



TECHNICKÁ UNIVERZITA V LIBERCI
Fakulta přírodovědně-humanitní
a pedagogická



FLORENCE NIGHTINGALE A JEJÍ VLIV NA OŠETŘOVATELSKOU PRAXI

Bakalářská práce

Studijní program: B7507 – Specializace v pedagogice
Studijní obory: 7105R056 – Historie se zaměřením na vzdělávání
7507R036 – Anglický jazyk se zaměřením na vzdělávání

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TECHNICAL UNIVERSITY OF LIBEREC
Faculty of Science, Humanities
and Education



FLORENCE NIGHTINGALE AND HER INFLUENCE ON NURSING PRACTICE

Bachelor thesis

Study programme: B7507 – Specialization in Pedagogy
Study branches: 7105R056 – History for Education
7507R036 – English for Education

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ZADÁNÍ BAKALÁŘSKÉ PRÁCE (PROJEKTU, UMĚLECKÉHO DÍLA, UMĚLECKÉHO VÝKONU)

Jméno a příjmení: **Nada ŠOLCOVÁ**
Osobní číslo: **P09000907**
Studijní program: **B7507 Specializace v pedagogice**
Studijní obory: **Anglický jazyk se zaměřením na vzdělávání**
Historie se zaměřením na vzdělávání
Název tématu: **Florence Nightingale a její vliv na ošetrovatelskou praxi.**
Zadávací katedra: **Katedra anglického jazyka**

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Rozsah grafických prací:

Rozsah pracovní zprávy:

Forma zpracování bakalářské práce: **tištěná**

Seznam odborné literatury:

Baly, Monica E., Florence Nightingale and the nursing legacy. London 1986

Bostridge, Mark, Florence Nightingale: The Woman and Her Legend. London: Viking 2008

Butler Cary, Alice, Florence Nightingale; or the Angel of Charity. Brooklyn 1857

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Small, Hugh, The passion of Florence Nightingale. London: Amberley Publishing 2010

Strachey, Lytton, Eminent Victorians. New York: G.P. Putnam, 1918

Vedoucí bakalářské práce:

Nicola Karásková, M.A.

Katedra anglického jazyka

Datum zadání bakalářské práce: **29. dubna 2011**

Termín odevzdání bakalářské práce: **27. dubna 2012**



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Abstract

The aim of this thesis is to show the impact the work of Florence Nightingale had on contemporary and modern nursing and healthcare. In addition, it will outline her life and the impact certain specific events had on her and thus by extension on her work and our modern healthcare.

It is structured chronologically from the beginning of nursing to the modern age, including possible future developments. The practical part can be found in the chapter dealing with the present, since it deals with the view which current students of nursing have on Florence Nightingale.

Keywords

Florence Nightingale, Crimean War, Nursing, Healthcare.

Anotace

Cílem této práce je přiblížit dopad práce Florence Nightingale na dobové i současné ošetřovatelství a zdravotnictví. Kromě toho se zaměřuje na její život a určité události, které měly vliv na její práci a tudíž zprostředkovaně na současnou podobu zdravotnictví.

Práce je strukturována chronologicky od počátků ošetřovatelství po současnost a přiblížení možné budoucnosti. Praktická část je situována v kapitole zabývající se současností, neboť je zaměřena na pohled současných studentů ošetřovatelství na Florence Nightingale.

Klíčová slova

Florence Nightingale, Krymská válka, ošetřovatelství, zdravotnictví.

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1 Introduction

The secondary nursing school I attended was where I first encountered the name of Florence Nightingale, a woman who devoted most of her life to improving the quality of nursing care. Although I did not pursue a nursing career, I have always been grateful for the nursing experience and the acquired knowledge. Therefore, when I was thinking about the topic for this bachelor thesis, Florence Nightingale was a logical choice of subject. Not only was I able to pursue a topic I have been interested in for several years, but I was also able to combine my two undergraduate subjects of history and English.

Florence Nightingale was a famous public figure of the 19th century and was one of the most remarkable women of the Victorian era. Nevertheless, after her death in 1910 she was often vilified by and opinions on her still, both public and private, vary considerably - These views are mentioned in the biographical writer Mark Bostridge's 2009 biography of Florence Nightingale. Bostridge makes it clear that:

“Florence Nightingale, more perhaps than any other modern historical figure, has been misrepresented by history”.(Bostridge 2009, back cover).

This topic will be dealt with in some detail under the section six – ‘Views of F. Nightingale after her death’ (discussion of books).

This bachelor thesis aims to shed light on the impact of Florence Nightingale's work on contemporary and 21th century nursing and healthcare. To be specific it focuses on Florence Nightingale's impact in the area of organization and administrative support of healthcare in the context of the British Empire in the 19th century. The theoretical part consists of a brief historical overview of nursing. It also deals with Florence

Nightingale's life including certain factors which influenced her work, such as her family background, education, or religious beliefs. Furthermore, the theoretical part mentions the Crimean War where she was able to utilize her organizational and administrative skills. It also draws attention to her reform efforts which resulted from her Crimean experience and were the beginning of the far-reaching reforms that took place later. Last but not least, the theoretical part mentions how her work inspired the founder of the Red Cross, Henry Dunant.

The practical part contains a survey questionnaire which examines to what extent current nursing students are aware of Florence Nightingale and the legacy of her work. Five of the students' questionnaires are scanned in the appendix.

2 History of nursing

2.1 A brief historical overview of nursing until the 19th century

Since historiography is a multi-faceted and complicated field, there are many matters about which researchers argue particularly when it comes to the history of nursing. What is more, there is very little “hard data” and much of the field consists of interpreting clues and hints. This means there is no date which could be considered as the beginning of nursing because-as far back as primeval times people looked after those who felt sick or those who were wounded. Then, diseases were attributed to supernatural forces and our ancestors used various herbs, the knowledge of which was handed down from generation to generation (Kutnohorská2010, 13). To understand the work of Florence Nightingale properly, it is essential to place her within the historical context of nursing itself. For this reason, this paper begins with a brief historical overview from its earliest biblical roots to the 19th century.

2.1.1 Civil nursing

2.1.1.1 Biblical roots

The first written mention of a nurse, Phoebe, appears in the Bible. In his epistle to the Christians in Rome, Paul writes:

“I commend to you our sister Phoebe, a deacon of the church in Cenchreae. I ask you to receive her in the Lord in a way worthy of his people and to give her any help she may need from you, for she has been the benefactor of many people, including me.”(The internet Bible, Romans 16:1 – 2)

St. Paul sends Phoebe to Rome as the first nurse in known history.¹ She was a deaconess, which became a title for women helping the sick within

the church. These could justifiably be called “pre-nurses.” They were considered the full equivalent of a deacon.² This institution died out in the Dark Ages, but centuries later, in 1833, it was reintroduced in Germany by the Lutheran pastor Theodor Fliedner and his wife. The institution formed part of a larger project “...which comprised a penitentiary, an orphanage, and a large hospital.”(Bostridge 2009, 85).

2.1.1.2 Christianity and the Byzantine Empire

Healthcare followed in the footsteps of Christianity in its early years. As Lambrini Kourkota explains in the article *The meaning of the nursing in Byzantium*, this fact is easily understandable as helping the sick and those in need were among the main features of Christianity. Kourkota also mentions Jesus Christ being referred to as “*Christus Medicus*” (*Christ the physician, who, taking pity, heals us through his own body and blood with the medicine of life*”). (Kourkouta L, Plati P, Ouzounakis P 2012,177)

Many healthcare facilities emerged in the East where Christianity met with the Byzantine Empire. These hospitals were well organised, had special wards for different kinds of diseases, had professional doctors and orderlies (*hyperetai*) and, of greatest significance to us, they also had professional nurses called *hypourgoi*, if they were men, and *hypourgisses*, if they were women, as Kourkouta, Plati and Ouzounakis mentioned in their article *The meaning of the nursing in Byzantium*.

Nurses in these hospitals were generally nuns – or monks – for whom this work was a divine calling and a form of prayer and contemplation. Theodore Stoudites, a Byzantine abbot and a monastic reformer (born 759), writes in his *iambus* addressed “*To The Nurse*”:

“It is a sacred thing to bear the load of the sick. Since you are honoured with sacred privilege, my son, do struggle warmly and eagerly in the accomplishment of your duty. Early in the morning, first, visit and care for your bedridden patients, heat them mainly by your words, later serve them their appropriate diet in good manner and kind talking. Do not neglect the patient, because he is a member of Christ. If you care for your patients with zest and promptitude, you will be greatly rewarded by receiving the divine light, and heaven’s inheritance.” (Kourkouta, Plati, Ouzounakis 2012, 176)

2.1.1.3 Medieval healthcare

Medieval healthcare grew from this tradition. Naturally, it varied geographically a great deal. Most “unified” hospitals were in Germany and France. In Britain hospitals did not become established until the arrival of William the Conqueror, who introduced to the country many of the ecclesiastical structures and practices of the French Church.³ Soon monasteries and hospitals attached to collegiate churches would become the primary source of healthcare. As the population of cities grew, so did the demands on the hospitals attached to collegiate churches, which led to their expansion.⁴

Yet medieval care was unlike modern medicine. In many cases, it had the character of palliative care which provided the dying some food and a roof over their heads to provide them with some comfort (Kutnohorská 2010, 15). Given the limited knowledge of anatomy at that time, medical practices were based on tradition and remedies the doctor thought could work. Even those who held a university degree in medicine were taught a great deal

of information that was either highly inaccurate, dangerously misleading or simply wrong.⁵

That is not to say that medieval medicine was completely wrong. Certain practices did work quite well. They were however mixed up with ones that did not and ones that could even be fatally dangerous for the patient. This was partly due to the scholastic approach to learning where the past was copied over and over again. Galen's medical books that were used by doctors for more than a thousand years⁶ provide a prime example of this approach.

The Greek physician Galen *"...believed that disease resulted from an imbalance of the vital fluids, or humors, of the body."*(Tiner J. H. 1999, 13-14). This meant that doctors had to restore the balance of the body fluids in order to cure the disease. There were two ways of doing this, either by changing the diet or by bleeding the patient. The latter was a dangerous practice which nevertheless lasted up until 1800s. One of the many victims of the bloodletting practice was also the first American president George Washington. He caught a cold while riding a horse and *"...his doctors decided an excess of blood caused the cold. They opened his veins and drained some of his blood. When he didn't improve, they did it again. In the end, Washington's own doctors bled him to death. Their practice was based on Galen's books."*(Tiner J. H. 1999, 13-14).

2.1.1.4 Reformation

Change occurred with the Reformation. In countries where the Reformation was successful, Catholic religious orders were destroyed or forced away and these countries usually had little interest in creating new ones.⁷ This happened for example in England where the dissolution of the monasteries resulted in the Church being deprived of the means to care

for the sick. Consequently, this led to the secularization of the hospitals in the Protestant countries.⁸ However, it should also be noted that:

“The Reformation was of particular importance for the reforms in poor relief and healthcare provision which took place in Northern Europe in sixteenth century.” (Cunningham A., Grell P. O. 2002. 9).

