REVIEW ARTICLE

Three Nursing Legacies: Nightingale, Medicine, and Technology and their Impact on Nursing Practice

Annette D Summers

School of Nursing and Midwifery, University of South Australia, Glenelg, Australia

Abstract: *Recently, there have been many changes to the delivery of health care in Australia and other developed countries. Australia appears to be in permanent crisis over the provision of health care to the community, despite improvements in technology. It is unclear whether this crisis is related to changes in the relationship between the general public and health professionals, economic policies, or increasing advances in technology. There is no doubt that there has been a significant shift in the expectations for and delivery of health care in Australia. The result is that health care is provided in a complex political, economic, global, and technological context. Nursing and midwifery have not escaped these changes in the provision of health services and this has affected nursing practice. During the past century, developing countries have emulated western advances in health care. However, western medicine has many legacies that have provided both positive and negative influences on health care. This paper identifies and discusses 3 important legacies of Florence Nightingale, medicine, and technology.*

Key words: *Community health nursing, History, Internet, Medicine, Nursing theory, Professional practice, Professional role, Technology*

Asian J Nurs. 2007;10:6-11

Introduction

Recently, there have been many changes to the delivery of health care in Australia and other developed countries. Australia appears to be in permanent crisis over the provision of health care to the community despite improvements in technology. It is debatable whether this crisis is related to changes in the relationship between the general public and health professionals, economic policies, or changes in technology. However, there is no doubt that there has been a significant shift in the expectation and the delivery of health care throughout the world. The result of this is that health care is now provided in a complex political, economic, global, and technological context that responds to the demands of the consumer and relies on expert care from qualified and competent practitioners in a rapidly changing environment.[1] Nursing has not escaped these changes in the provision of health services, which have affected nursing practice and the way that practice is perceived.

Correspondence: *Professor AD Summers, AO, RFD (Rtd), PhD, MEdSt, University of South Australia, School of Nursing and Midwifery, 24 Partridge Street, Glenelg, South Australia 5045, Australia.*
Tel: (61 8) 8295 3162
E-mail: a.summers@psanda.com.au

In the past century, many developing countries looked to the western world and emulated their perceived advances in health care. This is also the case for nursing and, to some degree, western medicine and nursing have left a positive legacy to the world. Yet many mistakes were made during the past century in western countries, for example, the transfer of all health matters to an illness focus that can only be treated in hospitals; the withdrawal from community health care by doctors and nurses; and the handing over by midwives of women-centred birthing to medically-orientated obstetrics. These changes have resulted in major health issues in many countries, including Australia, and governments and health departments are now rethinking their health care policies and putting strategies in place to rectify the problems.

This paper will reflect on history and identify 3 legacies that have had an impact on nursing and healthcare: the legacies of Florence Nightingale, medicine, and technology.

The Legacy of Florence Nightingale

Most nursing students are informed about the history of nursing at an early stage of their nursing education.

No matter the country or language in which nursing is taught, Florence Nightingale will at least be mentioned and is likely to be the focus of historical discussion. It is therefore reasonable to suggest that the most important legacy to nursing is the one of Nightingale. Although Nightingale has left a legacy of reform in nursing and medicine, her doctrine has also contributed to some of the difficulties that some countries such as Australia are facing today.

Before the era of the Nightingale nurse, ill, injured, pregnant, and dying people were mainly nursed in their homes, usually by their family or by a 'community nurse' with a doctor in attendance, if necessary. The nurse was usually an older married working-class woman with children, who undertook nursing to support her family due to the ill health, death, or unemployment of her spouse. In western society, the nurse worked with, and was supported by, a local doctor who knew the families in his district and who looked after each family from birth to death.[2] The community and the local doctor endorsed the continuation of the nurse's practice by her proven experience and safe practice. She obtained her knowledge through intuition and experience, and received some medical knowledge from the local doctor with whom she worked.[3]

The doctor and the community nurse supported each other with their individual skills and established their own areas of practice. Depending on the service that was provided, the community nurse was viewed either as part of the community and enjoyed the support of the community, or as was derided as a 'drunken incompetent fool'.

It was into this era that Florence Nightingale was born. She was an intelligent woman who wanted to do something with her life. She came from an affluent family in a society where women of her status did not work, but were educated in the activities that would make a good wife. She was expected to marry well and preserve the family's fortune. However, Nightingale did not want this future and argued with her father to allow her to follow her chosen career of nursing.

