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Advocacy

The Voice of Florence Nightingale on Advocacy

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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 well-being. Effective use of an interpersonal tool, such as advocacy, has been a key element of modern nursing. Nightingale used advocacy early and often in her nursing career. By reading her many letters and publications that have survived, it is possible to identify her professional goals and techniques. Nightingale valued egalitarian human rights and developed leadership principles and practices that provide useful advocacy techniques for nurses practicing in the 21st century. In this article we will review the accomplishments of Florence Nightingale and discuss advocacy in nursing and show how Nightingale used her advocacy to promote both egalitarian human rights and leadership activities.


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Key words: Florence Nightingale, advocacy, nursing, profession

Nursing has never been simple. Early care stressors included exposure to the elements and a lack of knowledge as to how to treat serious injuries or diseases. Through ensuing generations, environmental conditions have improved and science has provided effective treatment pathways. However, other complexities, including societal acceptance of the profession, gender discrimination, and educational and regulatory disarray, have created a multifaceted...
One of the most effective tools that Florence Nightingale employed was advocacy, both for individuals and for the nursing collective.

In the nineteenth century, religious convictions and the potential of nursing, along with that of domestic service (Nightingale, 1893/1949), were transformed by a woman, Florence Nightingale, through her personal motivation, the strength of her own persona, and professional transformation (1913; Dossey, 2000). On one occasion, she employed advocacy to promote egalitarian human rights and, through her leadership activities, she advocated both through promoting egalitarian human rights and through her leadership activities. We will conclude by exploring how Nightingale’s advocacy is as relevant for the 21st century as it was for the 19th century.

**Who Was Florence Nightingale?**

On May 12, 1820, Florence Nightingale was born as the second of two daughters to English parents. As a young woman, she displayed exceptional intellect, learning multiple languages and being particularly capable in mathematics (Bostridge, 2008). Nightingale saw the solitary activities of reading, writing in her journals, and attempting to discern purpose in her life as her God-given purpose to better mankind, but the route to achieving 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 (Calabria & Macrae, 1994; Cook, 1913).

When she was 30 years old, she was permitted two brief periods of instruction in nursing at Kasiserswerth, a Protestant institution in Germany (Bostridge, 2008; Nightingale, 1851) to understand the essential components of basic nursing, hospital design, and personnel administration. Of even greater consequence was Nightingale’s perception that formalized education was a necessary component of nurse preparation (Nightingale, 1851).

In 1852 Nightingale was offered the superintendency of a small hospital in central London (Verney, 1970). During her twelve months in this position, she developed effective administrative skills, identified appropriate qualifications for those employed as nurses, and affirmed her belief that egalitarian and competent care were basic human rights (Crane, 2010; Verney, 1970).

As Nightingale was preparing to leave the Harley Street position, she was appointed by the Victorian government to lead a group of thirty-eight women to Ottoman, Turkey to review the accomplishments of Florence Nightingale, discuss advocacy, and explore Nightingale’s use of advocacy as a tool and to identify the continued value of her conceptual and practical advocacy strategies for the nursing profession in the 21st century.
On her return from the Crimea, Nightingale worked tirelessly to develop nursing as an essential and educated component of healthcare. Her establishment of the Nightingale School in London in 1860, and the distribution of trained nurses abroad established the basis for nursing education worldwide (Baly, 1986; support of Queen Victoria and Prince Albert she was able to design improvements for the British military and establish public health standards in India (Dossey, 2000; Mowbray, 2008). Nightingale remained actively concerned with the development and nurses educated at the Nightingale School until her death in 1910 at age 90. Between 1872 and 1900, she wrote a series of thirteen letters to the Nightingale nurses that both documented the progress nursing made in the late nineteenth century and warned nurses that they must remain current, competent, and caring. In 1897, she wrote of the danger of relying on words: “There is no doubt that this is a critical time for nursing......There is a curious old 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 been defined as an active process of supporting a cause or position (Dictionary, 1998). However, advocacy has not always been a clear expectation in nursing. Early nursing education emphasized conformity and a position subservient to the physician. Above all, let [the nurse] remember to do what she is told to do.

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Advocacy has been defined as an active process of supporting a cause or position (Dictionary, 1998). However, advocacy has not always been a clear expectation in nursing. Early nursing education emphasized conformity and a position subservient to the physician. Above all, let [the nurse] remember to do what she is told to do.
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 professionally, and academically. Despite the seeming lack of a professional focus on advocacy before the early 1970s, it is argued that Nightingale implicitly laid the foundation for nurse advocacy and established the expectation that nurses would advocate for their patients.

