoting egalitarian human rights and social justice activities. We will conclude by exploring how Nightingale's advocacy is relevant as it was for the 19th century.

Who Was Florence Nightingale?

On May 12, 1820, Florence Nightingale was born as the second of two children. As a young woman, she displayed exceptional intellect, learning multiple languages and was particularly capable in mathematics ([Bostridge, 2008](#)). Nightingale spent her leisure time in the solitary activities of reading, writing in her journals, and attempting to improve herself. She deeply believed that she had a God-given purpose to better mankind and that this goal was unclear ([Calabria & Macrae, 1994](#); [Cook, 1913](#)).

As a young woman, Nightingale wished for meaningful work and began to imagine herself caring for others, defying her parents' desire that she marry into a socially prominent family. On at least three occasions she declined proposals, indicating that she could not pursue her own goals as a married woman ([Gill, 2004](#); [Nightingale, 1859a/1978](#)). By the age of 17 she had discerned that she had a Christian duty to serve humankind. By the age of 25 she had identified nursing as the means to fulfill this mandate ([Gill, 2004](#)). When she was 30 years old, she was permitted two brief periods of instruction in nursing at Kaiserswerth, a Protestant institution in Germany ([Bostridge, 2008](#); [Nightingale, 1851](#)). It was there that she understood the essential components of basic nursing, hospital design, and hospital administration. Of even greater consequence was Nightingale's perception that nursing was a necessary component of nurse preparation ([Nightingale, 1851](#)).

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In 1852 Nightingale was offered the superintendency of a small hospital in London ([Verney, 1970](#)). During her twelve months in this position, she demonstrated her administrative skills, identified appropriate qualifications for those entering the profession, and reinforced her belief that egalitarian and competent care were basic human rights ([Bostridge & Crane, 2010](#); [Verney, 1970](#)).

As Nightingale was preparing to leave the Harley Street position, she was asked by the British government to lead a group of thirty-eight women to Ottoman, Turkey

British soldiers fighting the Crimean War ([Bostridge, 2008](#); [Woodham-](#) singular motivation was to improve the plight of the wounded. She sta give myself a position, but for the sake of common humanity” (as citec administrative skills allowed her to negotiate the male worlds of both t successfully solved the issues of supply purveyance, resolved interpe nursing factions, and designed care modalities in the face of massive c uncaring physicians, and a military structure that was outdated and ir Nightingale stated that the Purveyor had intentionally withheld supp “This little Fitzgerald [Purveyor] has starved every hospital when his s from ignorance, like some of the honorable men who have been our m prepense.” (Nightingale, March 6, 1856, as cited in Goldie ([1987](#), p. 22)

On her return from the Crimea, Nightingale worked tirelessly to develop nursing as an essential and educated component of healthcare.

On her return from the Crimea, Nightingale worked tirelessly to develop nursing as an essential and educated component of healthcare. She established the first nursing school in 1860, and the distribution of nursing education worldwide ([Baly, 1986](#)). Her support of Queen Victoria was able to design improvements and establish public health care ([Dossey, 2000](#); [Mowbray, 2000](#)). Her lifetime of work and her philosophy for practice in healthcare provided a foundation for modern nursing.

Nightingale remained actively concerned with the development and education of nurses educated at the Nightingale School until her death in 1910 at age 83. In 1897, she wrote a series of thirteen letters to the Nightingale nurses that both praised the nursing made in the late nineteenth century and warned nurses that they must remain competent, and caring. In 1897, she wrote of the danger of relying on v

“There is no doubt that this is a critical time for nursing... ..The legend that the nineteenth century is to be the age for women shall the twentieth century be the age for words? God forbid.” ([Beck, & Attewell, 2005](#), p. 283).

Advocacy in Nursing

...advocacy has not always been a clear expectation in nursing...Early nursing education emphasized conformity and a position subservient to the physician.

