Envisioning the Future: Nightingale Continues to Guide

A sabbatical is a wonderful thing. It provides time to rest the body and the soul, and in so doing enables the mind to revisit ideas and consider new ways of thinking.

I found myself, at the start of my sabbatical year, in London, England, the home of Florence Nightingale and the city where my daughter lives. During the past few years I had become concerned by what I perceived as the increasing “medicalization” of nursing (Gottlieb, 2000). I worried that as a society we would have a world of nurses but a world without nursing. I needed to return to the writings of Florence Nightingale for understanding, direction, and inspiration. I was not disappointed.

Nightingale provided nursing with its basic blueprint: promoting health, supporting healing, alleviating suffering, and helping people to recover from the disruptions caused by illness, disabilities, and the everyday events of life. Nursing, by working with the universal laws of nature, was “to put the patient in the best condition for nature to act upon him” (Nightingale, 1860/1969). What are these universal laws of nature? How well does nursing understand the universal laws governing health and illness and use them as a basis for nursing practice? What does society need now, and what will it need in the future? What type of knowledge does this require of nursing? These were some of the questions I grappled with as I began to work with my husband on identifying the universal laws that Nightingale referred to but never defined (Gottlieb & Gottlieb, under review).

Although every profession must re-interpret and re-think the way it fulfills its mandate in light of new scientific advances and changing societal realities, at the same time it must look to the past to ensure that it is being faithful to its basic principles and values. Continuing from Nightingale’s legacy, for example, how does nursing “put the patient in the best condition for nature to act upon him”? A measure of our faithfulness to our principles and values is reflected in the choices we make and the directions we take. What does society require of nursing today,
and what will it require of nursing in the future? How are we to address such needs within Nightingale’s vision?

To address these questions, I first needed to envision where nursing would be going, and I turned to the past for direction. The names of Lillian Wald and Margaret Sanger immediately came to mind. Recall that Lillian Wald is the mother of public health nursing and founder of visiting nurse services, and Margaret Sanger is the mother of the planned parenthood movement. Both of these nurses, working on the frontlines at the turn of the 20th century, bore witness to the effects of the Industrial Revolution on individual and family lives. They understood the human condition and nursing’s contract with society. I believe that today, similarly, nursing needs to find its role at the interface between societal changes and how they impact on people’s lives. It requires nurses to have an understanding of its own mandate in society, coupled with a thorough knowledge of the human condition in health and illness (i.e., Nightingale’s universal laws) and an ability to effect change.

If I am correct and these are the conditions for nursing to flourish, then the present is a fertile time for nursing. Many have compared the technological revolution to the Industrial Revolution in its sweeping effects on society. The nature and rapidity of the current changes brought about by technology and in response to technology are resulting in a world that is, for many, overwhelming, stressful, and taxing beyond the limits which nature intended. We have only to look around us to see the direct and indirect effects of this new revolution: unprecedented increases in mental illness, physical breakdown, violence, and burnout. What is the role of nursing in helping people to deal with the effects of technology on their lives? What is our role as nurses in promoting health and preventing disease and breakdown, using technology but not substituting technology for care?

Insight into these roles was recently heightened for me when my twin sister was diagnosed, during a routine mammogram, with a second breast cancer in 9 years. The advances in mammography in the intervening years have produced a machine that is more sensitive in detecting early changes in breast tissue. Radio Frequency Ablation (RFA), an experimental procedure to eradicate tumours, will, it is hoped, provide a less invasive method for treating breast cancer. Although technology has transformed the way my sister’s cancer was diagnosed and temporarily treated, the news of the cancer was more devastating and overwhelming than it had been 9 years earlier. Unlike
the first time, however, she was fortunate to be cared for by an outstanding nurse-practitioner who understood how to nurse her. This nurse spent hours with my sister, getting to know her and her many concerns. With this knowledge, the nurse navigated the system and coordinated my sister’s treatment so that she could attend the graduations of her two daughters, explained how the new technologies worked, and had everything in place within a few days of diagnosis. Moreover, knowing that this knowledgeable and skilled nurse could be reached 24 hours a day to address a broad range of issues, from physiological and psychosocial concerns to medical treatments to family needs, has been extremely reassuring to my sister. The nurse prevented unnecessary delays in treatment, alleviated my sister’s anxiety — which might have exacerbated her mental and physical condition — and enabled her to regain control. This nurse has clearly honoured Nightingale by creating the conditions to support healing.

Clearly, in this age of increasing technological advances, we need the compassionate and knowledgeable services of nursing more than ever before. Ironically, with the new advances in technology we now have ways of measuring the efficacy of nursing acts, acts that until now have been devalued and minimized. For example, technology can now be used to demonstrate that when nurses provide comfort or stay with patients during periods of vulnerability they significantly affect a person’s immunological system. Nursing is beginning to integrate these new technologies into its research, and must continue to do so. Again, Nightingale should be our guide. She understood that bringing about change required visible proof, provided in a truly persuasive form. One of Nightingale’s greatest contributions was her use of statistical analysis, a novel approach in her time, to influence policy. She made the invisible visible, the trivial relevant and important to those who were in power. Nursing often hides behind “hard” indicators of impact (i.e., mortality rates) instead of tackling the “softer” outcomes of nursing care that may be just as significant to a person’s health and well-being. Nursing needs to utilize the available technologies to ensure that it is heard. Advances in technology may be costly, but they may prove to be an important ally, showing that compassionate, knowledgeable, and skilled nursing is what society requires of us now and in a future world transformed by technology.

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References

