“We can read Nightingale as a credo for compassion today”

Compassion, or the lack of it, has been at the heart of nursing reform. The slovenly, drunken ways of nurse Sairey Gamp depicted by Charles Dickens in his novel Martin Chuzzlewit, symbolised the ills of the old order. But Sairey and her ilk were to be stamped out and replaced by her more compassionate – and compliant – Christian counterpart, the new model nurse.

The Christian morality associated with the early days of nursing was condensed into the character training of nurses advocated by Florence Nightingale. Under her tutelage, character training became the moral compass for a nurse’s actions. Nightingale’s writings are filled with rhetoric that reveals not only her skill as a practitioner, but the premium she put on compassion. This was not an untutored compassion – it was informed by imagination, empathy and intelligence, and allied to action.

Nowhere is this more evident than in her Notes on Nursing. Take noise, for example. She wrote: “Unnecessary noise then is the most cruel absence of care, which can be inflicted either on sick or well... A nurse who rustles (I am speaking of nurses professional and unprofessional) is the horror of a patient, though perhaps he does not know why. The fidget of silk and of crinoline, the rattling of keys and of shoes, will do a patient more harm than all the medicines in the world will do him good.”

Nightingale deployed the full might of her intellectual and emotional energy in Notes on Hospitals. It is not just the encyclopaedic range of her knowledge of hospital design, sanitary arrangements and statistics, but her intimate acquaintance with the details of patient care that mark out her authority.

The environment in which patients were cared for was central. She recognised, for example, that light played a major role in recovery. She noted the value of “being able to see out of a window, instead of looking against a dead wall; the bright colours of flowers; the being read to in bed by the light of a window close to the bed-head”.

Every detail of nursing care is illustrated with precision, from food, nutrition and cooking and the role and position of laundries to the comfort and composition of mattresses.

We can read Nightingale as a credo for compassion today. She recognised that systems needed to foster and institutionalise compassion, and that small touches and details mattered. Leading by example, and embedding a code of behaviour that could be sustained even in your absence was and should remain our goal today.

The challenges we see in care are not new. We continue to fail the most vulnerable members of our society. We need to acknowledge there is a problem, accept responsibility and understand the dynamics of why some organisations succeed and others fail.

Clarity of purpose, moral courage and a coalition for action was Nightingale’s response to the call. We need to do likewise – to light and lead the way.

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Make sure you care for both body and mind

Mental health and physical health are often seen as two separate entities – for nurses there is often a clear line between general and mental health nursing, not least due to the separate training.

While the overlap between mind and body is now being appreciated, delivery of health services has been slow to catch up. The first in our two-part series on this subject (page 12) looks at the interplay between physical and mental health, in particular the increased risk of debilitating long-term conditions among mental health service users.

Alongside that article is a practical example on page 16, detailing how a general nurse is working in a mental health unit to ensure patient’s physical healthcare needs are taken care of. Don’t miss part three in our series on never events, focusing on the importance of correctly identifying patients – a simple procedure that, if not followed, can have grave consequences.