Nightingale was an extraordinary woman who brought about reform to many facets of military and public health in England. The establishment of a professional nursing body was only a small part of her work. Apart from teaching and the establishment of nursing schools, she successfully argued that military doctors should be salaried, ensured that soldiers were paid after they were injured in battle, researched the hospital and public health systems in England and made recommendations for their improvement, and made many recommendations for improvements in public health and hygiene. Indeed, Nightingale was ahead of her time as she was an autonomous political practitioner who based her knowledge on research. By the time of her death she was much revered in England and throughout the world.[3-5]

While Nightingale was perhaps a forerunner of today's university-educated nurse, her real legacy to nursing was very different. Nightingale started a movement amongst middle-class women in England who had very few choices in life: to marry as well as possible; to be a governess to wealthy children; or to stay at home and look after their parents. At a time when the very wealthy were starting to lose some of their wealth and the poorer classes were looking to industrial reform to better their position, middle-class women increasingly needed respectable work.

Nightingale's 'ideal' nurse became an option for women who were looking to establish respectability and status in their working life. Although Nightingale's ideals of nursing involved much needed reform for nursing the sick, the women who followed her ideals took up nursing with an almost fanatical religious fervour. The context of Nightingale's world was a patriarchal society in which women deferred to men in all things. This was especially true of the middle classes in 19th century England. The Nightingale method of nursing was therefore introduced not from Nightingale's practice but from her ideals as visualised by others. The Nightingale system was dependent on the 'unblemished character' of the women employed as nurses. Nursing was to become a vocation, demanding a dedication similar to that of a religious order. The characteristics of a suitable Nightingale nurse were to be as 'impeccable as those of Miss Nightingale herself'.[6]

Subsequently, in western countries, the Nightingale method of nursing was seen as an acceptable career for young unmarried middle class women. Indeed, it was necessary to be unmarried and nursing was publicised as a vocation, with nurses entering a convent-like existence from which release was only by marriage, old age, or death. This transformed the nurse from the middle-aged home-based independent community nurse who was married with children and who had experience of life to the young single childless hospital-based nurse.[2] The Nightingale system effectively transformed nursing from the home and community to

the hospital. The other brilliant aspects of research and political awareness of Nightingale were forgotten.

Nursing became a stringently controlled profession that required nurses to have a limited standard of education, minimal medical knowledge, a copious amount of domestic knowledge, and a suitable and respectable social standard and image. New nurses were trained only to practice within a hospital setting and were not able to practice independently in the community and, more importantly, did not want to practice in an independent setting. The respectable dependent nurse fitted with the limitations imposed on middle-class women by society at the time. Nursing consequently received public acceptance as an appropriate and sought after employment for middle-class women, while under the strict control of and deference to men — for nursing this meant medicine.[6]

Since Nightingale, nursing has always been seen as an essential part of any health care service. However, the role of nursing set up by the Nightingale method was as a profession for women subordinate to medicine, without independence of practice or political voice. This has prevented nursing from taking a strong position in health policy and practice. It is only in the past decade that nursing in western countries has become not only an essential part of the health service but also a political voice within health and government policy.

The Legacy of Medicine

The profession of medicine has left 2 powerful legacies to nursing. These are based on professionalism and the establishment of professional expertise in a closed group. The key to the power and importance of medicine is in its professional status. The professions are concerned with the sale of services, abstract ideas, visual forms, and manipulation of words. This enables the professions to establish themselves as closed groups from which others are excluded and that require specialist education for the members of a particular professional group.[7] Medical men in the 19th century sought to achieve regulation to differentiate themselves from unqualified practitioners, especially in areas of pregnancy and childbirth.[8]

In the 17th and 18th centuries in western countries, medicine was established as a closed professional group with its own entry requirements of education, code of conduct, and certification. A profession provides a cohesive structure that gives its members power to seek their own objectives and the right of autonomy. The creation of this elite group was consolidated by legislation, which enabled medical men to gain status by income, authority of knowledge, and deference to that knowledge by the community. Professional groups maintain their status by propaganda, persuasion, and legislation to retain the knowledge of their profession; by doing so they can turn human capital into material wealth.[9] By this successful suppression of competition from alternative practitioners, doctors achieved better financial remuneration and further autonomy, enabling them to acquire professional status in accord with their training, background, skills, and standing in the community.[10] Hence, medicine established itself as the only profession with the right to treat and cure people from injury, illness, and disease. Medical men were not concerned with health but with cure, thus placing an illness focus on most life events.

Nursing also sought to establish itself as a bona fide profession by seeking self-regulation and standards of education and practice. During the last 2 decades of the 19th century in Australia, as in many other western countries, nurses began to organise the ideals of a profession to 'gain upward social mobility for its members'.[8] Nursing followed the strategy of medicine by forming an association, which advocated standards of training and established a professional journal. Legal creditability was sought through a registration act. Professionalism was one of the main legacies left to nursing by medicine.