In the Catholic countries the previous form of healthcare continued to be prevalent.

2.1.2 Military nursing

Throughout the history of nursing one thing remains unchanged regardless of the era and place:

“The fact is that it is war that drives nursing on.”(Kutnohorská 2010, 13).

There were likely to be many injuries in battle and the more soldiers saved, the more would be available for the following battle. In addition, as Ian McCulloch notes in his article *Battlefield medicine – The Ancient World*⁹, the impact on morale could not be underestimated. Thus from ancient times every organised army had some kind of medical care. For instance, every Roman foot soldier carried a small first aid kit containing some bandage material and medical herbs. Higher level medical care such as amputations was provided by a professional. Yet we cannot speak of any systematic care. An army, particularly an ancient army, was something like a city on the move and military encampments were the source of various infections which the soldiers’ bodies were not prepared for. However, along with military development arose the need for improved medical care. Keeping the experienced veterans alive became more and more important. To put

it simply, the professionalization of armies required medical care on a professional level and the more advanced and professional the army was, the more this was true. Consequently, over time this need became greater and greater, up to the Crimean war which will be mentioned later and which is often said to have formed the background for establishing modern nursing.

2.2 Setting the stage: European nursing in the 19th century.

As indicated by the previous chapter, when considering nursing in 19th century Europe, we need to distinguish between two separate, although similar, traditions. These are the Catholic tradition where taking care of the sick and wounded was still carried out by certain religious orders and the Protestant tradition which abolished those orders and this resulted in the secularization of hospitals.

In the first half of the 19th century, nursing was generally a job performed by those who were unable to do anything else. The work commanded no respect, since it meant quite intimate contact with the patient's body and was considered to be highly inappropriate for women. It was supposed to be a demeaning task that a servant should perform, although this was less the case when the woman was nursing her relative. Nursing a sick family member was generally seen as acceptable.¹⁰

As Florence Nightingale herself put it nursing was something performed by "*...those who were too old, too weak, too drunken, too dirty, too stupid or too bad to do anything else.*" (Florence Nightingale, 1867). Needless to say, that was hardly an ideal state of affairs for society.

It should also be noted that most nursing by that time was not performed in hospitals. Most sick people would stay at home and be nursed by servants or family members to an extent depending on the options available. There was, of course, a doctor who would come to the house every

so often to check the patient and possibly prescribe a new medicine, but day-to-day care in most matters was left to a female family member or a servant.¹¹

In the 1860s, antiseptic surgery and anaesthetics became widespread in hospitals and thus opened the door for wider medical care for all social classes. In the following years, nursing schools started to produce the first qualified nurses, who did a great deal to improve the previous sorry state of affairs.¹²

2.2.1 Types of hospitals

In the Britain of that time, there were two types of civilian hospitals: “voluntary” hospitals and “workhouses”, of which the “voluntary” ones were the better alternative as they were “...supported by charitable contributions, and were governed by the donors, leading citizens, and doctors.” (Dossey 2010, 292). The only alternative for the sick poor was the workhouse, “the poorest and most neglected institution” (Bostridge 2009, 417).

The conditions in these facilities in the mid-19th century can be illustrated by the example of the Scottish city of Glasgow. There were three main types of hospitals at that time: Municipal, Voluntary and Poor Law.¹³

2.2.2 Municipal hospitals

Municipal hospitals were set up for the treatment of infectious diseases only. As a result they attracted only the worst kind of nurses, since the risks of such work were undoubtedly great. Dr J.B. Russell, Medical Superintendent of the Glasgow Municipal Hospital founded in 1865 expressed it clearly:

“I admit that at present nursing is the last resource of female adversity. Slatternly widows, runaway wives, servants out of place, women bankrupt of fame or fortune from whatever cause, fall back on hospital nursing.” (University of Glasgow. A History of nursing).

Russell did not merely stop at criticizing the state of nursing, rather he set about doing something about it. As a part of his nurse's training programme he handed out Florence Nightingale's handbook for nurses, *Notes on Nursing*. When the program was fully fleshed out, it required a year to complete and the successful participant would receive a certificate of proficiency in the field in one of the three available classes. It is also worth mentioning that improvements in the expertise of nurses came hand in hand with improvements in the working conditions, wages and working hours.¹⁴

2.2.3 Poor Law Hospitals

The second category of hospital was the Poor Law Hospital. The conditions in these hospitals in the mid-nineteenth century were even worse than those in the Municipal Hospitals. There were often no nurses at all and the patients themselves did what they could, which was not much. By the end of the century however, nearly every Poor Law Hospital had taken on some professional nurses, partly due to a grant that the British government offered.¹⁵

2.2.4 Voluntary Hospitals

As for the Voluntary Hospitals, nurses were available, although until the 1870s and 1880s, professionalism was not a major consideration when it came to selecting and employing nurses. Gentleness, cleanliness and being right age were generally valued more than ability.¹⁶

3 Florence Nightingale, her life and her work

There are several figures in history who are known or supposed to have changed the course of history in one way or another. These include, for instance, warriors, generals, inventors or politicians. The events that accompany their lives often result in vast changes. Whether positive or negative in their outcome, these changes are often violent and cause a vast amount of human suffering. Fortunately, among these significant figures we can also find those who attempt to reduce this suffering with their actions. Such was the case of Florence Nightingale. Her strong belief, that she was fulfilling God's will, was *"the source of her strength, vision, and guidance"* (Dossey 2010, introduction). It helped her in her work and led her to achieve great goals.

There were several factors in Florence Nightingale's life that prepared, educated and financially secured her for her future as a nurse. The primary ones are her family background as well as her character. Of equal significance is her education which Florence received from her parents. However, she also had to overcome a number of obstacles in her family and personal relationships. Last but not least, it was her nursing experience that prepared Florence Nightingale for her future career.

3.1 Family background

Arguably the most significant factor which prepared her for a life of nursing was the world into which she was born and raised. At the beginning of the 19th century, it was not common to name children after the cities where they were born, but that is exactly what Florence's mother did after her second daughter was born on 12.5.1820 in the Italian city of Florence. Florence's elder sister, Parthenope, had been born a year earlier in Naples.¹⁷

Within the family, the person who shaped her life and her outlook most was her father William Edward Nightingale. He had inherited a large estate and all the wealth of his great-uncle Peter Nightingale, on the condition that he assume the name of Nightingale, since Peter Nightingale died without any male offspring.¹⁸ Florence's mother, Frances Smith, also came from a wealthy family. Her father, William Smith, was a well-known politician and abolitionist.¹⁹ The family's wealthy background later enabled Florence to pursue her career freely and without financial trouble.²⁰

William Edward Nightingale was a very bright, well-educated man with a wide range of interests. He had strong humanitarian views on many topics, views that were not always common in his era and not always well received or widely accepted (or tolerated) either. One of the many progressive ideas of William Edward Nightingale was that women should receive the same education as men.²¹ While his wife and Parthenope were mostly interested in social life, William and Florence were more interested in scholarly study.²²

3.2 Character

In many respects Florence inherited the character of her father, whilst her sister Frances Parthenope had much in common with their mother. William and Florence were introverted, studious and they both had tendencies towards mathematical thinking, which Florence would later use in her work.²³

From her earliest age the mind of Florence Nightingale was defined by two things: firstly, by her interest in the real, worldly, practical and countable which could be statistically analysed. Barbara M. Dossey in her 2010 biography of Florence Nightingale mentions an instance in her childhood when Florence Nightingale wrote a letter to her sister in which she described a new game. It was a game where the point is in forming as many words as possible from the letters of another word given in advance. Florence made

40 words from the letters b-r-e-a-t-h. She included in the letter a set of rules of the game along with a guide on how to proceed towards the success (cut out every letter and then try to place them in various sequences), a distinct mark of a methodical, disciplined and highly efficient mind.²⁴

Secondly, Florence was also deeply religious:

“God has always led me of Himself...the first idea I can recollect when I was a child was a desire to nurse the sick. My day dreams were all of hospitals and I visited them whenever I could. I never communicated it to any one, it would have been laughed at; but I thought God had called me to serve Him in that way.”
(Dossey 2010, 3)

It appears that never in her life did she doubt that nursing was a divine calling. As Mark Bostridge observes in his biography of Florence Nightingale, religious beliefs were of crucial importance during her life. Besides that, she was a rational person. These factors appear to be almost contradictory. However, Florence Nightingale was able to make use of these factors so that they complemented each other. Her belief in God and her calling set a goal and motivation, and the practical, earthly mind helped her to achieve the goal.²⁵

3.2.1.1 Call of God

In 1837, aged 17, Florence Nightingale had the first experience with what she deemed to be a call of God:

“...God spoke to me and called me to His service.”
(Bostridge 2009, 54).

As Mark Bostridge observes in his biography of Florence Nightingale:

“What is certain is that such voices, or “impressions”, were to be a significant feature of the rest of Florence’s life. Scattered through her private notes and diaries are further instances of God addressing her. In a letter to her mother, written in 1851, at a time of particular stress, she used the image of a voice calling her as a metaphor for an inner compulsion. Her family, she wrote, might dismiss it as “the passing fancy of a heated imagination”, but “little do you know how long that voice has spoken, how deep its tones have sunk within me...”

Voices could inspire or guide, or offer insight. But danger and confusion threatened when the voice of self was mistaken for that of God. For Florence, whose will was soon strong and dominating, this was something she would be especially on guard against. however, as Parthenope later testified, with a mixture of bewilderment and awe, once Florence had seen distinctly what she thought to be God’s will, “it was the most resolute & iron thing I ever knew”.” (Bostridge 2009, 54- 55)

As mentioned earlier, Florence Nightingale herself said that the first idea she recalled when she was a child was nursing the sick. As a child, she nursed her dolls and later her family members. She also got used to taking notes about those she nursed including their illness, course of treatment and final state.²⁶

Florence’s mother was actively involved in caring for the sick in the surrounding areas of their home and her organizing skills were a valuable example for Florence. Visits to the sick poor were part of the daily routine.

