Health Leaders

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Florence Nightingale — a woman of vision and drive

The personal qualities and circumstances which enabled Florence Nightingale to do so much towards improving hospital conditions and raising the quality of nursing during the nineteenth century are described in this article.

My view... is that the ultimate destination of all nursing is the nursing of the sick in their own homes... I look to the abolition of all hospitals and workhouse infirmaries... But it is no use to talk about the year 2000.

—Florence Nightingale: private notes, Easter Sunday, 1867.

Prints of Florence Nightingale caring for wounded soldiers have helped to create a wrong impression. Several myths should be dispelled before an analysis of her type of leadership is attempted. She did not always get her way and she brought about no sudden changes in nursing. It is not true that she approved of St Thomas’s Hospital at Lambeth as the location for her nursing school; in fact she described the imposing edifice as being on the worst site in London. Another popular legend is that the Nightingale school was immediately successful and that, thanks to their rigorous training, its probationers were models of decorum and mostly became superintendents and missionaries. All biographers have referred to the monthly reports, the diary-keeping, and the instruction received from the sisters. They do not mention that Miss Nightingale soon found the monthly reports meaningless, that few probationers kept diaries, and that those who did revealed a dearth of instruction. Few refer to the high wastage rate, the ill health and the dismissals for misconduct (1).

The probationers were assistant nurses and were used by the hospital as staff. Miss Nightingale was soon to complain — as many of her successors do today — that they were merely doing the hospital’s work. As the nature of hospitals changed, the authorities were not slow to see the value of disciplined...
probationers used as assistant nurses, and, as the demand for nurses grew, matrons were pressed to take on more of them. In spite of this, by the end of the nineteenth century the number of trained nurses in England was small relative to the need. Many trained nurses quickly left hospital for the freer world of private nursing. Nevertheless, the nursing leadership produced authors of textbooks and histories of nursing in which the Nightingale reforms were portrayed as a dramatic break with the past. In reality, however, there was no sudden beam from Miss Nightingale’s lamp: reform came slowly and painfully and what became known as the Nightingale system was not an ideal scheme of Miss Nightingale’s devising, but the result of experiment and compromise (2).

What, then, were her strengths, values, style and philosophy? Whom did she involve in her reforms of nursing and of the army medical service, and in her work for India? How did she influence people? In considering these matters, it is worth noting that, on her mother’s side, her great-grandfather had amassed wealth as a merchant and had been celebrated for his humanitarian principles and work. His son sat in the House of Commons for nearly 50 years, fighting for the weak, the unpopular and the oppressed. By contrast, her father was a rich dilettante, appreciative of the arts, indolent, charming and a great wit. She was brought up in educated and influential circles.

In the field

She believed that she had been called by God to do his work, and was given a unique opportunity at the right time. She had been but a year in her nursing home in London’s Harley Street when the terrible conditions of the military hospitals at Scutari in the Crimea came to her attention. She was experienced, free, mature, still young, desirous of serving her country, and accustomed to command. Her letter to her intimate friend, Sidney Herbert, a member of the Cabinet, offering her services, and his letter to her in which he asked for them, crossed in the post (3).

Despite the fact that she held an official position at Scutari, she had to contend with severe prejudice. A majority of the surgeons were hostile and suspicious, but gradually she gained ground. “Her goodwill could not be denied, and her capacity could not be disregarded. With consummate tact, with all the gentleness of supreme strength, she managed ... to impose her personality upon the susceptible, overwrought, discouraged, and helpless group of men in authority who surrounded her. She stood firm, she was a rock in the angry ocean; with her alone was safety, comfort, life. And so it was that hope dawned at Scutari”(3).

She was an efficient and effective organizer and administrator. Within a few months of her arrival she had instituted a government storehouse for the reception and distribution of vital consignments, which, previously, had often gone astray in the Turkish customs or among shipments of munitions. She reorganized the kitchens and laundries. The ill-cooked hunks of meat vilely served at irregular intervals were replaced by well-prepared, appetizing and punctual meals. She acquired a house, had boilers installed, and employed soldiers’ wives to do the laundry. She procured clothing for the
large numbers of soldiers who had abandoned their kits. When more wards were needed, she cut the red tape that would have involved five levels of representation and several months’ delay by engaging workmen on her own authority and paying the bills out of her own resources.

She exhibited perpetual courage, vigilance and devotion to duty. Her equanimity was a source of strength to her patients. She possessed what, today, we would probably call charisma. It was not by gentle sweetness and womanly self-abnegation that she produced order out of chaos, but by ceaseless labour, firm resolve, and a quietly authoritative manner.

She was both mentor and role model—not only to those who worked with her at Scutari but also to probationers, ministers of state and others, throughout her life. She motivated the young ladies she took with her to the Crimea, and many other people. In 1872, after the Franco-Prussian War, Henry Dunant said: “Although I am known as the founder of the Red Cross and the originator of the Geneva Convention, it is to an Englishwoman that all the honour of that Convention is due. What inspired me to go to Italy during the war of 1859 was the work of Miss Florence Nightingale in the Crimea”.

There was only one thing that Miss Nightingale lacked in her equipment for public life: the authority of a successful politician. However, she was able to achieve many of her aims through Sidney Herbert. She had other friends who, in more restricted spheres, were also essential to her: they became devoted disciples who were pushed to the very limits of their capacities. One such was Sir Harry Verney, her brother-in-law, whom she found valuable in parliamentary affairs. As time went on, her network of influential contacts grew larger and her activities branched in many directions (3).

Although she tasted the joys of power and fame, she also knew the more bitter fruits of leadership: frustration, disappointment and depression. Yet even in old age she was still sending acerbic letters to and directing verbal fire at the heads of the British War, Home and India Offices. Moreover, her indefatigable enthusiasm continued to push forward the work of nurses’ training, which, perhaps, was nearer to her heart, more completely her own, than all the hospital buildings, sanitary reforms and improved military medical services with which she had been associated. “How inefficient I was in the Crimea,” she noted, “yet He has raised up from it trained nursing” (4). Her vocational commitment remained steadfast to the end.

Influencing the powerful

Florence Nightingale was an avid gatherer of statistics and an effective communicator. On returning to Britain, she took up an invitation from Queen Victoria and had several conversations with both her and the Prince Consort. “She put before us,” wrote the Prince, “all the defects of our present military hospital system, and the reforms that are needed.”

References