Advocacy has been defined as supporting a cause or person ([Dictionary, 1998](#)). However, there has not been a clear expectation in the development of the nursing curriculum, such as *Nursing in the United States* ([Goldberger, 1937](#)), do not emphasize Early nursing education emphasized a position subservient to the physician. Robb, an early leader in nursing education, encouraged

primary activity of the nurse. In 1900 Robb stated:

Above all, let [the nurse] remember to do what she is told to do

sooner she learns this lesson, the easier her work will be for her. It will be to fall under severe criticism. Implicit, unquestioning obedience is one of the first lessons a probationer must learn, for this is a quality that will help her in her professional capacity for all future time.... (Hamric, 2008)

While Nightingale expected obedience in following the rules and regulations, she also allowed nurses the autonomy of purpose to advocate for patients and their families. It is probable that she would have disapproved of Robb's emphasis on obedience.

The term 'advocacy' was first utilized in the nursing literature by the International Council of Nurses in 1973 (Vaartio & Leino-Kilpi, 2004). Today the American Nurses Association (ANA) states that high quality practice includes advocacy as an integral component of patient safety (ANA, n.d.). Advocacy is now identified both as a component of ethical nursing practice and as a philosophical principle underpinning the nursing profession and helping to assure the rights and safety of the patient. Nurses are seen as advocates both when working to achieve desired patient outcomes and when patients are unable or unwilling to advocate for themselves.

Since 1973 advocacy has been considered a major component of nursing practice professionally, and academically. Despite the seeming lack of a professional definition in the early 1970s, it is argued that Nightingale implicitly laid the foundation for the expectation that nurses would advocate for their patients.

Nightingale and Advocacy

Nursing is now recognizing how [Nightingale's] ideas and techniques can be useful in the 21st century.

The scope of Nightingale's utilization of advocacy as a profession itself, is complex. It addresses the concept of advocacy and demonstrates advocacy in her lifetime. We know of her ideas and motivations through her 13,000 letters remain in private collections. She was the subject of official government documents, the military and the subject of (2008; Mawbray, 2008). So her writings, such as those for

(Calabria & Macrae, 1994), were published privately, thus controlling their distribution to colleagues. However, they are now publically available. The volumes include consumption, including *Notes on Hospitals* (1859b/1982) and *Notes on nursing* (1860/1982), specifically outline the role of the nurse and the environment in which they occur (Selanders, 2005b).

Nightingale was a singular force in advocating *for* as opposed to *with* the nursing profession. Her expressions of advocacy grew with age, experience, and her role as both nurse and expert. Her significant contributions include her work on human rights and for advocacy in her leadership roles. Nursing is now recognizing how her ideas and techniques can be useful in the 21st century.

Advocacy Through Promotion of Egalitarian Human Rights

As a young woman, Nightingale became acutely aware of the unequal provided to men as compared to women in English society. Stark ([1979](#))

Victorian England was a country in the grip of an ideology that in the home. Women were viewed as wives and mothers, as perfect mothers, or as failed wives and mothers. The woman who was was called the “odd woman” or the “redundant woman” (p. 4)

In Nightingale’s frustration, she wrote the lengthy essay *Cassandra* ([1859a/1979](#)) a tragic Greek mythological figure who, although able to predict the future, therefore, was powerless. As a part of this diatribe, she compares the professional activity to that of a man:

Now, why is it more ridiculous for a man than a woman to do without everyday in a carriage?... Is man’s time more valuable than the difference between man and woman this, that woman has control? ([Nightingale, 1859a/1979](#), p. 32).

Nightingale’s first significant demonstration of advocacy for individual patients as superintendent of the Hospital for Gentlewomen in Distressed Circumstances. Assuming the superintendency of this institution had to have been exacting of 32 entering her first employment. The hospital was a newly acquired building with inadequate furnishings and a poorly trained staff. She reported that in 1853 she had experienced a gas leak with small explosions, a fight between a drunken foreman, and the death of 5 patients ([Verney, 1970](#)). On the first opportunity to participate in a healthcare situation under her control, she utilized environmental and patient care standards that were to become the foundation of modern nursing ([Selanders, 2005a](#)).

