

Nursing Theory Paper

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There are many nursing theorists, and Florence Nightingale is one of the most well-known. She is considered the “Founder of modern nursing” and “The first nursing theorist” (currentnursing.com, 2012). Her theory is mainly based on environmental factors, such as, “light, cleanliness, ventilation, warmth, diet, and noise” (Claywell, 2014, p. 148). Nightingale’s theory has been used for over a hundred years and is still critical to the nursing profession today (Selanders & Crane, 2012). In this paper, we will examine Florence Nightingale’s nursing theory and how it currently applies to the nursing profession.

Florence Nightingale was born on May 12, 1820, in Florence, Italy (University of Alabama at Birmingham, n.d.). Florence Nightingale received a “divine calling” from God to go into the nursing profession, declined a “prospective marriage”, went against her parent’s wishes and became a nurse, and went into the Crimean War with thirty-eight other women to aid the wounded soldiers (UAB, n.d.; Selanders & Crane, 2012). In Nightingale’s days, hospitals were regarded as places to die, and not places to receive healing (Rechel, Wright, Edwards, Dowdeswell, & McKee, 2009, p. 5). In view of this, Nightingale strived to obtain a higher standard, starting in the Crimean War and continuing on after returning home. Under Nightingale’s leadership during the war, the death rate of patients fell from 42% to 2.2% (Sarmadi, 2014, p. 33). Although there is some debate to how much the death rate actually dropped, there was a significant difference related to Nightingale’s efforts (Selanders & Crane, 2012). Nightingale instituted her environmental theory beginning in the Crimean war by providing “an enormous supply of clean shirts, plenty of soap, and such necessities as plates, knives, and forks, cups and glasses” to the hospital ward, as well as bringing goods from England, and having her and her nurses clean up the kitchens and hospital ward (Fee & Garofalo, 2010). As stated before, Nightingale’s theory mainly focuses on environmental factors to improve the health of the patient.

Nursing has four major paradigms: Man, Health, Environment, and Nursing.

Man

Nightingale refers to man as being “multidimensional” and being “composed of biological, psychological, social and spiritual components” (currentnursing.com, 2012). She addresses this in saying that “you cannot make up the human body as you would make up a prescription” (Nightingale, 1860). She then goes on to say that what someone likes when they are well, they may dislike when they are sick, so you cannot assume a patient will enjoy something, such as sugary food, when they are sick, just because they like it when they are well (Nightingale, 1860). Nightingale also explains that even when man is in sickness, they still have a sense of autonomy. She describes this by saying that if a patient cannot move well, the nurse should provide a bed-side table or an over-the-bed table so the patient can reach things for himself, otherwise he feels like he is “out of humanity’s reach” (Nightingale, 1860). She also explains that if the patient is capable of doing something themselves, let them, because it will provide the patient less anxiety if they do it themselves (Nightingale, 1860). Nightingale further goes on to say that man is composed of social components. Nightingale (1860) says, “Always sit down when a sick person is talking business to you, show no signs of hurry, give complete attention and full consideration if your advice is wanted....” Additionally, Nightingale (1860) states that the “laws of motions of the heavenly bodies” are more understood than the human mind is, even though the human mind is under observation every day.

Health

Nightingale addresses health in her theory by explaining that “Health is not only to be well, but be able to use every power we have” (Nursing Theory, n.d.). Health is also defined as “the absence of comfort” (Nursing Theory, n.d.). Nightingale (1860) also explains that the health of an individual cannot

be completely understood. She also explains that “We know nothing of the principle of health, the positive of which pathology is the negative, except from observation and experience” and adding “nothing but observation and experience will teach us the ways to maintain or to bring back the state of health” (Nightingale, 1860). Nightingale also believed that everyone should receive proper care, not just the sick, but also the healthy (Nightingale, 1860).

Environment

Environment is the most widely talked about aspect in Nightingale’s theory. Environmental factors included in Nightingale’s theory include clean air and ventilation, warmth, noise, light, architecture, and cleanliness (Nightingale, 1860). Nightingale (1860) emphasized almost more than anything else that without clean, pure, warm air, a patient will likely never get better. She emphasizes that if the nurse could only do one thing, they should forget everything else and “KEEP THE AIR HE [the patient] BREATHES AS PURE AS THE EXTERNAL AIR, WITHOUT CHILLING HIM” (Nightingale, 1860). Nightingale (1860) also expounds upon the idea that “Unnecessary noise, or noise that creates an expectation in the mind, is that which hurts a patient”. This noise could be construction workers outside, or a whispering conversation between a nurse and a doctor (Nightingale, 1860). Nightingale describes light as a key component to life. She illustrates that if you put a withering plant or human being in the sun, and they are not too far gone, they will again revive (Nightingale, 1860). Nightingale (1860) even alludes to the fact that bad architecture can make it hard to nurse. She also justifies that a clean room, bed, and clothing is imperative for the recovery of the patient (Nightingale, 1860).

Nursing

Nursing is addressed in Nightingale’s theory in that she states that nurses must “put the patient in the best condition for nature to act upon him” (Nightingale, 1860). Nightingale (1860) also explains that almost “every woman is a nurse”, because anyone who has taken “charge of the personal health of

somebody” else has been in the nurses position. Nightingale (1860) also explains that the nurse is indispensable by stating, “It is quite incalculable the good that would certainly come from such *sound* and close observation in this almost neglected branch of nursing, or the help it would give to the medical man.” Nightingale (1860) also explains that “The art of nursing, as now practised [*sic*], seems to be expressly constituted to unmake what God had made disease to be, viz., a reparative process.” Nightingale states that not everyone can be a nurse, because the elements of a nurse are unknown, but that nursing is a calling (Nightingale, 1860).