Florence would see the conditions in which the poor lived and had to be nursed, which might have played a big part in her preparation for her future calling.²⁷

3.3 Education

William Nightingale recognized the sharp intellect of his younger daughter in her early age and set upon training it and developing its potential, even if it sometimes meant neglecting other duties and even members of the family.²⁸

William Nightingale believed in the equal education of both sexes and decided to teach his daughters at home. While he taught science, his wife Fanny was in charge of teaching religion and social skills.²⁹ Parthenope was never very much interested in scholarly matters, but Florence, by contrast, loved learning from her earliest age. She spent most of her time in the library together with her father. When she was 16, Florence had learned the basics of Chemistry, Geography, Physics, Astronomy, Mathematics, Grammar, Composition, Philosophy and Latin and Greek. She was especially proficient in these ancient languages and a large part of her future success has to be attributed to her father's decision to teach his daughter as thoroughly as he would have taught a son.³⁰

3.4 Obstacles

Yet before she began achieving her goal and what she believed was her destiny, she still had one obstacle to overcome. That obstacle was her family. Opposition inside the family was very strong.³¹

Florence's social status, though very important to her mother, was not the most disturbing one. First, Florence was herself often ill and was considered to be of fragile health. Thus the family feared that she was

physically incapable of doing the hard work of a nurse, and that such a decision would be unwise and could lead to Florence being bedridden or even falling ill and dying.³²

Secondly, Florence's elder sister Parthenope was very dependent on Florence and her mental health tended to deteriorate rapidly in her sister, Florence's absence. Parthenope admired Florence so much that she never wanted Florence to leave home. This problem of her elder sister was one of the reasons for Florence's family not to support Florence's decision to leave home and nurse the sick.³³

Florence felt that she was given the knowledge and mental aptitude, but now that she wanted to apply it, to use it for something practical, she was being denied the option and opportunity. It was expected of her to marry and be a mother and the mistress of a household. Nothing less, but also nothing more and she strongly felt that this fate would be a "*gilded cage*" for one such as herself at best.³⁴ She even said that she would prefer not to be educated and instead marry someone and raise children to being educated and having to do the same with knowledge she could not use.

Her father, as previously mentioned, gave her the extensive education which later proved to be crucial to her healthcare crusade but Florence herself felt betrayed by him for not being as supportive as she perhaps expected and wished for him to be.³⁵

3.5 Relationships

Florence had many suitors in her life. She felt torn between her personal affections and her desire to be a nurse.³⁶ In the end she decided against marrying every time in the end, because she feared that getting married would get in the way of performing her vocation as a nurse, a teacher of nurses and a reformer of contemporary nursing.

3.6 Nursing experience

3.6.1 Kaiserswerth

While travelling around Europe with close family friends in 1850, Florence Nightingale visited Kaiserswerth, a training school for nurses in Germany. Florence Nightingale was informed about this institution in 1846 by von Bunsen, the then Prussian ambassador to England.³⁷ Ever since that time she wished to visit Kaiserswerth and in 1850 she eventually succeeded. This was a turning point in her life. Florence spent two weeks in this innovative nurse training facility and was fascinated by it as well as by the progress it made in the field of healthcare. Florence Nightingale spent only two weeks at Kaiserswerth this time, but she recalled this period as one filled with peace that helped her mind to recover from the complicated feelings and relationships within the family and with her rejected suitor.³⁸ Soon she was to return for a three-month stay to receive her first training in nursing, this time with the full consent of both her parents.³⁹

At Kaiserswerth Florence naturally did not attend classes meant to teach the future nurses to read, write and count. She spent a good deal of time doing practical tasks like dressing wounds or assisting surgeons at work and providing general care to the patients.⁴⁰ She always deemed this to be a crucial point in her life, a path she longed to follow.

Based on her Kaiserswerth experience, Florence wrote her first literary work:

The Institution of Kaiserswerth on the Rhine, for the Practical Training of Deaconesses under the Direction of the Rev. Pastor Fliedner, Embracing the Support and Care of a Hospital, Infant and Industrial Schools, and a Female Penitentiary. (Dossey 2010, 69).

Her acquired knowledge could be put to practical use in 1852, when Florence was looking after her paternal Grandmother Shore in her final illness. As a result of seeing Florence's devoted and professional care, her father decided to give Florence her freedom. This meant that unlike most young women of her status, she was now allowed to pursue her career.⁴¹

3.6.2 Upper Harley Street

On the 29th of April 1853 Florence Nightingale formally accepted the position of superintendent nurse in the Establishment for Gentlewomen during Illness on Upper Harley Street in London.⁴² This was a charitable institution, the purpose of which was to provide a haven for former governesses, *"many of whom were old and infirm or without work or family"* (Dossey 2010, 88). Here Florence Nightingale began to learn how to use her housekeeping skills in the position of a smaller scale hospital superintendent. This institution was also the first place where Florence could apply her new ideas regarding nursing. She dealt with such issues as the harmful effects of noise, the importance of proper ventilation and warmth, adequate light, taking food or bed and bedding.⁴³ She also spent a great deal of time on improving the working conditions of nurses.⁴⁴

The results Florence Nightingale achieved within the period of one year she spent at Harley Street are summarized in her four *"Quarterly Reports"* addressed to the governing committee of the charitable institution. These reports only illustrate Florence Nightingale's early mastering of organizational and administrative skills.⁴⁵

Florence Nightingale left Harley Street after fourteen months. Her reasons for leaving the institution are described in her final quarterly report, dated August 7, 1854:

“The year having now expired, for which I undertook the office of Superintendent of this Institution, the Ladies’ Committee will naturally expect that I should give some notice to them of my views as to our success. I would wish therefore to express that I consider my work is now done, & that the Institution has been brought into as good a state as its capabilities admit” (Dossey 2010, 95).

Florence Nightingale could easily have stayed on in her position as superintendent nurse. She also received a number of other offers. In spite of this, she chose rather to nurse cholera patients in the Middlesex hospital.⁴⁶ This example shows that Florence put her service to the sick and needy above her personal comfort. It was later during the horrors of the Crimean War that these strengths of character, her *“...single-minded sense of purpose and selflessness in ministering to the sick...”* came to full fruition. (Dossey 2010, 99).

When Florence decided to take on the duty of a nurse, she was well prepared, had good education, strong character, no financial trouble and even some experience in the field.

4 Crimean War

4.1 Overview of the situation

In 1853, the power of the Ottoman Empire was in decline. While the European states went through vast changes, the Ottoman Empire remained mostly traditional. Russia, the largest neighbor of the Ottoman Empire was expanding southward toward the Mediterranean and the Middle East.⁴⁷ The pressure had many forms but it ultimately culminated in a war that was fought mostly over the control of the Black Sea.

The official reason for the war was religious issues, namely the right of Russia to protect Orthodox Christians who lived in the Ottoman Empire. As negotiations between Russia and the Ottoman Empire failed, the Ottoman Turks declared war on Russia in October 1853. At the beginning of the war, the Russian forces were quickly able to gain the upper hand by destroying the Ottoman fleet in the Black sea. However, the British and French governments were not interested in seeing the power of Russia grow further and entered the war on the Ottoman side in March 1854. The war cost in total around nine hundred thousand lives, most of which were not lost as a result of battle wounds but rather of infections spread in the soldiers' unsuitable living conditions.⁴⁸

4.2 Call of war

News of the appalling conditions the wounded had to endure travelled fast thanks to the independent war reporters and it was for the first time that the public was informed straight from the battlefield. Such articles changed the way the public saw the war. Florence Nightingale was disturbed by the news and when talking to a friend she:

"...mentioned the state of the Scutari Hospital & said how much she should like to go to help it." (Bostridge 2008, 205).

Florence contacted Sidney Herbert, the Secretary at War, with a plea to help her get to Crimea.⁴⁹ In fact, their letters crossed: at the same time, Sidney Herbert wrote to Florence Nightingale:

“There is but person in England that I know of who would be capable of organizing and superintending such a scheme; and I have been several times on the point of asking you hypothetically if...you would undertake to direct it.” (Dossey 2010,103).

Nightingale accepted Herbert’s offer and following their official meeting, they agreed on the number of nurses to be sent to Crimea. However, as Herbert stressed himself, it was an experiment to send a group of female nurses to the war.⁵⁰ There were many concerns about it. Above all, it was the fact that *“...the general opinion of military men was adverse to their employment” (as quoted in Bostridge 2008, 206).* Broadly speaking, women were not an element in the army that would have any positive influence large enough to outweigh the negative. First, their role in military nursing was not specified. Second, the absence of a proper base made their engagement at war complicated. The most recent war experience, the Napoleonic Wars, only confirmed this.⁵¹ Yet, these obstacles were successfully overcome due to Sidney Herbert’s initiative.⁵² The absence of a proper base was resolved after the Battle of the Alma⁵³ when the Turkish authorities allowed the British to use the Selimiye Barracks at Scutari as a hospital. This made the introduction of female nurses possible. On October 21, 1854, Florence Nightingale and a group of thirty-eight carefully selected nurses eventually departed for Crimea.⁵⁴

4.3 Scutari

As mentioned above, the Turkish authorities enabled the British to use the premises of the Selimiye Barracks at Scutari. However, the conditions at the Barrack Hospital were worse than appalling, as evidenced by one of many newspaper reports by William Howard Russell, war correspondent with The Times in years 1854-1882:

“It is with feeling of surprise and anger that the public will learn that no sufficient preparations have been made for the cure of the wounded. Not only are there not sufficient surgeons...not only are there no dressers and nurses...but...there is not even linen to make bandages for the wounded.

Can it be said that the battle Alma has been an event to take the world by surprise has not the expedition to the Crimea been the talk of the last four months and when the Turks gave up to our use the vast barracks to form a hospital and depot was it not on the ground that the loss of the English troops was sure to be considerable when engaged in so dangerous an enterprise? And yet after the troops have been six months in the country there is no preparation for the commonest surgical operation!