The pathway to the professionalism of nursing was not the same as that for medicine. There was no desire by nurses for autonomy or indeed complete ownership of medical or nursing knowledge. The nursing profession's road to professionalism was based on moral behaviour, devotion to duty, middle-class values, and the acceptance of a patriarchal society. The position nurses desired within society was one of symbolic adoration based on a noble vocation rather than autonomous professional practice leading to personal wealth and social standing. This pertains to the second legacy that medicine left nursing, which is the consideration of all matters related to health as an illness.

While nurses sought the characteristics of self-regulation and the setting of standards of education and practice from the outset, nursing did not intend to pursue the principle of autonomy, which could be argued is the essence of a profession. Nurses who had undergone formal training did not consider that they

should in any way operate without being under the umbrella of medicine. Indeed, being a Nightingale nurse mandated this view. The Nightingale method of nursing supported a philosophy of subservience and assistance to what was considered to be the more important service of the doctor.[8]

From the late 19th century until recently, nursing knew its place in the health hierarchy and deferred to medicine's superiority at all times. The new modern nurses formed by the Nightingale method of nursing strongly advocated practice in a salaried hospital setting under the tutelage and prescription of medicine. To autonomously practice their skill in the community was to return to the incompetent old nurse who used dubious methods of practice. For more than 100 years, the modern hospital nurse remained an assistant to medicine and showed no desire to expand into autonomous practice. As a profession, it has allowed other allied health professionals, who have assumed the mantle of autonomous practice, to take over many of its functions such as physiotherapy and occupational therapy; these other health professionals now occupy superior positions in the health care hierarchy.

Why does this matter? Surely this is what nursing is about, providing holistic nursing care to people who are sick in hospital and attending to treatment as prescribed by a doctor. The consequence of this legacy is that the community's health was abandoned by both medicine and nursing, which concentrated on tending to the sick in the institutional setting. While there are still a few general medical practitioners in Australia who know families from birth to death, there are now more doctors who practice out of corporate medical clinics, providing a practice venue for newly qualified doctors. They mainly tend to minor illnesses, medical maintenance of chronic illness, and the social needs of their patients. They have given away much of their previous practice such as minor surgery and pregnancy care to highly paid medical specialists, and nursing has followed suit.

Western society has learned through the propaganda of medicine and nursing that it is unsafe to receive health care in the community. Nurses were primed to join with doctors in convincing the population that health was about illness and that, in their hands, patients would be saved. Society learned to become victims of illness and to take on a patient role in the place of healing. People now find it difficult to take responsibility for their own health care or to accept that illness, birth, and death are a part of life. Medicine is expected to go to extraordinary lengths to keep people alive. Specialist medicine, through its discourse, has made itself indispensable to society in all aspects of life and nursing was adoringly complicit in spreading the word.

The Legacy of Technology

The legacy that Nightingale and medicine have left to nursing has placed nursing in a position for which it does not have the skills to manage the third legacy of technology. Late in the 20th century, a new phenomenon emerged that gave people in many societies knowledge and power over their own health care — information technology. The capability for information to reach all corners of the world by various forms of communication is unprecedented and by far the biggest impact has been the Internet.

As an example of the impact of the Internet, it took only 4 years for the Internet to reach 50 million users compared with 34 years for radio and 15 years for television to reach the same number of people.[11] The number of Internet users doubles every 100 days and 7 new people use the Internet every second.[12] The world is now an interconnected community, with instantly accessible knowledge.

In this new century, health professionals must explore the Internet to see what informs society about their health as people gain the knowledge that medicine and nursing have had for more 100 years. The difference between the print media and the Internet is that much of the information on the Internet is considered to be the professional knowledge, which is traditionally found in textbooks and professional journals. Therefore, health professionals now see patients who are more 'informed' about the knowledge of the profession. The effect of this is 2-fold, in that there is a not only a globalisation of health care across the world by health care workers but also a permeation of that knowledge through all levels of differing societies.

To appreciate the impact of this explosion in technology and communication, one needs to look at the overall impact of technology in health care. Recent studies in Australia have shown that the increasing sophistication of technology is the main cost of the health care budget in Australia today.[13] The result of this is that health care is now provided in a complex economic and technological context that responds to the demands of the consumer and relies on expert care from competent practitioners in a rapidly changing environment.[1]

Health care in Australia and in other developed countries seems to be in crisis despite the constant 'improvement' in understanding and treating disease through increasingly complex technology. Despite these technological improvements in health care, there are still problems. There is insufficient money to provide a reasonable health service for the population. Generally, people are not healthier or happier with the service provided. In Australia, for example, despite a perceived healthy population, some members of the population such as indigenous people have serious health issues despite the money and technology provided for improvements.