Nightingale’s theory still applies to nursing today. In hospitals today, there is almost always a window in the room to let sunlight in. Natural sunlight may decrease the amount of stress, anxiety, and perception of pain felt by patients, it may even go as far as decreasing the amount of time in hospitals (Joseph, 2006, p. 5-6). In addition to this, cleanliness is of utmost importance. In hospitals today, every room is thoroughly cleaned and bed sheets are removed and replaced with clean ones before the next patient is brought in. Without this thorough cleaning, patients may develop HAIs more frequently (Agency for Healthcare Research and Quality, 2014, p. 1). Adequate ventilation is also important to help the patient recovery. Several studies have shown that adequate ventilation reduces the amount of signs and symptoms of diseases caused by certain airborne disease producing organisms (Ulrich, Zimring, Quan, Joseph, & Choudhary, 2004, p. 4). One way to provide adequate ventilation is to open a window, unless contraindicated, and make sure maintenance maintains the buildings ventilation and cleans filters. One problem that may arise from inadequate ventilation in a hospital or any building, is sick building syndrome (Ulrich et al., 2004, p. 4). Sick building syndrome can produce signs and symptoms such as dizziness, headaches, a cough, difficulty concentrating, and fatigue, and other signs and symptoms as well (Joshi, 2008). Although hospitals are usually cold, Nightingale’s idea of warmth is still applied today. When patients are cold, a warm blanket, from a blanket warmer is usually given to them, unless contraindicated. As well, there are heaters in hospitals to maintain a constant temperature

during winter months if the location of the hospital is in an area that receives cold weather. The diet of the recovering patient should be healthy and tolerable. The nurse can apply this aspect of Nightingale's theory by having a Dietician speak with the patient about healthy foods, and providing the patient with menus that show nutrition facts of each meal given. The amount of noise present will also determine how quickly a patient recovers. According to Cullinan and Wolf (2010), single-patient rooms compared to multi-patient rooms improve patient outcomes, and patient safety, comfort, and satisfaction also increases (slide 3). A single-patient room also decreases the amount of noise in the room. Although it is not required by HIPPA to have soundproof barriers or to have single-patient rooms (for privacy reasons), there are some hospitals that have implemented sound proof barriers (U.S. Department of Health and Human Resources, 2006; Alvarado Hospital Medical Center, 2010). Measures the nurse can implement to reduce the noise reaching the patient is to shut the patient's door, unless contraindicated. Another way to decrease noise for the patient would be to give them earplugs that they can put in, or if the patient has headphones to put in so they can watch the television or listen to music, this would decrease ambient noise. Others ways to apply Nightingale's theory would be to provide situations for the patient so they can do something without the help of someone else, if possible, to provide a sense of autonomy. More than anything, the nurse should not assume anything, and put the patient in the best position possibly so they can recover quickly.

Florence Nightingale's theory applies to the RN role of provider of care mainly through the idea of advocacy. Early nursing care focused on the idea that the nurse should just follow orders provided by the doctor (Selanders & Crane, 2012). Nightingale never mentioned advocacy in her writings, but it was obvious through her actions how she advocated (Selanders & Crane, 2012). She helped author "government documents related to healthcare" and in her book *Notes on Nursing: What it is and it is not* she outlines many factors the nurse should implement for the best outcomes for the patient (Selanders & Crane, 2012). Additionally, Nightingale faced a situation in which only patients who went to

the “Church of England” would receive care, but she fought this and won this battle, so that all patients would receive equal care (Selanders & Crane, 2012). The RN can in the same way advocate for the patient, by putting them in the best situation possible so they can receive optimal care and recovery. As demonstrated by Nightingale, the current RN can also advocate for patients by researching evidence based practices; participating in studies to create evidence based practices; and helping legislate certain healthcare laws. Nightingale’s theory also applies to the RN as being the manager of care. Nightingale herself was the superintendent of a newly acquired hospital (Selanders & Crane, 2012). The hospital she was superintendent at had poor facilities, and there were fights between workers, and patients were dying (Selanders & Crane, 2012). Through this opportunity, she implemented standards to provide higher quality care to patients. An RN manager today can do the same thing. If the RN manager sees a problem on their unit, or another nurse reports a problem, they have the opportunity to change the situation around to provide a better environment for the patient and for staff. As well, Nightingale was not afraid to get her hands dirty. She wrote to the Governors, “I have changed one housemaid on account of her love of dirt and inexperience, & one nurse, on account of her love of Opium & intimidation” (Selanders & Crane, 2012). The RN should not be afraid to take risks that will benefit the patient or healthcare-workers, as these risks may pay off in the end, and even if they do not, the ones who see you take these risks will be more likely to come to you to ask questions and follow you, as demonstrated by Nightingale, and all the people that respected her for her risk taking.

Florence Nightingale is one of the most well-known nursing theorists today. Through her contributions, nursing has improved significantly since her days. Although she did not follow the standards that previous nurses before her followed, she was well respected, and integrated the idea that environmental factors have a huge impact on patient recovery. Nightingale’s theory will always be implemented in nursing practice, and is likely to never go away.

I just thought this was funny, so I thought I would share:

“NOTE. – There are two classes of patients which are unfortunately becoming more common every day, especially among women of the richer orders, to whom all these remarks are preeminently inapplicable. 1. Those who make health an excuse for doing nothing, and at the same 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. I scarcely know a greater injury that can be inflicted than the advice too often given to the first class to ‘vegetate’ – or than the admiration too often bestowed on the latter class for ‘pluck’ [courage]”
(Nightingale, 1860).

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