Not only are men kept in some cases for a week without the hand of a medical man coming near their wounds; not only are they left to expire in agony unheeded and shaken off, though catching desperately at the surgeon whenever he makes his rounds through the fetid ship; but now, when they are placed in the spacious building, where we are lead to believe that everything was ready which could ease their pain or facilitate their recovery, it is found that

the commonest appliances of a workhouse sick ward are wanting, and that the men must die through the medical staff of the British Army having forgotten that old rags are necessary for the dressing of the wounds. If Parliament were sitting, some notice would probably be taken of these facts, which are notorious and have excited much concern; as it is, it rests with the government to make inquiries into the conduct of those who have so greatly neglected their duty.” (Russel, The Times 12. 10. 1854, pg.8, col. A)

4.4 Challenges

The first thing Nightingale and her nurses had to deal with after their arrival was the infernal living and working conditions. The greatest trouble they faced was that there was no order from the high command that would require the pre-existing medical staff to cooperate with Nightingale and her subordinates or at least to acknowledge their existence. It had never occurred either to Nightingale or to the Secretary at War Sidney Herbert that their help would- simply be refused.⁵⁵

Then came the battle of Balaclava. In the aftermath, the hospital was immediately flooded with large numbers of wounded soldiers. This eventually changed the attitude the military medical officers had had towards Florence Nightingale and she could at last use her skills and vitality.⁵⁶

Most of all, it was her skill of organising work and the facility in the most efficient manner that allowed many wounded to be saved. The British military’s biggest problem lay in the stagnating supply service, distribution and organization of the most basic things such as food, linen and medical material. Here Florence Nightingale proved to be an indispensable organizer and diplomat, who had to fight bureaucracy in order to get what she needed to perform her job.⁵⁷

4.5 Support

To a considerable extent Florence Nightingale was helped by a newly established national fund which met with a positive response from the British public and which was fully at her disposal. However, this caused a good deal of animosity on the part of the military as they did not have access to it and thus their possibilities were rather limited. Also the fact that this woman managed to achieve more was unpalatable.⁵⁸

Another much needed boost to Florence Nightingale was Queen Victoria's interest in her work.⁵⁹ In a letter to Herbert, dated December 6, 1854, the Queen expressed her wish to receive detailed information about the condition of her soldiers: *"Would you tell Mrs. Herbert that I beg she would let me see frequently the accounts she receives from Miss Nightingale...as I hear no details of the wounded..."*(Dossey 2010, 131). Later the Queen would also arrange for some material supplies to be sent to Nightingale, which was certainly a mark of the Queen's personal interest in Nightingale's work.⁶⁰

4.6 Reform efforts

During her mission in Crimea, Florence Nightingale was convinced that the Barrack Hospital, if rebuilt, could serve as an example for other hospitals worldwide.⁶¹ She even suggested building a military medical school but the project was not viable under the local conditions. However, it did offer an important example when the Army medical school back in Britain was being established in 1860 along with a major reform of the medical department of the British army.⁶²

One of the most important tasks for her was to handle logistics, that is the smooth running of the hospital stores, to ensure the regular supply of food, clothing or sanitary materials. All these items were to be carefully recorded. She went so far as to suggest an overall strategy of material supplies

from Britain as it often happened that the shipped supplies were either lost or stolen or delivered to the wrong places. Next, she demanded that radical changes be made in attitude toward patients. She wanted the wounded soldiers to become real patients.⁶³

Another of her proposals was related to improving the structure of job functions in the hospital, the three main areas being food, furniture and clothing. She also requested that a Commissariat Officer be sent to the Barrack Hospital to take charge of the soldier's diets and the meals distribution system, which was further improved by bed marking. Every patient had a ticket on their bed with some basic information in order to be tracked easily.⁶⁴

Her wide-ranging interests also led her to try and improve the soldier's conditions outside the hospital, in the battlefield. At that time every soldier had to look after himself and besides fighting he had to arrange his own meals, which became even more difficult when the winter came. Usually, firewood disappeared very quickly and thus they did not have access to hot meals on a regular basis. Florence Nightingale knew that this fact would have a huge impact on the soldier's health and condition and wanted to change it. However, such a step would require large changes to be made and therefore Florence Nightingale did not manage to push through the system of feeding soldiers that later became known as rationing⁶⁵.

Nightingale's significant contribution also lay in her ability to identify problems and then treat them separately. She kept extensive documentation about her work, for instance, statistics, tables, facts.⁶⁶ This documentation later laid the foundations for the *Royal Commission Report on the Sanitary Condition of the Army* in 1858. The success of this report was based on the amount and quality of materials supplied by Nightingale.⁶⁷

4.7 Sanitary Commission

Perhaps one of the effects of the popularity and popularization of Florence Nightingale's work in Crimea was the formation of a commission led by Dr. John Sutherland that was sent to Crimea to review the conditions of the wounded and remedy them where they found it necessary. Where Nightingale was only able to cope with smaller scale problems such as organizing the nurses, improving the supplies and sanitary conditions, the commission was able to handle problems that were a level above that.⁶⁸

Examples of problems that the commission could address would be the water source for the hospital being contaminated or the sewers beneath it being blocked, rotten floors, bad air circulation and other things on a scale that barred Nightingale from dealing with them. The leader of the commission Dr. John Sutherland would quickly become a strong supporter of Nightingale and her reforms and would cooperate with her on many of them once they both return to their homeland.⁶⁹

After the visit and more importantly, the work of this commission the mortality rate in the hospital decreased steeply. As Mark Bostridge mentions: *"The mortality rate at Scutari for March, down to 20 per cent of admissions from the previous months' peak of 52 per cent, has been taken as evidence of the success of the Commission's work"* (Bostridge 2008, 248). In previous analyses, this decline of the mortality rate was often attributed to Nightingale herself, however as she stated in 1857, it was due to the work of the Sanitary Commission that the British army was saved.⁷⁰

5 After the Crimean War

When Florence Nightingale came home from the war in 1856, she retreated from the public to regain some of her strength and composure. She had a sense of failure now, since she felt that while she was able to do something, much more could have been achieved and the pace of the changes she initiated seemed far too slow for her tastes.⁷¹ We should also remember that she came back from a first-hand experience of war and it was something she could not have been prepared for and that could have had an impact on her mental and emotional state. Although she set the wheels in motion and achieved considerable success during the Crimean war, that experience could well be viewed as a mere starting point for her future work. The public is however much more familiar with the romantic legend of the lady with the lamp which has surrounded Florence Nightingale ever since her departure for the Crimea.⁷²

5.1 Royal Commission

In 1857 she began her work for the Royal Commission on the Health of the Army whose task was to:

“... Investigate the sanitary conditions of the army, the organization of military hospitals, and the treatment of the sick and wounded.”
(Dossey 2010, 201).

It is worth mentioning that the Chairman of the commission was Sidney Herbert⁷³. Nightingale's poor health prevented her from sitting on the commission. However, as mentioned earlier, she supplied the members of the commission with facts, tables and statistics.⁷⁴

Up until now, she had believed that the horrific losses amongst the wounded should be attributed mostly to lack of supplies, food and overworked staff. Only now when she had time to review the notes she had

written and ordered to be written during the Crimean war did it become clear to her that cleanliness and sanitary conditions are of utmost importance and their lack raises the death rate immeasurably.⁷⁵ She summarized her conclusions in a memorandum, called *“Mortality of the British Army at Home and Abroad, and during the Russian War, as Compared with the Mortality of the Civil Population in England”* (Dossey 2010, 204), which was used as an appendix to the Royal Commission Report. What is more, in 1857 Lord Panmure, Secretary of State for War *“...formally requested Nightingale to submit a report on the medical care and treatment of the sick and wounded in the Crimea.”* (Dossey 2010, 199) *Notes on Matters Affecting the Health, Efficiency, and Hospital Administration of the British Army*, was an 830-page document which laid foundations to the reform efforts.⁷⁶

5.2 Notes on Hospitals

Only two years after completing the report on her Crimean experience, Nightingale published *Notes on Hospitals*, a book focused on hospitals, their building and organization. According to Florence Nightingale, there were four main factors essential to keeping patients alive and in as good health as was possible. These four factors were fresh air, an abundance of light, appropriate ample space and dividing the sick to specialised wards, preferably in separate buildings or pavilions. The book also provided a vast amount of data she was able to collect during her many visits to a great number of hospitals throughout the United Kingdom as well as Europe. The book detailed many important features about hospital construction and also provided a ward plan (separately for civilian and military hospitals) that has later become the unified standard in most of the United Kingdom and a large part of the world.⁷⁷

5.3 Training school for nurses

“My principle has always been: that we should give the best training we could to any woman of any class, of any sect, “paid” or unpaid, who had the requisite qualifications, moral, intellectual & physical, for the vocation of a Nurse.” (Dossey 2010, 219)

In 1860, thanks to the fundraising activities of the Nightingale-Fund, a nurses’ training centre attached to St. Thomas’ Hospital could be opened. Nightingale mostly employed and engaged people in the nursing school she knew personally and knew she could count on. The course provided a thorough training for future nurses. It took four years to complete and the students were called “*nurse probationers*” and were reviewed every month using a datasheet collecting notes on their attitude, behaviour and professional proficiency.⁷⁸ It is one of the many examples of Florence Nightingale employing paperwork and statistics to improve the functionality of the facility she was in charge of. Nightingale’s school was the first nurse training centre with no religious affiliation whatsoever.⁷⁹

5.4 Notes on Nursing

While establishing the training centre, Florence Nightingale was in continuous contact with many leading figures in the impending healthcare reform. One of them, Edward Chadwick, encouraged Florence Nightingale to write her most famous work, the *Notes on Nursing: What it is and what it is not*:

“I do not feel equal to the task...I am not in a position to be heard or should only be heard by hundreds – I am not a doctor, whereas you are the greatest national nurse, you would be heard by hundreds

of thousands, and millions, who will give you a deep and a well-deserved attention.” (Dossey 2010, 232)

Notes on Nursing was published in 1860 and 15,000 copies of the book were sold within two months.⁸⁰ This book was written in a way that could easily be understood by the public. It became a handbook for both the general public and official nurse training schools. In many respects the book is still viable and offers a message even in our age.⁸¹ As Mark Bostridge observes:

“...her ideas about how a nurse can bring about healing are still resonant”.(Bostridge 2008, 357).

5.5 India Sanitary Reform

From the 1860s onwards, Florence Nightingale began her work on the India Sanitary Reform which would take her most of the rest of her life. She was *“in deep despair”* about the approach of the governors and British officials in the colony to the locals and their overlooking of the very basic needs of their subjects.⁸² The problem she saw was not limited to sanitary conditions. It was also famine, drought and general abuse of power by those in positions of power. Nightingale decided to use *“...her reputation in an attempt to embarrass them into taking action”* (Bostridge 2008, 477). She published what she knew about the issues in order to gain the support of the public for her cause. It is the famous article *“People of India”* that was intended by her to sway the public to her side and to make them see how the power the British held in India was either mismanaged or outright abused.⁸³

5.5.1 Inspiring others

One of those who were inspired by Florence Nightingale, her work and her efforts was Henri Dunant, the founder of the Red Cross. On August 7, 1872, while in London, Henry Dunant acknowledged his debt to Nightingale:

“Though I am known as the founder of the Red Cross and the originator of the Convention of Geneva, 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” (Dossey 2010, 324).

As mentioned above, Henry Dunant went to Italy during the Battle of Solferino in 1859. As a result of this frightening experience he founded the organization now known as the Red Cross which took much from Florence Nightingale and her previous efforts in nursing soldiers and keeping them healthy. It is also worth mentioning that for this same reason Dunant pushed for the Geneva Convention that would make the medical personnel neutral in warfare according to international law.⁸⁴

Florence Nightingale’s life’s work was mostly finished although she never completely ceased to deal with what she deemed necessary until she died on the 13th of August 1910.

6 Views on Florence Nightingale after her death

There are about fifty various biographies of Florence Nightingale addressing different age groups. As Mark Bostridge remarks, most of them more or less follow on from the first authorized biography written by Sir Edward Cook and published in 1913. Cook carefully tried to strike a balance between two extreme views on Florence Nightingale existing at that time. These views were represented by two biographies, each of them aiming at different readers.⁸⁵

The book that proved to be most damaging to Nightingale's reputation was Lord Stanmore's biography of Sidney Herbert, commissioned by his wife, Elizabeth Herbert. Stanmore approached Nightingale with a request to see Sidney Herbert's correspondence. However, this was not to Nightingale's liking and as a result he was allowed to see only selected letters. This experience eventually resulted in Stanmore's bitter revenge. In his work, he did not refrain from poisonous comments about her character and her weaknesses. In one of the chapters of Herbert's biography Stanmore wrote:

"It is impossible to speak in too high terms of Miss Nightingale's great qualities and equally great work." (Bostridge 2009, 525-526).

