

# Go With the Flo: The Lady with the Lamp

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# Setting the Stage:



- Born: May 12, 1820 in Florence, Italy, the second of two daughters. Was named for the city in which she was born.
- Family wealth afforded the opportunity to do things that other females were not “privy” to
- Died August 13, 1910 in London, England
- British nurse, statistician, social reformer, founder of modern-day nursing philosophy

# British Nurse



- Crimea War (1852-1854)
- Educated at King's College, London
- Learned to be a nurse in Kaiserwerth, Germany
- Along with 38 voluntary nurses, she cleaned and refurbished the hospital in Scutari (current-day Albania)
- Credited with decreasing the mortality during Crimean War from 42.7% to 2.2% and pursued policy changes
- Night-time rounds (Lady with the Lamp)
- Consultant during the Civil War



# Statistician

- Realized that the mortality of British soldiers was higher among soldiers at home than that of ordinary British men, despite the fact that the soldiers were healthier at the start of their careers.
- Drew many graphs; unusual since most British statisticians didn't use visual depiction
- Noted inaccuracies in documentation and collection of data;
- Maternal mortality related to Puerperal Fever documentation was noted by Semmelweis in Paris, but not widely disseminated. Nightingale's writings were the only female-written.
- First woman to be an invited member of the Royal Statistical Society and in 1874 became an honorary member of the American Statistical Association.