Nightingale did have the general support of the Ladies’ Committee, though not all. Her first major concern, however, was a policy held by the Committee that patients who were members of the Church of England would be admitted to the hospital. Those who did not accept this position, perhaps because of her liberal Unitarian upbringing and beliefs in the value of individuals without respect to religious preferences. Her friend and ally, Mary Clarke Mohl, she airs her frustration, indicating that the disagreement could not be resolved:

From committees, charities, and schism, from the Church of England, from the Church of Rome, from philanthropy and all deceits of the devil, good Lord deliver us. I wish to take in Catholic patients; whereupon I wished them good night and they might take Jews and their Rabbis to attend to them. ([Verney, 1970](#))

Eventually, she won the battle with the Committee so that patients of all religions were equally admitted to the hospital ([Verney, 1970](#)). The importance of this achievement in Nightingale’s development as a social reformer and healthcare advocate was achieved partially through logical persuasion, but also because of her status as a member of the upper class. This allowed her to meet the committee members on equal social footing. Her position and social acquaintances, logic and debating skills, and the demand for evidence were tools she would refine and employ over the next fifty years. Her moral convictions helped her to retain her moral convictions and to move forward as an advocate ([Selanders, Lake, & Crane, 2010](#)).

Nightingale next turned her attention to the development of care standards for the dying. The right to a peaceful death. The chronically and the mentally ill were determined to be ‘malingerers’ and the dying did not meet the criteria for admission. Nightingale, however, accepted these patients and allowed them to remain in the hospital that they were benefiting from care despite staff objections. For a staff

Nightingale's standard resulted in dismissal, signaling the application of her care. This is explicitly demonstrated in her May 15, 1854, report to the hospital board: "I have changed one housemaid on account of her love of dirt and inexperience of her love of Opium & intimidation" (Verney, 1970, p. 28).

...Nightingale never wavered from the idea that a basic human right was high-quality patient care provided by a dedicated nursing staff.

Nightingale advocated for high-quality patient care during her 20 months in the Crimea. As a head nurse, the likelihood that the standard of care and the expectation of the duration of the conflict were not selected did not fulfill her vision. Nightingale never wavered from the idea that a basic human right was high-quality patient care provided by a dedicated nursing staff.

Following her return to England, Nightingale applied her operating principles at St. Thomas' Hospital. Nightingale again insisted that probationer students be admitted regardless of religious preference (Bostridge, 2008). The development of education and a controlled environment began to elevate nursing as a respectable profession with meaningful employment (Adern, 2002).

Advocacy Through Leadership

Leadership was one of Nightingale's innate qualities. During her fifty years, she continually benefited from the cumulative experiences of Harley Street, her interactions with government officials in determining the potential of nursing, her stature, extensive range of acquaintances, and international travel provided her with opportunity, and a public voice. Her major contributions to the profession were her leadership of a few at Harley Street and in the Crimea to the profession's efforts to explore the potential of a refocused nursing, as opposed to remodeling the existing profession.

One of Nightingale's central themes was the importance of nursing's role in the management of the patient environment (Nightingale, 1859b/1982). For much of her life she believed in miasmatism, the idea that foul odors caused disease (Selanders, 2005c). While this was an inaccurate theory, it did focus attention on the role of the environment in relation to illness. The deplorable conditions at Scutari reinforced this viewpoint, and led to her advocating for the importance of an appropriate environment for the patient both internally and externally. She began her *Notes on Nursing* (1860/1982) by stating that the incidence of disease is related to "...the want of fresh air, or of light, or of warmth, or of quiet or of cleanliness..." (p. 5). All of these factors are viewed as fundamental to nursing. Although there is dispute as to the degree that the death rate was undeniably linked to the state of the environment (Small, 1998). Nightingale was also a supporter of the sanitation movement forces with reformers, such as Farr and Chadwick, in advocating for public health (Selanders, 2005c). This emphasis was later extended to India (Mowbray, 2008).

One of the major contributions to nursing was the emphasis on the environment.