"...it cannot be denied that these great capacities were accompanied...by a jealous impatience of any rival authority, and an undue intolerance of all opposition or difference of opinion." (Bostridge 2009, 526).

Stanmore also added:

“Florence Nightingale’s “great qualities ... were combined with some womanly weaknesses.” (Stanmore 1913, introduction)

On the other hand, there was a biography of Florence Nightingale written by Sarah Tooley. This book offered its readers a different tone, describing Nightingale as the “...overwhelming winner of a recent contest to find the most popular heroine in history” (Bostridge 2009, 526).

The three mentioned biographies influenced the views on Nightingale for many years to come.⁸⁶ Other authors, perhaps under the influence of the target group they were addressing, embarked on various interpretations of Nightingale: from “*the lady with the lamp*” to the “*schizophrenic monster*”(Bostridge 2009, 531). The latter is the portrait painted by Lytton Strachey’s work *Eminent Victorians*, first published in 1918.⁸⁷

As Bostridge observes, views on Florence Nightingale still vary today...the pendulum is still swinging. However, it is without doubt that Florence Nightingale furthered healthcare a great deal and thus saved many lives, which is a fact that cannot be denied even by her opponents.⁸⁸

7 Practical part – survey

In the light of these different views I sought to find out what the current nursing students think about Florence Nightingale.

The practical part of this thesis contains a survey questionnaire which examines to what extent current nursing students are aware of Florence Nightingale and the legacy of her work. Five of the students' questionnaires are scanned in the appendix.

Since Florence Nightingale is not a widely-known figure in the Czech Republic and nursing only forms part of the curriculum at nursing schools, I had expected only brief and less extensive answers. In spite of this, I sought to learn to what extent students are aware of Florence Nightingale and how well they know her life and her work. Some questions were meant to make the respondents think about the standard of present-day nursing.

7.1 Method

The survey was carried out using a survey questionnaire. I chose this way of gathering data as I had two larger groups of nursing students available. The students were asked several questions regarding Florence Nightingale. The questions were selected with regard to the goal I sought to achieve. The survey questionnaire was entirely anonymous and contained 8 questions of which 5 were open-ended and 3 were closed. The purpose of the open-ended questions was to give the students the opportunity to express themselves in their own words, possibly in more detail. The closed questions offered a choice of options with brief answers. At the beginning of the survey questionnaire the students were asked to fill in basic information about themselves such as their age, gender, year of study and study programme. The rest of the questions related to the goals set beforehand.

7.2 Respondents

The survey questionnaire was carried out at the Secondary Nursing School in Turnov and distributed among students of the first and second years of study. The survey questionnaire was filled in by 55 respondents aged 15 to 19. 54 out of 55 are female and all are students of the Secondary Nursing School in Turnov in Care Assistant and Medical Assistant programmes.

7.3 Survey Questionnaire

What follows is a list of questions and responses. Below each question is an analysis and interpretation of what I have learned. Five examples of the original responses are in the appendix.

7.3.1 Have you ever heard of Florence Nightingale?

The majority of respondents list the nursing school as their primary source of information on Florence Nightingale, 3 however mentioned the Red Cross, magazines and extra-curricular lectures respectively. These secondary sources of information were only mentioned by one respondent each.

7.3.2 If you have been informed, to what extent?

4 respondents dealt with the topic extensively while 11 others only touched it and 40 received the usual amount of information during the course of their studies.

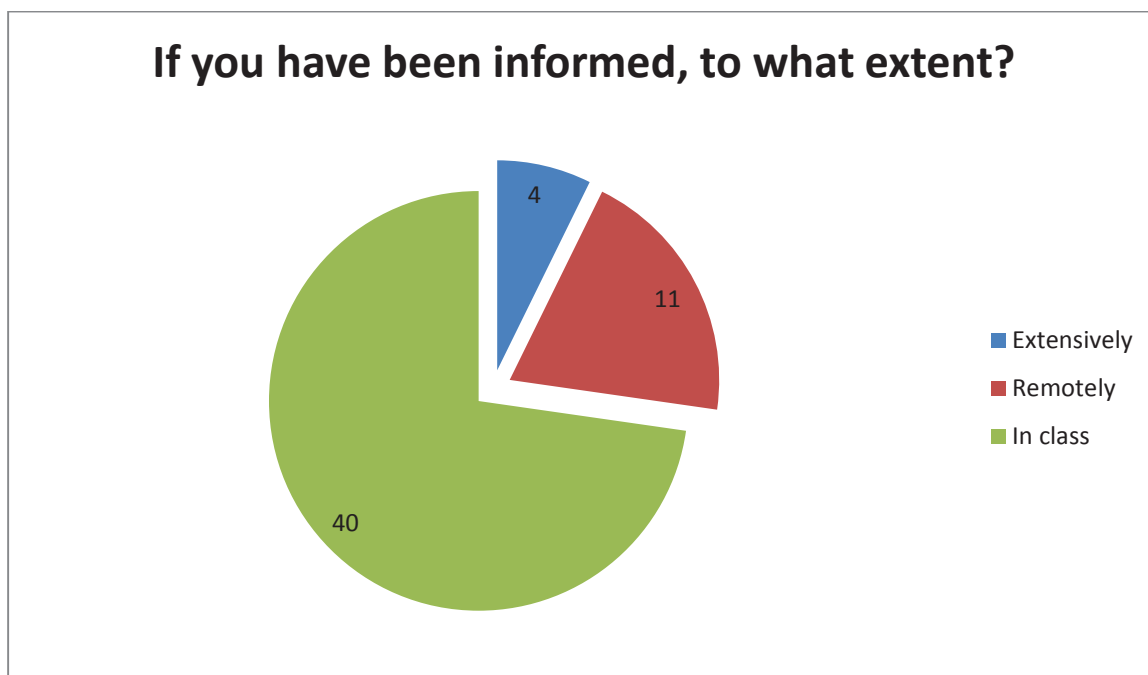


Figure 1 – Answers to question: “If you have been informed, to what extent?”

7.3.3 In which class have you heard of Florence Nightingale?

All respondents have heard of Florence Nightingale in their Ošetrovatelství-teorie (Theory of Nursing) classes. In addition, Information Technology classes were mentioned four times and Psychology & Communication once.

7.3.4 If you have heard of Florence Nightingale, what is your opinion of her character and work?

It appears that every single respondent has a very positive view. Although the answers here are too varied to sum up in few numbers, generally speaking the following words predominated in replies: Brave, self-sacrificing, patient, heroine, intelligent, an example of valour, selfless, confident and purposeful. An emphasis is placed on the personal feats she displayed when she decided to become a nurse and to reform contemporary nursing as well on the traditional traits like being kind-hearted, warm and gentle, whether or not these were displayed by Florence Nightingale according to historical sources.

It should also be noted that the stronger words like “heroine” were often used by the very respondents who later said they deemed Florence Nightingale inappropriately over-glorified.

7.3.5 Do you think that Florence Nightingale is inappropriately over-glorified?

20 respondents replied yes, while 35 replied no. Although the decision is still in favour of the “lady with the lamp”, the number of people who replied she was over-glorified is interestingly high. There appears to be no correlation between this and other answers except that, as stated earlier, often those who deem Florence Nightingale overly-glorified use the strongest positive words about her. That can be explained in several ways. One of the reasons can be seen in the respondents’ age and their ambivalent opinions. Another reason might be lack of information. Also, it could be their reaction to criticism against Florence Nightingale and thus it may be that they attach greater importance to this. As the majority of the answers suggest, the respondents are only moderately informed about Florence Nightingale.

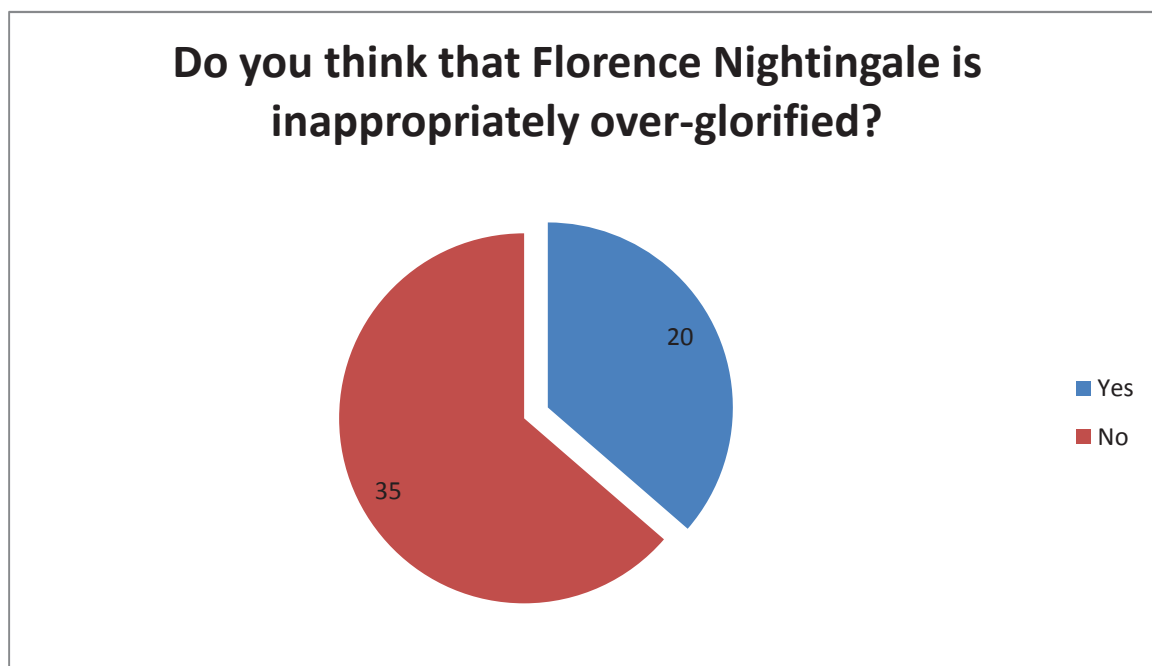


Figure 2 – Answers to question “Do you think that Florence Nightingale is inappropriately over-glorified?”

7.3.6 Do you know a living person that could be compared to Florence Nightingale? In what?

Most respondents did not answer this question or replied they did not know anyone like her. Only two people were mentioned: – Sir Nicholas Winton, a British humanitarian and Ben Carson, an American neurosurgeon and one organization – the Doctors without Borders Foundation.