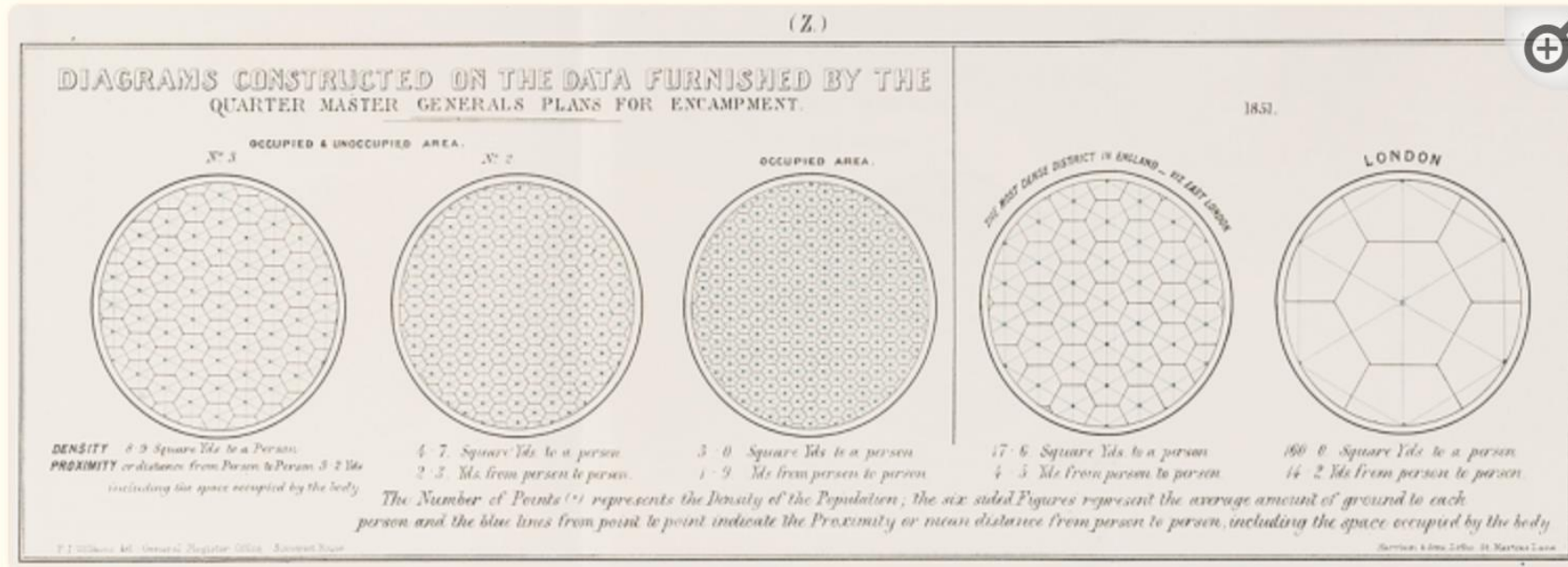
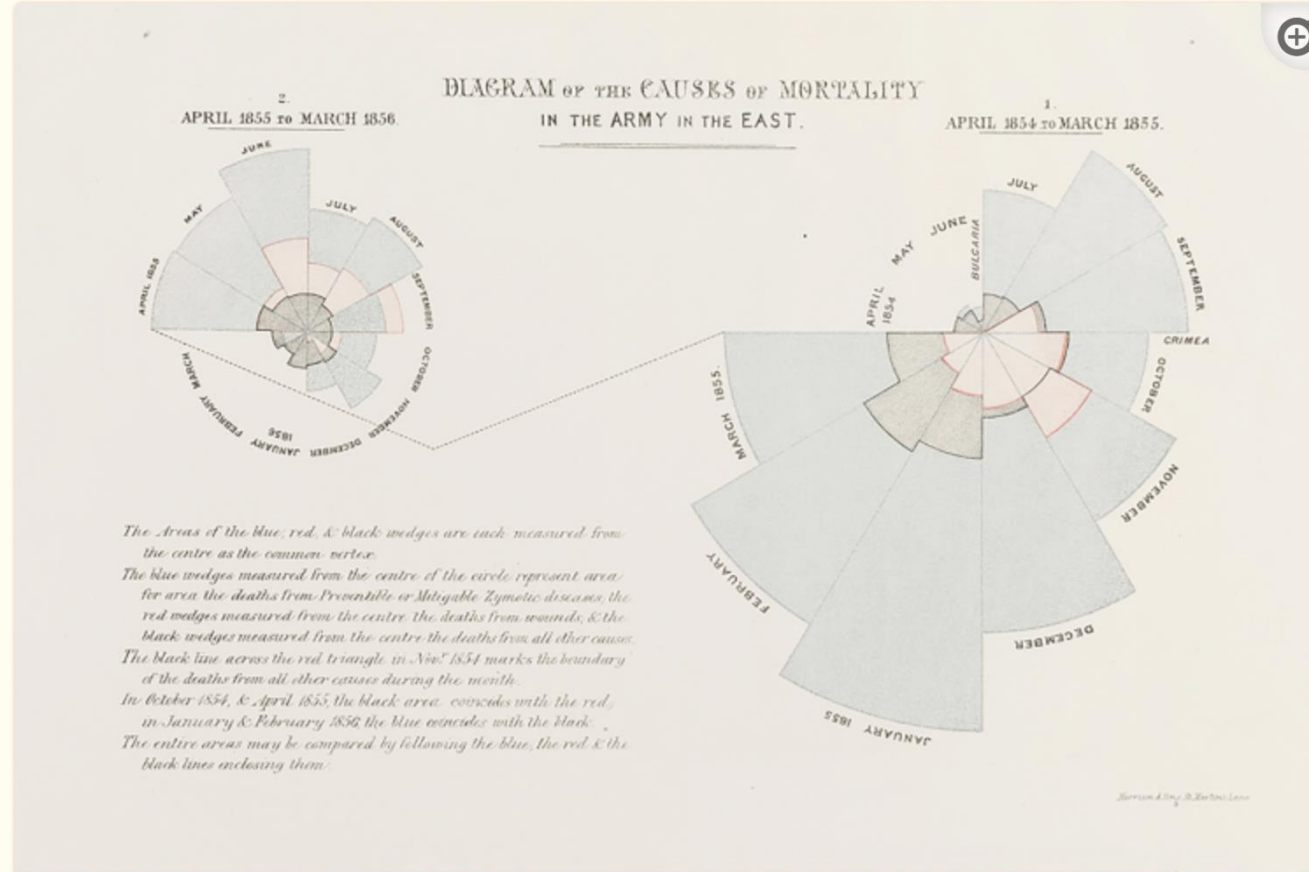


Figure 1

Diagrams Constructed on the Data from the Quartermaster General's Plans for Encampment

Credit: The RAMC Muniment Collection in the care of the Wellcome Library.