Nightingale and Advocacy

Nightingale was a singular force in advocating for as opposed to with individual patients, groups, and the nursing profession. Her expressions of advocacy grew with age, experience, and public acceptance of her as both nurse and expert. Her significant contributions include her advocacy for egalitarian human rights and for advocacy in her leadership roles.

Advocacy Through Promotion of Egalitarian Human Rights
As a young woman, Nightingale became acutely aware of the unequal status and opportunity provided to men as compared to women in English society. Stark (1979) writes that Victoria

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

In Nightingale’s frustration, she wrote the lengthy essay Cassandra (1859) tragic Greek mythological figure who, although able to predict the future, was powerless. As a part of this diatribe, she compares the perceived value of a woman’s activity to that of a man:

Now, why is it more ridiculous for a man than a woman to do worsted work and drive out everyday in a carriage?... Is man’s time more valuable than woman’s? or is it the difference between man and woman this, that woman has confessedly nothing to do? (Nightingale, 1859a/1979, p. 32).

Nightingale’s first significant demonstration of advocacy for individuals came as she was superintendent of the Hospital for Gentlewomen in Distressed Circumstances. On one hand, assuming the superintendency of this institution had to have been extremely daunting for a woman of 32 entering her first employment. The hospital was a newly acquired facility in poor condition with inadequate furnishings and a poorly trained staff. She reported that she had experienced a gas leak with small explosions, a fight between drunken foreman, and the death of 5 patients (Verney, 1970). On the other hand, it was the opportunity to participate in a healthcare situation under her control that allowed her to create and utilize environmental and patient care standards that were to become foundational to the development of modern nursing (Selanders, 2005a).

Nightingale did have the general support of the Ladies’ Committee, to whom she reported. Her first major concern, however, was a policy held by the Committee who were members of the Church of England would be admitted to the institution. Nightingale could not accept this position, perhaps because of her liberal Unitarian upbringing and her deeply rooted beliefs in the value of individuals without respect to religious preference. In a private note to her close friend and ally, Mary Clarke Mohl, she airs her frustration, indicating she would leave the post if this disagreement could not be resolved:

From committees, charities, and schism, from the Church of England, from philanthropy and all deceits of the devil, good Lord deliver us. My committee refused me to take in Catholic patients; whereupon I wished them good morning, unless I 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 faiths – or no faith – were equally admitted to the hospital (Verney, 1970). The importance of this event cannot be overlooked in Nightingale’s development as a social reformer and healthcare advocate. She won this encounter partially through logical persuasion, but also because of her status as a ‘lady’ – a person of the upper class. This allowed her to meet the committee members on equal social footing. Use of personal position and social acquaintances, logic and debating skills, and the development of statistical evidence were tools she would refine and employ over the next fifty years. This immediate victory helped her to retain her moral convictions and to move forward as an advocate for women and nursing (Selanders, Lake, & Crane, 2010).

Nightingale next turned her attention to the development of care standards for patients, including the right to a peaceful death. The chronically and the mentally ill were often ignored by staff. Those determined to be ‘maligners’ and the dying did not meet the criteria. Nightingale, however, accepted these patients and allowed them to remain as long as she believed that they were benefiting from care despite staff objections. For a staff member to refuse to work to
One of Nightingale’s central themes was the importance of nursing’s role in the management of the patient environment. This is explicitly demonstrated in her May 15, 1854, report to the have changed one housemaid on account of her love of dirt and inexp of her love of Opium & intimidation (Verney, 1970, p. 28).

Nightingale advocated during her 20 months in the Crimea that nurses were individual nurse, the likelihood th and the expectation th duration of the conflict selected did not fulfill. 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 she established similar operating principles at The Nightingale School at St. Thomas’ Hospital. Nightingale again insisted that probationer students be admitted without respect to religious preference (Bostridge, 2008). The development of educational standards in a tightly 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 productive years, she continually benefited from the cumulative experiences of Harley Street interactions with government officials in determining the potential of stature, extensive range of acquaintances, and international travel opportunity, and a public voice. Her major contributions to the profession had evolved from leadership of a few at Harley Street and in the Crimea to the professional collective. She was able to explore the potential of a refocused nursing, as opposed to remodeling the status quo.