Many respondents wrote that Florence Nightingale was a unique woman and it was impossible to find anyone like her. One respondent wrote that she knows of no one, but she hopes to know such a person in the future. Perhaps, it could be said that the level of admiration for Florence Nightingale is so high that even those who deem her overly glorified find her incomparable to anyone.

7.3.7 What would Florence Nightingale in your opinion think about today's nursing?

36 out of 55 respondents replied that she would admire modern nursing with improved technology and wider and deeper knowledge. However, two respondents wrote that she would indeed admire the advances in technological field, but would be less than satisfied with the personnel in nursing and their behaviour. Two others said that the era is incomparable and the main feeling would be surprise. Eleven respondents either did not answer this question or wrote that they did not know. Four replied in one way or another that Florence Nightingale would be horrified by the state of modern nursing.

This question was chosen in order to make the respondents think about the standard of present-day nursing, whether it be technology or human factor. Regarding new technologies and working aids, there is no doubt that the modern age brings immense possibilities. However,

in the respondents' answers one can also find misgivings about the question of the human factor.

From this data, we can see that the majority has confidence and trusts the high level of modern nursing, while others are unsure or outright dissatisfied. Although it is not the majority that feels this way, it is a minority large enough to warrant second thoughts, especially since all of the respondents, although young, have some nursing background and education.

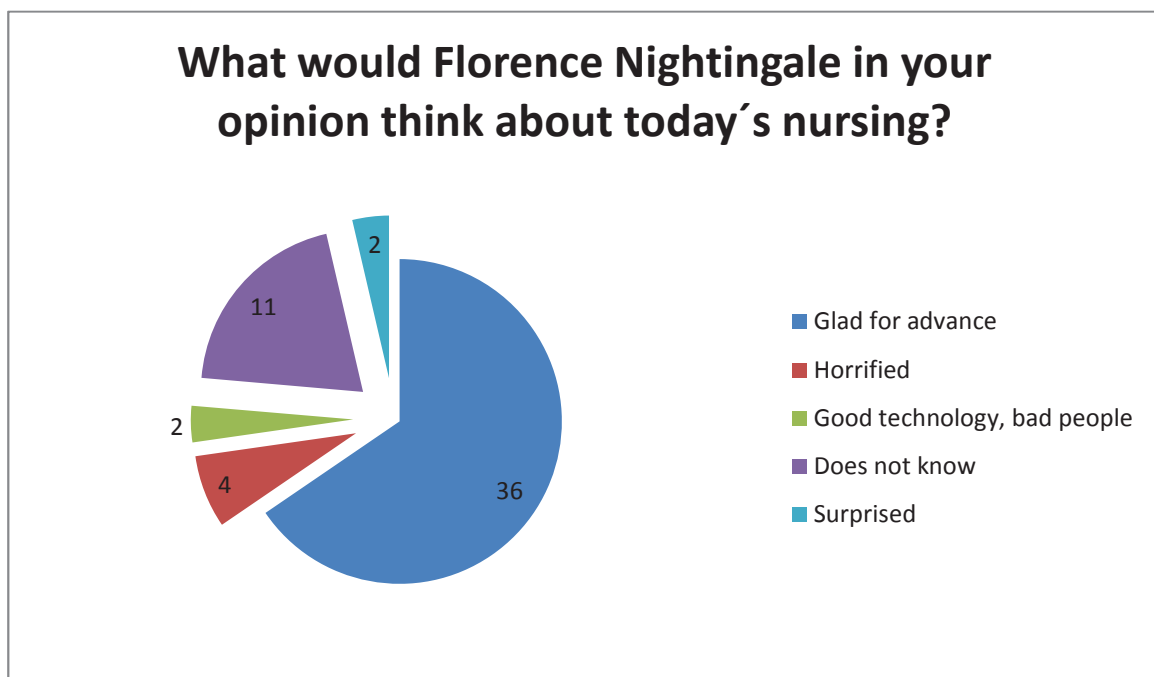


Figure 3 – Answers to question “What would F. Nightingale in your opinion think about today’s nursing?”

7.3.8 Is the legacy of Florence Nightingale still living in your opinion? If so, where?

The replies were interesting and varied here. 34 respondents think that it is still living, while 5 of them believe it is not and 16 do not know. Those who replied that the legacy is not living today generally gave no reasons. Out of the 34 respondents who believe the legacy still lives on, 16 gave specific reasons for their opinion. 7 of them think it lives in the work of modern nurses, while five think it lives in education or nurses, two believe it is in the spirit

of continuous healthcare improvement and two believe it still lives as a powerful personal example to anyone willing to follow such an example.

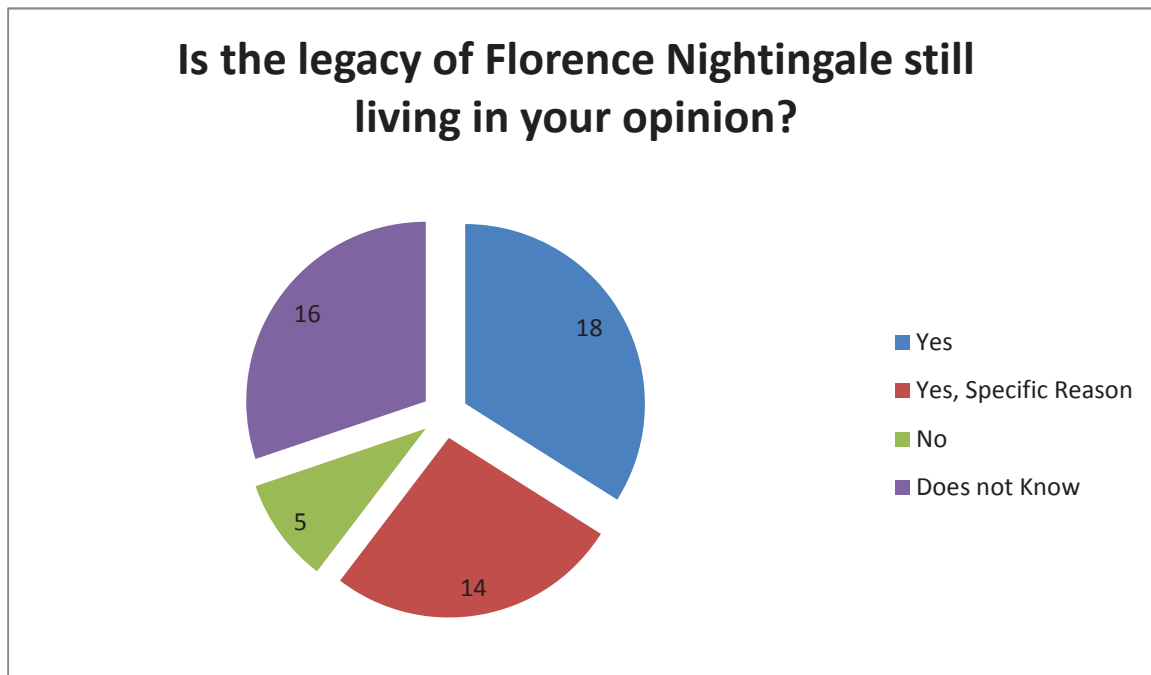


Figure 4 – Answers to question “Is the legacy of Florence Nightingale still living in your opinion?”

The following graph shows the percentage of specific reasons why respondents think the legacy still lives. It is only based on those who replied yes and provided a specific reason, that is to say those in the green area of the graph shown above.

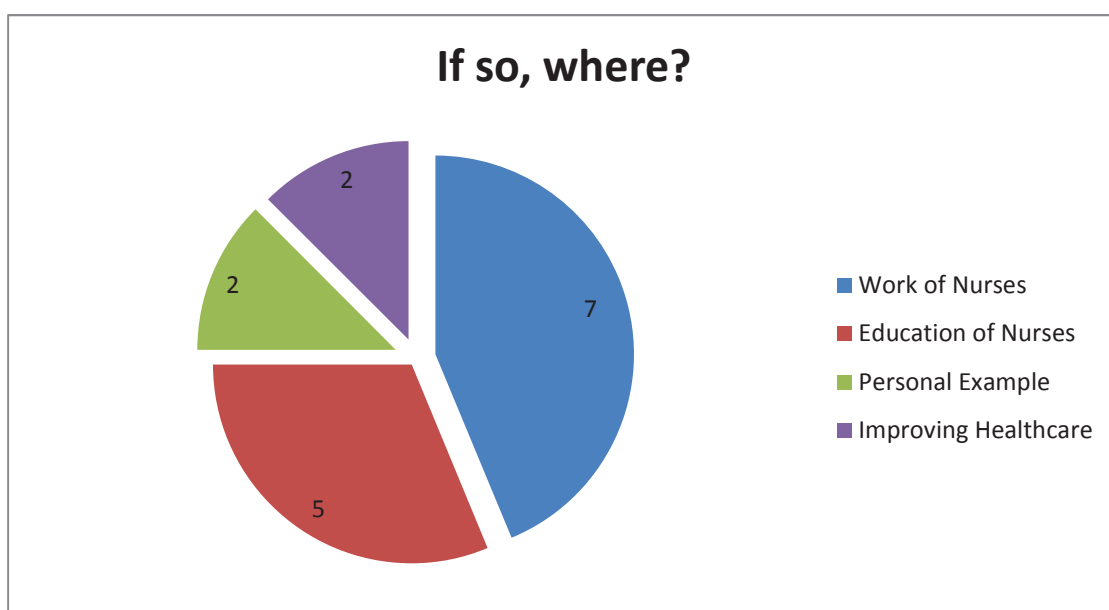


Figure 5 – Answer to subsequent question “If so, where?”

7.4 Interpreting the data

The aim of the practical part was to find out to what extent are current nursing students aware of Florence Nightingale and the legacy of her work. For this purpose, I set up a survey questionnaire which was meant, among other things, to make the respondents think about the standard of present-day nursing. I chose this method as it enabled me to collect information from a large number of people. The questionnaire was intended for students in the Care Assistant and Medical Assistant programmes. The questionnaires were distributed among the students at the Secondary Nursing School in Turnov. The questionnaire was answered by 55 students altogether. It contained 8 questions, 5 of which were open-ended and 3 were closed-ended. The collected data was transformed into graphs that accompany each question. Below each question there is an analysis and interpretation of what I have learned. Four examples of the original responses are in the appendix.

The survey shows that the medical students are aware of the existence and deeds of Florence Nightingale thanks to their classes at most to a mediocre extent, on average in their own opinion. They display a great deal of admiration towards her and even though a distinct minority believes she is over-glorified today, they still deem her to be a prime example of many virtues. In total 60.38% believe her legacy is alive today and slightly less than a half who think so were even able to give specific reasons for their beliefs.