[Figure 3](#)

Cover Polar Area (or Rose) Diagram of the Causes of Mortality in the Army in the East

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# Founder of Modern-day Nursing Philosophy



- Credited with bringing statistics, as a major course of study, to the Oxford University curriculum. To all of this she said, “What we want is to teach the men who govern the country to use statistics.”
- Being present
- Build trusting relationship with patients
- Integrated healthcare
- Demanded the respect of doctors
- 24 hour (around-the-clock) care

# *Nursing Job Description* *from 1887*

1. Daily sweep and mop the floors of your ward, dust the patient's furniture and window sills.
2. Maintain an even temperature in your ward by bringing in a scuttle of coal for the day's business.
3. Light is important to observe the patient's condition. Therefore, each day fill kerosene lamps, clean chimneys and trim wicks.
4. The nurse's notes are important in aiding your physician's work. Make your pens carefully; you may whittle nibs to your individual taste.
5. Each nurse on day duty will report every day at 7 a.m. and leave at 8 p.m., except on the Sabbath, on which day she will be off from 12 noon to 2 p.m.
6. Graduate nurses in good standing with the director of nurses will be given an evening off each week for courting purposes, or two evenings a week if you go regularly to church.
7. Each nurse should lay aside from each payday a goodly sum of her earnings for her benefits during her declining years, so that she will not become a burden. For example, if you earn \$30 a month, you should set aside \$15.
8. Any nurse who smokes, uses liquor in any form, gets her hair done at a beauty shop or frequents dance halls will give the director of nurses good reason to suspect her worth, intentions and integrity.
9. The nurse who performs her labors & serves her patients and doctors faithfully and without fault for a period of 5 years will be given an increase by the hospital administration of 5 cents per day.



# Nightingale Pledge, 1893

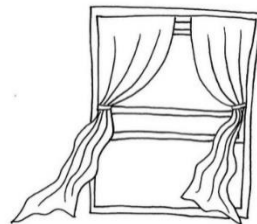
I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practise my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavour to aid the physician in his work, and devote myself to the welfare of those committed to my care.

# Instructions

- At your table, you will find a quote from Florence Nightingale
- Determine the meaning of the quote
- Does this quote have any relevance to today's healthcare?
- Choose a spokesperson
- Share your thoughts with the group



The common idea as to uninhabited rooms is, that they may safely be left with doors, windows, shutters, and chimney-board, all closed – hermetically sealed if possible – to keep out the dust, it is said; and that no harm will happen if the room is but opened a short hour before the inmates are put in. I have often been asked the question of uninhabited room. – But when ought the windows to be opened? The answer is –  
When ought they to be shut?

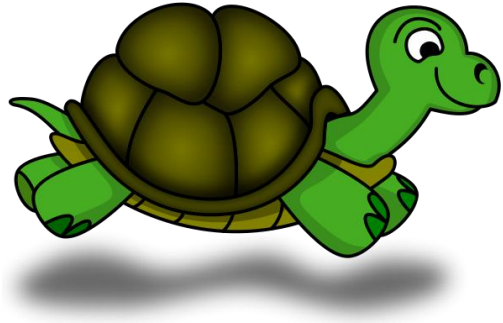


But never should the possession of this indispensable lid confirm you in abominable practice of letting the chamber utensil remain in a patient's room unemptied, except one in the 24 hours, i.e. when the bed is made. Yes, impossible as it may appear; I have known the best and most attentive nurses guilty of this; aye, and have known, too, a patient afflicted with severe diarrhea for ten days, and the nurse (a very good one) not know of it, because the chamber utensil (one with a lid) was emptied only once in 24 hours, and by the housemaid who came in and made the patient's bed every evening.