...she envisioned the extension of nursing as the essential force which would meet the growing healthcare needs in sectors outside of the hospital.

leadership was the establishment of the first Nursing School at St. Thomas' Hospital for *educated* nurses who had a specific role in healthcare. The extension of nursing as the essential force to meet the growing healthcare needs outside the hospital. This resulted in the military, midwifery, (nurses for the poor, paupers), and nurse visitation (Nightingale, 1986). This role expansion moved in and out of the hospital, further expanding the role

Nightingale's continuing concern into adulthood concerned the strict social mores relative to women and nursing. Nursing actually served to begin to change the location of women's work in the workplace. Two factors contributed to the success of this change. The first factor was that nursing under the Nightingale model took place in a tightly controlled environment at home with a matron who functioned as parent and guardian (Baly, 1991). Parents had to agree to send their daughters to nursing school, as nursing education was a new and unfamiliar surroundings. The second factor was that nursing was initially viewed as a male profession transplanted into the hospital, thus extending the typical woman's sphere of influence.

Nightingale, Advocacy, and 21st Century Leadership

Nightingale's lasting legacy is a composite of her accomplishments and the standards that should be undertaken by the profession. She wrote prolifically and delivered lectures that were effective. Her lessons have become the roadmap for future generations of nurses.

Perhaps the most significant and enduring of Nightingale's contributions is not in reading one document, but rather by synthesizing the entire body of literature regarding nursing. From this body of literature can be extracted nursing's philosophical base (Selanders, 2005a). [The Table](#) summarizes the major referents deemed essential to nursing practice, education, and research.

Table: Nightingale's Philosophical Referents for Professional Nursing

The general nature of nursing:

- Nursing is defined as a unique profession that is both art and science
- The basic nursing activity is the alteration of the internal and external environment
- Nursing is autonomous within the defined scope of practice
- Nursing is collaborative with all other healthcare professions
- The goal of nursing is to foster health within the patient
- Individuals are complex, holistic beings
- The power of nursing comes from decision-making activities and the close observation of the patient
- The practice of nursing should not be limited by gender, spirit, or race
- The nurse should be allowed to develop to the maximum of her or his potential

The nature and value of nursing education:

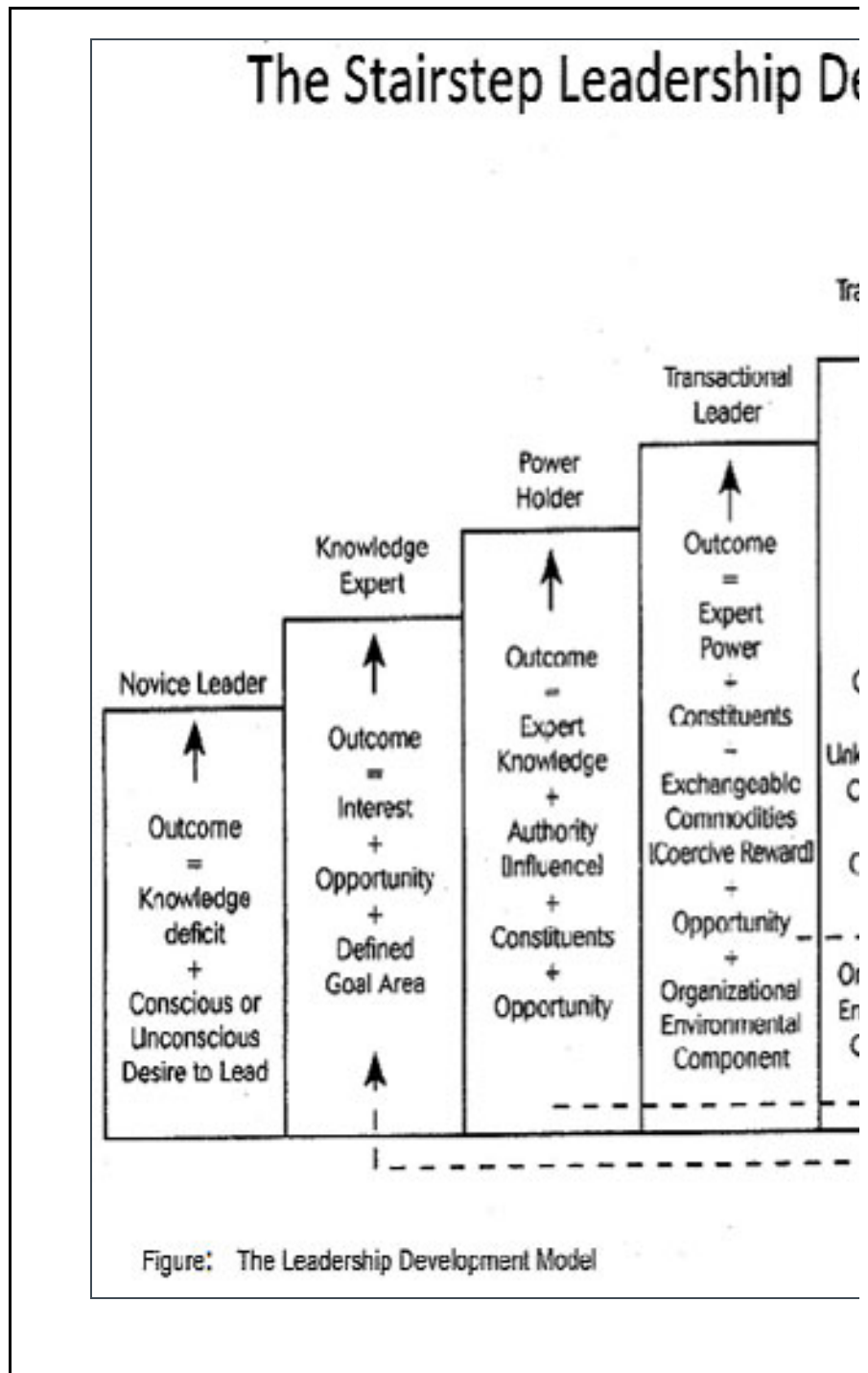
- Nursing has specialized educational requirements with theoretical and practical components