In retrospect I realized that some of the questions actually should have been formulated in a different manner to avoid the respondents being led to conclusions about what answer is considered “right”. Therefore the phenomenon of students calling Florence Nightingale a heroine and yet thinking she is over-glorified, in this case might have been caused by the questionnaire itself and the matter could be addressed in future

research. As it is, it does not prove any point. Unfortunately, the questionnaire did not ask whether the students actually know about the discussion about Florence Nightingale's glorification. Since the term "inappropriately glorified" is not even defined and there are circumstances that need to be specified before asking such a question, i.e. by whom, by which nation, by which profession (historians, nurses). In its current state the question reveals only respondents' ignorance of the matter.

As it is apparent when consulting the survey results, their knowledge of Florence Nightingale is mostly average. They learn about her in their nursing classes, but they do not actively seek to acquire further information through means other than school - other information sources could have been a good question to have in the questionnaire. Since they only "parrot" what they hear from the teacher, the teacher is a key person on whom the breadth and depth of acquired knowledge depends. And since this is taught in nursing classes, the school education about Florence Nightingale is probably focused on "the lady with the lamp" and her nursing activities per se.

However, despite this fact the questionnaire responses show that one of the many values Florence Nightingale brought into the contemporary nursing were new methods and general progress in the field. This progress, as shown in the theoretical part, was mostly in the theoretical area of organizing the wards, supplies and personnel. Furthermore, Florence Nightingale's faith, and determination will provide a strong example even nowadays.

8 Conclusion

Florence Nightingale was anything but an ordinary woman in anything but an ordinary age. She did not improve healthcare so much by sitting at someone's bedside, but mostly by improving the organization, by adding statistics, record keeping and daily routine into healthcare. While other women of her social status at that time were destined to lead a completely different way of life,⁸⁹ Florence Nightingale chose a life of service to the sick, poor and those in need. In this bachelor thesis I intended to make a brief historical overview of nursing in order to provide context for Florence Nightingale's work. I tried to capture the most important events and factors which influenced her life, her religion, family background, education and also her experience in medical service. It was the experience gained during the Crimean War that proved to be invaluable to her subsequent work. Furthermore, I dealt with the period after the Crimean War, which was definitely more important in terms of her contribution than her Crimean period. She was able to make use of her wartime experience in her work for *the Royal Commission*. Shortly after that she published *Notes on Hospitals*, a book focused on the building and organization of hospitals. Her great success was the opening of the Nightingale School of Nursing, a training centre for nurses in London in 1860. In the same year Nightingale published her most famous book, *Notes on Nursing*, which became a handbook for both the general public as well as official nurse training schools. Florence Nightingale was also instrumental in shaping *the India Sanitary Reform*.

The discussion of the bibliography at the end of the theoretical part shows that opinions on Florence Nightingale still vary and in the eyes of the public, she is still mostly associated with "*the image of the ministering angel*" in the Crimea.⁹⁰ However, as Mark Bostridge puts it, this romantic

legend “...grossly oversimplifies, and sometimes obscures, a complex historical reality”. Bostridge reminds us that Nightingale was “the possessor of one of the greatest analytical minds of her time” and that after her return from the Crimea, although suffering from ill-health, she “attempted to supervise the modernization of nursing, together with advising governments on Army health reform, sanitary improvements in Britain and India, hospital design, and much else besides” (Bostridge 2009, xxii).

There are numerous possibilities for further research, such as developing certain chapters in the theoretical part. For example, her work for the people of India could easily be the topic of a thesis by itself. Another option could be to focus on her Notes on Nursing or Notes on Hospitals and carry out a research in hospitals to see how many of her suggestions and improvements are still viable today and which ones have been surpassed.

8.1 Legacy in the future

The greatest influence Florence Nightingale will have on future will undoubtedly lie in her approach to nursing and healthcare, in reforms she pushed and that are nowadays standard and the basis for future improvements.

It appears that in future she and her work will probably only be known to a relatively narrow group of specialists in the medical field. Of course, her legacy is likely to be more acknowledged in her own country and the countries of Commonwealth than in the Czech Republic. However, even in those countries where her name is perhaps not or will be not widely known her legacy flourishes in the way hospitals are kept clean and nurses trained.

Notes

- ¹DeWit, O`Neill 2013, 1
- ²New Advent - Catholic Encyclopedia
- ³Watson 2006, 75.
- ⁴ New Advent - Catholic Encyclopedia
- ⁵Peatling 1996.
- ⁶Tiner J. H. 1999, 13-14.
- ⁷ De Wit, O`Neill 2013, 1
- ⁸<http://www.newadvent.org/cathen/07480a.htm>
- ⁹http://www.ospreypublishing.com/articles/ancient_world/battlefield_medicine/
- ¹⁰University of Glasgow. A History of nursing
- ¹¹ Ibid.
- ¹² Ibid.
- ¹³University of Glasgow. A History of nursing
- ¹⁴University of Glasgow. A History of nursing
- ¹⁵ Ibid.
- ¹⁶ Ibid.
- ¹⁷Dossey 2010, 3
- ¹⁸Bostridge 2008, 17-18
- ¹⁹Bostridge 2008, 11
- ²⁰Dossey 2010, 84-85
- ²¹Bostridge 2009, 37-38
- ²²Bostridge 2009, 39
- ²³Dossey 2010, 18
- ²⁴Dossey 2010, 12
- ²⁵Bostridge 2009, 51
- ²⁶Dossey 2010, 13
- ²⁷Bostridge 2009, 49
- ²⁸Bostridge 2009, 39-40
- ²⁹Bostridge 2009, 35
- ³⁰Bostridge 2009, 38
- ³¹Bostridge 2009, 91-92
- ³²Bostridge 2009, 99-101
- ³³Bostridge 2009, 175-176
- ³⁴Bostridge 2009, 177
- ³⁵Bostridge, 2008, 187
- ³⁶Bostridge, 2008, 105-106
- ³⁷Dossey 2010, 50-51
- ³⁸Bostridge 2009, 143
- ³⁹Dossey 2010, 75
- ⁴⁰Bostridge 2009, 156-157
- ⁴¹Dossey 2010, 84-85
- ⁴²Dossey 2010, 87
- ⁴³Dossey 2010, 88
- ⁴⁴Dossey 2010, 92

-
- ⁴⁵Dossey 2010, 88
⁴⁶Ibid. 99-100
⁴⁷Dossey 2010, 103
⁴⁸Dossey 2010, 103-105
⁴⁹Bostridge 2008, 205-206
⁵⁰Bostridge 2008, 206
⁵¹Bostridge 2008, 206
⁵²Dossey 2010, 112
⁵³20 September 1854
⁵⁴Dossey 2010, 119
⁵⁵Dossey 2010, 123
⁵⁶Dossey 2010, 125
⁵⁷Dossey 2010, 126-127
⁵⁸Dossey 2010, 117
⁵⁹Bostridge 2009, 260
⁶⁰Dossey 2010, 132
⁶¹Dossey 2010, 144
⁶²Dossey 2010, 148
⁶³Dossey 2010, 144
⁶⁴Dossey 2010, 145
⁶⁵Dossey 2010, 145
⁶⁶Dossey 2010, 201
⁶⁷Dossey 2010, 148
⁶⁸Bostridge, 2009, 248-249
⁶⁹Bostridge 2008, 248
⁷⁰Dossey 2010, 152
⁷¹Dossey, 2010, 186-187
⁷²Bostridge 2009, prologue
⁷³Dossey 2010, 203
⁷⁴Dossey 2010, 201
⁷⁵Dossey 2010, 205
⁷⁶Dossey 2010, 199
⁷⁷Dossey 2010, 232-235
⁷⁸Dossey, 2010, 221-222
⁷⁹Ibid., p. 223
⁸⁰Bostridge 2008, 357
⁸¹Bostridge, 2009, 357
⁸²Bostridge 2008, 478
⁸³Bostridge 2008, 478
⁸⁴Kutnohorská, 2010, 50-51
⁸⁵Bostridge 2009, 528
⁸⁶Bostridge 2009, 525-526
⁸⁷Bostridge 2009, 528
⁸⁸Bostridge 2009, 530
⁸⁹Bostridge 2009, 177-178
⁹⁰Bostridge 2009, xxi

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List of appendices

- 1) Sample questionnaire
- 2) Filled out questionnaire

Milá studentko, milý studente,

Tento dotazník je podklad k vědecké práci, kterou si po jejím dokončení budete moci prohlédnout online. Nebude nijak hodnocen ani prohlížen Vašimi vyučujícími a je zcela anonymní, proto se prosím nepodepisujte.

Jsem : žena muž (označte prosím křížkem)

Můj věk:.....

Studuji.....ročník (název školy).....

Jaký obor studujete na vaší škole?

.....

Dále se věnujte samotnému dotazníku. Postup při vyplňování dotazníku je jednoduchý. Zakroužkujte vždy jednu odpověď. Tam, kde je to napsáno, můžete zakroužkovat i více odpovědí, nebo odpověď vypsát na vymezené místo. U odpovědí, kde místo na vypsání vymezeno není, to prosím nedělejte.

1. Slyšeli jste někdy o Florence Nightingale?

- a) ano (kde?).....
- b) ne

2. Pokud jste o ní slyšeli, do jaké míry jste o ní informováni?

- a) pouze okrajově
- b) ve výuce
- c) podrobně

3. V rámci jakého předmětu jste slyšeli o Florence Nightingale?

.....

4. Pokud jste o Florence Nightingalové slyšeli, jaký je Váš názor na její osobu a práci?

.....

.....

.....

5. Myslíte si, že je Florence Nightingalová nepřiměřeně oslavována?

a) ano

b) ne

6. Znáte někoho dnes žijícího, koho byste k Florence Nightingalové přirovnali? V čem?

.....

.....

.....

7. Co by si podle vás Florence Nightingalová myslela o dnešním ošetřovatelství?

.....

.....

.....

8. Je podle vás odkaz Florence Nightingalové dodnes živý? V čem?

.....

...

.....

Děkuji vám za trpělivost při vyplnění dotazníku.

Milá studentko, milý studente,

Tento dotazník je podklad k vědecké práci, kterou si po jejím dokončení budete moci prohlédnout online. Nebude nijak hodnocen ani prohlížen Vašimi vyučujícími a je zcela anonymní, proto se prosím nepodepisujte.

Jsem : ~~žena~~ muž (označte prosím křížkem)

Můj věk: 17.....

Studuji. 1.....ročník (název školy).....Střední zdravotnická škola Turnov

Jaký obor studujete na vaší škole?

Zobrazovací asistent.....

Dále se věnujte samotnému dotazníku. Postup při vyplňování dotazníku je jednoduchý. Zakroužkujte vždy jednu odpověď. Tam, kde je to napsáno, můžete zakroužkovat i více odpovědí, nebo odpověď vypsát na vymezené místo. U odpovědí, kde místo na vypsání vymezeno není, to prosím nedělejte.