Is it not living in a continual mistake to look upon diseases, as we do now, as separate entities, which must exist, like cats and dogs? instead of looking upon them as conditions, like a dirty and a clean condition, and just as much under our own control; or rather as the reactions of kindly nature, against the condition in which we have placed ourselves. ...For diseases, as all experiences hows, are adjectives, not noun substantives.



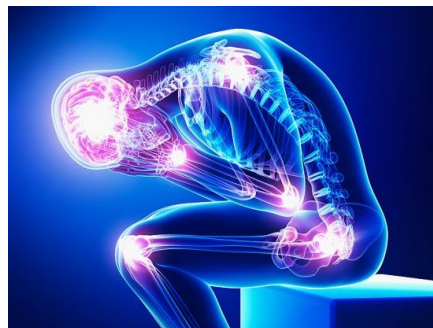


There are many physical operations where ceteris paribus (modern spelling: ceteris paribus: “if all other relevant things, factors or elements remain unaltered”) there are many physical operations where ceteris paribus (all else being the same) the danger is in a direct ratio to the time the operation lasts; and ceteris paribus the operator’s success will be in direct ratio to his quickness. Now there are many mental operations where exactly the same rule holds good with the ceteris paribus their capability of bearing such operations depends directly on the quickness, without hurry, with which they can be gone through.

It is often complained, that professional nurses, brought into private families, in case of sickness, make themselves intolerable by “ordering about” the other servants, under plea of not neglecting the patient. Both things are true; the patient is often neglected, and the servants are often unfairly “put upon.” But the fault is generally in the want of management of the head in charge. ... It is certainly not for the nurse to “order about” the servants.



It is a matter of painful wonder to the sick themselves, how much painful ideas predominate over pleasurable one in their impressions; they reason with themselves; they think themselves ungrateful; it is all of no use. The fact is, that these painful impressions are far better dismissed by a real, laugh, if you excite one by books or conversation, then by any direct reasoning; or if the patient is too weak to laugh, some impression from nature is what he wants. I have mentioned the cruelty of letting him stare at a dead wall. In many diseases, especially in convalescence from fever, that wall will appear to make all sorts of faces at him; now flowers never do this. Form, color, will free your patient from his painful ideas better than any argument.



Why, because the nurse has not got some food today which the patient takes, can the patient wait four hours for food today, who could not wait two hours yesterday? Yet this is the only logic one generally hears. On the other hand, the other logic, viz., of the nurse giving a thing because she has got it, is equally fatal. If she happens to have fresh jelly, or fresh fruit, she will frequently give it to the patient half an hour after his dinner, or at his dinner, when he cannot possibly eat that and the broth too – or worse still, leave it by his bedside till he is so sickened with the sight of it, that he cannot eat it at all.



It is a frequent recommendation to persons about to incur great exhaustion, either from the nature of the service, or from their being not in a state fit for it, to eat a piece of bread before they go. I wish the recommenders would themselves try the experiment of substituting a piece of bread for a cup of tea or coffee, or beef-tea, as a refresher. They would find it a very poor comfort. When soldiers have to set out fasting on fatiguing duty, when nurses have to go fasting in to their patients, it is a hot restorative they want, and ought to have, before they go, not a cold bit of bread. And dreadful have been the consequences of neglecting this. If they can take a bit of bread with the hot cup of tea, so much the better, but not instead of it. The fact that there is more nourishment in bread than in almost anything else, has probably induced the mistake. This it is a fatal mistake, there is no doubt. It seems, though very little is known on the subject, that what “assimilates” itself directly, is the best for the above circumstances. Bread requires two or three processes of assimilation, before it becomes like the human body.



I once told a “very good nurse” that the way in which her patient’s room was kept was quite enough to account for his sleeplessness; and she answered quite good-humoredly she was not all surprised at it – as if the state of the room were, like the state of the weather, entirely out of her power. Now in what sense was this woman to be called a “nurse”?