The populations of most western countries are well informed. They have to be knowledgeable as relying on experts can be dangerous. This is shown by the long debate about the safety of tobacco smoke and by the relatively high number of iatrogenic injuries, illnesses, and deaths that occur in hospitals. Populations demand to be kept informed of health care developments and, as a result, E-health is gaining in popularity in the media. Television programmes show operations ranging from organ transplants to cosmetic surgery or explain in graphic detail the mysteries of reproduction. People can become informed about the available drugs for a variety of medical conditions from acne to cancer and then decide whether or not to take, or demand specific drugs and treatments from their doctors.

People can access any information about their disease and treatment via a computers, and make decisions about their health. In some societies such as Australia, people use this knowledge to exercise choice. The result is that consumers are demanding greater involvement in their health care and are questioning the expertise and practice of those professionals who provide health services. In western societies, this has resulted in more frequent and expensive litigation. People are relearning how to care for themselves, either because they want to or because they have to, and in many instances are receiving complementary or alternative therapies.

Technology has enabled health professionals to provide faster, safer, and more successful treatment. People are admitted to hospital for surgery and can be discharged home in a matter of hours. Patients with terminal or chronic illness go to hospital for a few hours for specific treatment and then return to the care of their families or go back to work. Governments have recognised the financial savings of this 'take away' approach to health and have downsized, downgraded, and devolved health care services, resulting in only critically ill or critically injured, elderly, and mentally ill people receiving long-term care in public health systems.

The legacies of technology have also benefited the community's health, in that people are reluctant to totally trust in the health system and are demanding a greater responsibility for their health needs. The demand for alternative care and treatments is increasing, and nurses and nurse educators need to adapt to the changes to acquire the skills to practice effectively in this environment. Illness does not change but the cultural, social, and professional context in which nurses practice does and a readiness to adopt new ways of working is an advantage.

Some governments have been far sighted and realise that health care is not only hospital care but also the provision of a service that is available in both community and hospital settings. In South Australia, the government has instituted a new health plan that to improve health by promoting a population health approach, concentrating on primary health care and strengthening and reorienting health services towards prevention and community health.[14]

Conclusions

What does the effect of these legacies mean for nurses? It means individual and personal confrontation of nurses' beliefs and ideals of what nursing is, which can be learnt from history. It means that nurses have to be accountable in their practice and be able to articulate this in an ever-changing society. Nurses must be able to operate in the new era of globalisation and base their practice on sound evidence provided by research. Knowledge and critical analysis of the past can provide nurses with strategies to make appropriate reform to assist in nursing practice and the health of communities in the future.

These 3 legacies have taken health care from the community to the hospital and back to the community. The impact of change may not be recognised at the time, and it often requires reflection of history to recognise the changes that occur. Western societies have always looked back on history without criticism and have accepted that the influence of Nightingale, medicine and technology can only be for the good. However, it is wise to critically analyse the effect of history on health from a broad perspective. It is incumbent on

health professionals to be aware of the impact of their actions and to learn from other alternative and more inclusive health care practices to improve the health of the population. Nursing is the one health profession that can bring health back to the people and nurses should never forget the important part they play in health care systems.

References

1. Fairweather C, Gardner G. Specialist nurse: an investigation of common and distinct aspects of practice. Collegian. 2000;2:26-33.
2. Summers AD. For I have ever so much more faith in her ability as a nurse: the eclipse of the community midwife in South Australia 1836-1842 [thesis]. Adelaide: Flinders University; 1995.
3. Nightingale F. Introductory notes on lying-in institutions, together with a proposal for organising an institution for training midwives and midwifery nurses. London: Longmans, Green, and Co; 1871. [In Japanese].
4. Nightingale F. Superintendent's quarterly reports to the governors of nursing home at Harley Street, 1853-1854. Sogo Kango. 1992; 27:5-15.
5. Sam Wellman's Biography Website. Heroes of history. Available from: http://www.heroesofhistory.com/page56.html
6. Kingston B. My wife, my daughter and poor Mary-Ann. Melbourne: Thomas Nelson Australia Pty Ltd; 1975.
7. Davidoff L, Hall C. Family fortunes: men and women of the English middle class, 1780-1850. Chicago: University of Chicago Press; 1987.
8. Willis E. The division of labour in Australian health care [thesis]. Adelaide: The University of Adelaide; 1981.
9. Perkin H. The rise of professional society: England since 1880. London: Routledge; 1989.
10. Pensabene TS. The rise of the medical practitioner in Victoria [health research project]. Canberra: Australian National University Press; 1980.
11. Bradley D. E-work in an E-world. Proceedings of the E World Conference; 2000 May; Adelaide, Australia.
12. Webspy. Internet use statistics. Available from: www.webspy.com/files/publications/InternetUseStatistics.pdf
13. Kinnear P. Population ageing; crisis or transition? Canberra: The Australia Institute; 2001.
14. Generational Health Review. Better choices better health: final report of the South Australian Generational Health Review: Adelaide: Government of South Australia; 2003.