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 Nightingale’s 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 being within the purview of nursing. Although there is dispute as to the degree that the death rate was reduced in the Crimea, it is undeniable that there was a specific link between the state of the environment and the death rate (Small, 1998). Nightingale was also a supporter of the sanitation movement in London. She joined forces with reformers, such as Farr and Chadwick, in advocating for permanent improvements in public health (Sankey, 2005c). This emphasis was later extended to her environmental work in India (Mowbray, 2008).
...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 Nightingale School at St. Thomas' Hospital in London. She advocated for educated nurses who had a specific role in healthcare. This resulted in the extension of nursing as the essential force which would meet the growing healthcare needs in sectors outside of the hospital. This resulted in the military, midwifery, poor law nursing (care of paupers), and nurse visiting (public health nursing) (1986). This role expansion in and out of the hospital further expanded the role of the nurse.

Nightingale’s continuing complaint from adolescence and into adulthood concerned the strict social mores relative to women and work outside of the home. Nursing actually served to begin to change the location of women’s work from the home into a formal workplace. Two factors contributed to the success of this change. The first was that nursing education under the Nightingale model took place in a tightly controlled environment that included a nurses’ home with a matron who functioned as parent and guardian (Baly, 1986). The second factor was that nursing was initially viewed as domestic work that had been transplanted into the hospital, thus extending the typical woman’s sphere.

### Nightingale, Advocacy, and 21st Century Leadership

Nightingale’s lasting legacy is a composite of her accomplishments and her vision of what can and should be undertaken by the profession. She wrote prolifically and demonstrated methods that were effective. Her lessons have become the roadmap for future generations.

Perhaps the most significant and enduring of Nightingale’s contributions is not learned from reading one document, but rather by synthesizing the entire body of literature she wrote regarding nursing. From this body of literature can be extracted Nightingale’s foundational philosophical base (Selanders, 2005a). The Table summarizes the major referents defined by Nightingale as essential to nursing practice, education, and research.

<table>
<thead>
<tr>
<th>The general nature of nursing:</th>
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</thead>
<tbody>
<tr>
<td>Nursing is defined as a unique profession that is both art and science</td>
</tr>
<tr>
<td>The basic nursing activity is the alteration of the internal and external nursing environment</td>
</tr>
<tr>
<td>Nursing is autonomous within the defined scope of practice</td>
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<tr>
<td>Nursing is collaborative with all other healthcare professions</td>
</tr>
<tr>
<td>The goal of nursing is to foster health within the patient</td>
</tr>
<tr>
<td>Individuals are complex, holistic beings</td>
</tr>
<tr>
<td>The power of nursing comes from decision-making activities observation of the patient</td>
</tr>
<tr>
<td>The practice of nursing should not be limited by gender, spiritual beliefs, or values</td>
</tr>
<tr>
<td>The nurse should be allowed to develop to the maximum of his or her potential</td>
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<table>
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<tr>
<th>The nature and value of nursing education:</th>
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<tbody>
<tr>
<td>Nursing has specialized educational requirements with theoretical and clinical components</td>
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</table>
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 during the course 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 visionary leadership. She repetitively utilized techniques which have been developed as the stairstep leadership development model (Figure). This paradigm blends the ideas of Nightingale with the terminology of Burns (1978, 2003), who identified the relative merit of leadership outcomes, with the 'novice-to-expert' concept of Benner (2000) which focuses on the necessity of building leadership skills.
The goal of this stairstep leadership development model is to identify which individuals achieve positive leadership behaviors over time. The individual holds a formal leadership position in order to demonstrate that all nurses are leaders by virtue of assuming the role of nurse. That leaders and followers achieve a mutually defined goal with collective effectiveness (Selanders, 2005d).

The first three steps of the model from novice nurse to some specific realm of nursing. This progression times as the nurse moves! Additionally, it supports the development rather than the leadership capabilities which...transformational leaders seek to create long-term or permanent change through the mutual identification of goals between individuals and the organization.

Expected outcomes of the model ultimately will assume the transvisionary or transformational leadership capabilities which...

Nursing has never been simple advocate. However, nursing has a professional construct. Advocacy between nurses, patients, profit and public. Nightingale’s experiences demonstrated to her the value of advocating for their rights: techniques to create change in the organization.

**Summary**

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

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Dr. Louise C. Selanders is a professor in the College of Nursing at Michigan State University (MSU) and Director of the MSU Nursing Master’s Program. She has extensive teaching experience in undergraduate, graduate, and lifelong education programs. Each summer, she coordinates and teaches a study abroad program in England which emphasizes the historical origins of modern, western nursing as applicable to modern practice. Dr. Selanders is internationally recognized as a Nightingale historian and scholar. She is co-author of *Florence Nightingale Today: Healing, Leadership, Global Action*, which received the 2005 American Journal of Nursing Book of the Year Award. She holds degrees from MSU, East Lansing, MI; Adelphi University, Garden City, NY; and Western Michigan University, Kalamazoo, MI.

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