For the same reason if, after washing a patient, you must put the same night-dress on him again, always give it a preliminary warm at the fire. The night-gown he has worn must be, to a certain extent, damp. It has now got cold from having been off him for a few minutes. The fire will dry and at the same time air it. This is much more important than with clean things.



One word about pillows. Every weak patient, be his illness what it may, suffers more or less from difficulty in breathing. To take the weight of the body off the poor chest, which is hardly up to its work as it is, ought therefore to be the object of the nurse in arranging his pillows. Now what does she do and what are the consequences? She piles the pillows on a-top of the other like a wall of bricks. The head is thrown upon the chest. And the shoulders are pushed forward, so as not to allow the lungs room to expand. The pillows, in fact, lean upon the patient, not the patient upon the pillows. It is impossible to give a rule for this, because it must vary with the figure of the patient. And tall patients suffer much more than short ones, because of the drag of the long limbs upon the waist. But the object is to support, with the pillows, the back below the breathing apparatus, to allow the shoulders room to fall back, and to support the head, without throwing it forward. The suffering of dying patients is immensely increased by neglect of these points. And many an invalid, too weak to drag about his pillows himself, slips his book or anything at hand behind the lower part of his back to support it.



A small pet animal is often an excellent companion for the sick, for long chronic cases especially. A pet bird in a cage is sometimes the only pleasure of an invalid confined for years to the same room. If he can feed and clean the animal himself, he ought always to be encouraged to do so.



There are two classes of patients which are unfortunately becoming more common every day, especially among women of the richer orders, to whom all remarks are preeminently inapplicable: 1. Those who make health care an excuse for doing nothing, and at the same time allege that the being able to do nothing is their only grief. 2. Those who have brought upon themselves ill-health by over pursuit of amusement, which they and their friends have most unhappily called intellectual activity.





This is important, because on this depends what the remedy will be. If a patient sleeps two or three hours early in the night, and then does not sleep again at all, ten to one it is not a narcotic he wants, but food or stimulus, or perhaps only warmth. If, on the other hand, he is restless and awake all night, and is drowsy in the morning, he probably wants sedatives, either quiet, coolness, or medicine, a lighter diet, or all four. Now the doctor should be told this, or how can he judge what to give?

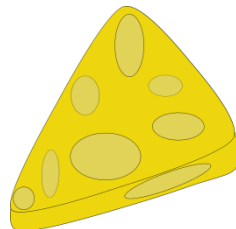


I have often seen really good nurses distressed, because they could not impress the doctor with the real danger of their patient; and quite provoked because the patient “would look” either “so much better” or “so much worse” that he really is “when the doctor was there.” The distress is very legitimate, but it generally arises from the nurse not having the power of laying clearly and shortly before the doctor the facts from which she derives her opinion, or from the doctor being hasty and inexperienced, and not capable of eliciting them. A man who really cares for his patients, will soon learn to ask for and appreciate the information of a nurse, who is at once a careful observer and a clear reporter.



I would earnestly ask my sisters to keep clear of both the jargons now current everywhere (for they are equally jargons); of the jargon, namely about the “rights” of women, which urges women to do all that men do, including the medical and other professions, merely because men do it, and without regard to whether this is the best that women can do; and of the jargon which urges women to do nothing that men do, merely because they are women, and should be “recalled to a sense of their duty as women,” and because “this is women’s work,” and “that is men’s,” and “these are things which women should not do,” which is all assertion, and nothing more.

In the diseases produced by bad food, such as scorbutic dysentery and diarrhea, the patient's stomach often craves for and digests things, some of which certainly would be laid down in no dietary that ever was invented for sick, and especially not for such sick. These are fruit, pickles, jams, gingerbread, fat of ham or bacon, suet, cheese, butter, milk. These cases I have seen not by ones, nor by tens, but by hundreds. And the patient's stomach was right and the book was wrong. The articles craved for, in these cases, might have been principally arranged under the two heads of fat and vegetable acids.