1. Slyšeli jste někdy o Florence Nightingale?

- a) ano (kde?)...Ve škole.....
b) ne

2. Pokud jste o ní slyšeli, do jaké míry jste o ní informováni?

- a) pouze okrajově
b) ve výuce
c) podrobně

3. V rámci jakého předmětu jste slyšeli o Florence Nightingale?

Ošetrovatelství

4. Pokud jste o Florence Nightingalové slyšeli, jaký je Váš názor na její osobu a práci?

Myslím, že to byla hodinkar, která se nebála
provdít si svůj názor na to a dělat
co se jí zdálo vhodné

5. Myslíte si, že je Florence Nightingalová nepřiměřeně oslavována?

- a) ano
b) ne

6. Znáte někoho dnes žijícího, koho byste k Florence Nightingalové přirovnali? V čem?

Někoho k tomu neznám

7. Co by si podle vás Florence Nightingalová myslela o dnešním ošetrovatelství?

Byla by ráda, že děti na je ošetrovatelství
na svých ústavu a snížily se děti, které
návštěv

8. Je podle vás odkaz Florence Nightingalové dodnes živý? V čem?

Ano, v určitých okamžicích, které se stále děje

Děkuji vám za trpělivost při vyplnění dotazníku.

Milá studentko, milý studente,

Tento dotazník je podklad k vědecké práci, kterou si po jejím dokončení budete moci prohlédnout online. Nebude nijak hodnocen ani prohlížen Vašimi vyučujícími a je zcela anonymní, proto se prosím nepodepisujte.

Jsem : žena muž (označte prosím křížkem)

Můj věk: 17

Studuji: 2. ročník (název školy) Střední zdravotnické školy, v Turnově

Jaký obor studujete na vaší škole?

zdravotnický asistent

Dále se věnujte samotnému dotazníku. Postup při vyplňování dotazníku je jednoduchý. Zakroužkujte vždy jednu odpověď. Tam, kde je to napsáno, můžete zakroužkovat i více odpovědí, nebo odpověď vypsát na vymezené místo. U odpovědí, kde místo na vypsání vymezeno není, to prosím nedělejte.

1. Slyšeli jste někdy o Florence Nightingale?

- a) ano (kde?) .. ne .. škola ..
b) ne

2. Pokud jste o ní slyšeli, do jaké míry jste o ní informováni?

- a) pouze okrajově
b) ve výuce
c) podrobně

3. V rámci jakého předmětu jste slyšeli o Florence Nightingale?

Ošetrovatelství, vypracovávala jsem seminární práci na PSK

4. Pokud jste o Florence Nightingalové slyšeli, jaký je Váš názor na její osobu a práci?

Byla to ušlechtilá žena, která se nechtěla vzdát smu ani kvůli medicíně. Vykonala skvělou práci.

5. Myslíte si, že je Florence Nightingalová nepřiměřeně oslavována?

- a) ano
- b) ne

6. Znáte někoho dnes žijícího, koho byste k Florence Nightingalové přirovnali? V čem?

Ne, nemám.

7. Co by si podle vás Florence Nightingalová myslela o dnešním ošetrovatelství?

Byla by uchvápena výmoečnostmi, které v té době neměla.

8. Je podle vás odkaz Florence Nightingalové dodnes živý? V čem?

Přičad se hovoří o dāmě s lucernou. Dodnes se snažíme zlepšit

...

způsob ošetrování nemocných a dbát na hygienu, kterou prosazovala.

Děkuji vám za trpělivost při vyplnění dotazníku.

Milá studentko, milý studente,

Tento dotazník je podklad k vědecké práci, kterou si po jejím dokončení budete moci prohlédnout online. Nebude nijak hodnocen ani prohlížen Vašimi vyučujícími a je zcela anonymní, proto se prosím nepodepisujte.

Jsem : ~~žena~~ muž (označte prosím křížkem)

Můj věk:.....¹⁷.....

Studuji.....².....ročník (název školy).....^{SZŠ TURENOV}.....

Jaký obor studujete na vaší škole?

.....^{ZDRAVOTNICKÝ ASISTENT}.....

Dále se věnujte samotnému dotazníku. Postup při vyplňování dotazníku je jednoduchý. Zakroužkujte vždy jednu odpověď. Tam, kde je to napsáno, můžete zakroužkovat i více odpovědí, nebo odpověď vypsát na vymezené místo. U odpovědí, kde místo na vypsání vymezeno není, to prosím nedělejte.

1. Slyšeli jste někdy o Florence Nightingale?

- a) ano (kde?).....^{HODINY}.....^{OŠETŘOVATELSTVÍ - VILKA}.....
b) ne

2. Pokud jste o ní slyšeli, do jaké míry jste o ní informováni?

- a) pouze okrajově
b) ve výuce
c) podrobně

3. V rámci jakého předmětu jste slyšeli o Florence Nightingale?

..... OŠETŘOVATELSTVÍ

4. Pokud jste o Florence Nightingalové slyšeli, jaký je Váš názor na její osobu a práci?

..... VELICE CHVALY HODNÁ PRÁČE , PŘES "MISIE"

..... POSTAVU! DĚLALA PODĚADNOU PRÁCI - U DNEŠNÍ

..... DOBŘE NEVÍDANÉ - UČY HODNÉ

5. Myslíte si, že je Florence Nightingalová nepřiměřeně oslavována?

- a) ano
- b) ne

6. Znáte někoho dnes žijícího, koho byste k Florence Nightingalové přirovnali? V čem?

..... LÉKAŘI BEZ HRANIC - "ZA NIC" POMÁHATI

..... POTŘEBNÝM

7. Co by si podle vás Florence Nightingalová myslela o dnešním ošetrovatelství?

..... ŽE DALA DOBRÝ ZÁKLAD , NEBYLA BY

..... SPOKOJENA S PŘÍSTUPEM NĚKTERÝCH ZDRAVOTNÍKŮ

8. Je podle vás odkaz Florence Nightingalové dodnes živý? V čem?

..... ANO , POSTUPY KTERÝM DALA ZÁKLAD STAČE

...

..... PŘETRVÁVAJI , POUZE SE PŘIZPŮSOBUJI DOBŘE / MODERNIZUJI

Děkuji vám za trpělivost při vyplnění dotazníku.

Milá studentko, milý studente,

Tento dotazník je podklad k vědecké práci, kterou si po jejím dokončení budete moci prohlédnout online. Nebude nijak hodnocen ani prohlížen Vašimi vyučujícími a je zcela anonymní, proto se prosím nepodepisujte.

Jsem : žena muž (označte prosím křížkem)

Můj věk: 16

Studuji... 1... ročník (název školy)..... Střední zdravotnické školy v Turnově

Jaký obor studujete na vaší škole?

..... zdravotnický asistent

Dále se věnujte samotnému dotazníku. Postup při vyplňování dotazníku je jednoduchý. Zakroužkujte vždy jednu odpověď. Tam, kde je to napsáno, můžete zakroužkovat i více odpovědí, nebo odpověď vypsát na vymezené místo. U odpovědí, kde místo na vypsání vymezeno není, to prosím nedělejte.

1. Slyšeli jste někdy o Florence Nightingale?

- a) ano (kde?)..... na činném místě ; o hodinách ošetrovatelstva
b) ne

2. Pokud jste o ní slyšeli, do jaké míry jste o ní informováni?

- a) pouze okrajově
 b) ve výuce
c) podrobně

3. V rámci jakého předmětu jste slyšeli o Florence Nightingale?

...Ošetrovatelství.....

4. Pokud jste o Florence Nightingalové slyšeli, jaký je Váš názor na její osobu a práci?

...Rozhodně krásný. Byla to žena, která se ráda
...nezákladně pomáhala jiným - nemocným.

5. Myslíte si, že je Florence Nightingalová nepřiměřeně oslavována?

- a) ano
- b) ne

6. Znáte někoho dnes žijícího, koho byste k Florence Nightingalové přirovnali? V čem?

...Ne, takových lidí moc není.

7. Co by si podle vás Florence Nightingalová myslela o dnešním ošetrovatelství?

...Myslím, že by měla být celkem spokojená, vzhledem k
...poměrně vyspělé a kvalitní ošetrovatelské péči a úrovni.

8. Je podle vás odkaz Florence Nightingalové dodnes živý? V čem?

...Podle mého názoru je to od člověka k člověku, každý toho
...vímá jinak. Podle mě rozhodně živý je F.N. může být dobrým vzorem

Děkuji vám za trpělivost při vyplnění dotazníku.

Milá studentko, milý studente,

Tento dotazník je podklad k vědecké práci, kterou si po jejím dokončení budete moci prohlédnout online. Nebude nijak hodnocen ani prohlížen Vašimi vyučujícími a je zcela anonymní, proto se prosím nepodepisujte.

Jsem : žena muž (označte prosím křížkem)

Můj věk:.....18.....

Studuji.....2.....ročník (název školy).....SZŠ TURNOV.....

Jaký obor studujete na vaší škole?

.....ZDRAVOTNICKÝ ASISTENT.....

Dále se věnujte samotnému dotazníku. Postup při vyplňování dotazníku je jednoduchý. Zakroužkujte vždy jednu odpověď. Tam, kde je to napsáno, můžete zakroužkovat i více odpovědí, nebo odpověď vypsát na vymezené místo. U odpovědí, kde místo na vypsání vymezeno není, to prosím nedělejte.

1. Slyšeli jste někdy o Florence Nightingale?

- a) ano (kde?).....VE ŠKOLE V OŠETŘOVATELSTVÍ.....
 b) ne

2. Pokud jste o ní slyšeli, do jaké míry jste o ní informováni?

- a) pouze okrajově
 b) ve výuce
c) podrobně

3. V rámci jakého předmětu jste slyšeli o Florence Nightingale?

.....
OŠETŘOVATELSTVÍ
.....

4. Pokud jste o Florence Nightingalové slyšeli, jaký je Váš názor na její osobu a práci?

.....
BYLA VELMI STATEČNÁ, A POSUNULA
OŠETŘOVATELSTVÍ NA VĚŠŠÍ ÚROVEŇ
.....
.....

5. Myslíte si, že je Florence Nightingalová nepřiměřeně oslavována?

- a) ano
- b) ne

6. Znáte někoho dnes žijícího, koho byste k Florence Nightingalové přirovnali? V čem?

.....
NE
.....
.....

7. Co by si podle vás Florence Nightingalová myslela o dnešním ošetřovatelství?

.....
URČITĚ BY BYLA RÁDA KDYBY
VĚDĚLA KAM SE ZDRAVOTNICTVÍ
POSUNULO
.....

8. Je podle vás odkaz Florence Nightingalové dodnes živý? V čem?

.....
URČITĚ ANO, DODNES SE URČITĚ O NÍ MLOVÍ
.....

.....
I NA JINÝCH ZDRAVOTNICKÝCH ŠKOLÁCH NEŽ
.....

Děkuji vám za trpělivost při vyplnění dotazníku.

JENOM U NÁS