- Nurses should be educated by nurses who specialize in education
- Nurses should have a grounding in basic sciences
- Nursing education should be controlled by the school, not the hospital
- Students are to be regularly evaluated and apprised of this evaluation of the education

The nature of nursing research:

- The most basic element of research is empiricism
- The nurse should be the primary investigator of nursing phenomena
- Statistics provide the basis for logical and factual argument

Nightingale understood the value of and the methods for achieving valid results through the use of repeatedly utilized techniques which have been developed as the *scientific model* (Figure). This paradigm blends the ideas of Nightingale with the terminology of Burns (1978, 2003), who identified the relative merit of 'novice-to-expert' concept of Benner (2000) which focuses on the necessary skills.



The goal of this stairstep leadership development model is to identify which individuals achieve positive leadership behaviors over time. That an individual holds a formal leadership position in order to demonstrate that all nurses are leaders by virtue of assuming the role of nurse. The that leaders and followers achieve a mutually defined goal with collective effectiveness ([Selanders, 2005d](#)).

...transformational leaders seek to create long-term or permanent change through the mutual identification of goals between individuals and the organization.

The first three steps of the from novice nurse to some specific realm of nursing. ([2000](#)) model. This progresses times as the nurse moves. Additionally, it supports the developed rather than the leadership capabilities which

Expected outcomes of the ultimately will assume the transvisionary or transformational ([2003](#)) has defined these leadership to exchange valued comm

for pay. This is often coercive in nature, and while perhaps effective for achieve long-term results. Conversely, transformational leaders seek permanent change through the mutual identification of goals between organization. This is effective in achieving change that has lasting value

Transvisionary leadership is an appropriate goal when the leader is able to envision a new or unusual change that may not be fully understood by constituents. This is effective in setting insightful goals within an organization that is experiencing new initiatives and outcomes. This is the mode that Nightingale innately chose to use out of necessity when moving nursing from a disorganized and ill-conceived occupation to a profession. A transvisionary leader relies on both expert power and opportunity to achieve results. As the leader attains effective outcomes and the goals become recognized as sound and accepted, the leadership style may move from the transactional to the transformational mode ([Selanders, 2005d](#)).

Transvisionary leadership is an appropriate goal when the leader is able to envision a new or unusual change that may not be fully understood by constituents.

Summary

Nightingale demonstrated that advocacy is what gives power to the caring nurse.

Nursing has never been simple advocate. However, nursing has professional construct. Advocacy between nurses, patients, professional public. Nightingale's experience her the value of advocating for embraced an egalitarian value techniques to create change in demonstrated that advocacy is nurse.

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