The effect of music upon the sick has been scarcely at all noticed. In fact, its expensiveness, as it is not, makes any general application of it quite out of the question. I will only remark here, that wind instruments, including human voice, and stringed instruments, capable of continuous sound, have generally a beneficent effect – while the piano-forte, with such instruments as have no continuity of sound, has just the reverse. The finest piano-forte playing will damage the sick while an air, like “Home, sweet home,” ...will sensibly soothe them – and this quite independent of association.



Let experience, not theory, decide upon this as upon all other things. In making coffee, it is absolutely necessary to buy it in the berry and grind it at home. Otherwise you may reckon upon its containing a certain amount of chicory, at least. This is not a question of the taste, or of the wholesomeness of chicory. It is that chicory has nothing at all of the properties for which you give coffee. And therefore you may as well not give it.



The mistresses of houses, who cannot even go over their own house once a day, are incapable of judging for these women. For they are incapable themselves, to all appearance, of the spirit of arrangements (no small tasks) necessary for managing a large ward or dairy.



I remember a case in point. A man received an injury to the spine, from an accident, which after a long confinement ended in death. He was workman—had not in his composition a single grain of what is called ‘enthusiasm for nature’ -- but he was desperate to “see once more out of window.” His nurse actually got him on her back, and managed to perch him up at the window for an instant, “to see out.” The consequence to the poor nurse was a serious illness, which nearly proved fatal. The man never knew it; but a great many other people did. Yet the consequence in none of their minds, so far as I know, was the conviction that the craving for variety in the starving eye, is just as desperate as that of food in the starving stomach, and tempts, the famishing creature in either case to steal for its satisfaction.”



I wish, too, that people who wear crinoline could see the indecency of their own dress as other people see it. A respectable elderly woman stooping forward, invested in crinoline, exposes quite as much of her own person to the patient lying in the room as any opera dance does on the stage. But no one will tell her this unpleasant truth. (Crinoline: a stiffened or hooped petticoat worn to make a long skirt stand out.)



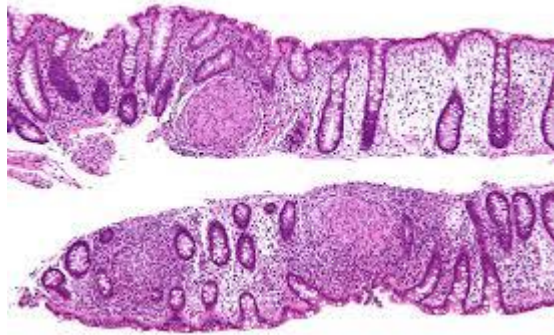
That which, however, above all, is known to injure children seriously is foul air, and most seriously at night. Keeping the rooms, where they sleep tight shut up, is destruction to them. And, if the child's breathing is disordered by disease, a few hours only of such foul air may endanger its life, even where no inconvenience is felt by grown-up persons in the same room.



And remember every nurse should be one who is to be depended upon, in other words, capable of being a “confidential” nurse. She does not know how soon she may find herself placed in a situation; she must be no gossip, no vain talker; she should never answer questions about her sick except to those who have a right to, ask them; she must, I need not say, be strictly sober and honest; but more than this, she must be a religious and devoted woman; she must have a respect for her own calling, because God’s precious gift of life is often literally placed in her hands; she must be a sound, and close, and quick observer; and she must be woman of delicate and decent feeling.



There is, unquestionable, a physiognomy of disease. Let the nurse learn it. (Physiognomy: the general form or appearance of something)



One hint I would give to all who attend or visit the sick, to all who have to pronounce an opinion sickness or its progress. Come back and look at your patient after he has had an hour's animated conversation with you. It is the best test of his real state we know. But never pronounce upon him from merely seeing what he does, or how he looks, during such a conversation. Learn also carefully and exactly, if you can, how he passed the night after it.



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