

Don't Blame Florence

It was with great interest that I read the article entitled “Good Night Florence: With Nursing in Crisis, Some Say It’s Time to Retire Nightingale as a Symbol.” I thought it was extremely sad that the Unison nurses have used their collective voice and energy to blame Florence Nightingale for the problems in today’s nursing profession. Why is it that we as a group spend so much time blaming people for nursing’s struggles? If it’s not doctors we’re blaming, it’s administrators. If it’s not the healthcare system we’re blaming, it’s other nurses.

Now we’ve stooped to blaming Florence? She lived over a hundred years ago in a healthcare system that looked nothing like the one we live in today. She is a pioneer of our profession and part of our history. Do we see astronauts blaming John Glenn for the challenges NASA is facing today? No. They actually sent him into space again.

Who cares if she was manipulative and neurotic – some of the best leaders in history have been “focused on best outcomes” and “detail focused.” Who cares if she possibly died of syphilis? Who cares if she was a repressed lesbian? What has that got to do with her achievements? Looking at sexual orientation in employees today and judging performance based on this orientation would be considered discrimination.

I guess this is just another sign of oppressed-group behaviour but could you imagine what we could accomplish if we stopped acting like an oppressed group? If we stopped wasting time using our collective voice to blame others and

justify our existence and, instead, used it to research where nurses can have the biggest impact, we would evolve our profession at a far faster rate.

I was also interested to read the last paragraph where Monteiro suggests that we need a “more contemporary role model, such as the Nurse Practitioner (NP), as an example of a goal [nurses] can strive for.” An NP is not a goal to strive for. It is one of many roles within nursing that contributes a patch to the unique patchwork quilt we call the nursing profession. I would caution against using an actual role as a “role model” because that to me implies an end point. Over time roles will come and go. They will evolve and change to meet the needs of our changing healthcare system. We don’t want to box ourselves into a corner – that’s the last thing we need right now.

Furthermore, by using the NP as a goal to strive for, we run the risk of creating another scapegoat for blame in the future. Rather than looking at the NP as a role model, why not focus on what each specialty of nursing is achieving as outcomes in areas of patient and family care? Why not focus on the work of advanced practice nurses as a whole (not just NPs as one example of a role under the advanced nursing practice umbrella) to see how nursing’s boundaries are being pushed and forever changed? Why not look to nurse administrators and nurses influencing policy to see the system changes that nurses make on a daily basis?

I guess I would ask why we even need one role model? If it’s to replace

Florence Nightingale, then I think there's a problem because, as a nurse, I don't see Florence as a role model. I look to her as an amazing part of our history's evolution. It's my nurse colleagues, the people I work with and encounter every day that I see as "role models" and mentors. In my opinion, hunting for one role model sounds like a fateful act and a huge waste of time. As a group, we will never reach consensus on one role model. Instead we will just have more infighting and even fewer outcomes. It's time for nurses as a group to get on with things – to get over our self-pity and get on with our evolution.

*Sandra Easson-Bruno, RN, NM,
GNC(C)
President, Canadian Association of
Advanced Practice Nurses
Clinical Nurse Specialist, Geriatrics
Royal Victoria Hospital
Barrie, ON*



TRAINING FOR MEDICAL PROFESSIONALS

- Sclerotherapy Training, Varicose & Spider Veins
- Laser Hair Removal & Safety Training
- Microdermabrasion & Skin Care
- Marketing Your Medical Aesthetics Business
- One to One Coaching, CME courses

Ontario and British Columbia locations **1 800-627-3309**
www.martinveinclinic.on.ca/registration.htm

In addition to the over 200,000 RNs, the Canadian nursing workforce also includes 5,132 RPNs and LPNs.

In 2002, Canada's nursing workforce consisted of 230,957 Registered Nurses (RN), 5,132 Registered Psychiatric Nurses (RPN) and **60,123** Licensed Practical Nurses (LPN). Collectively, regulated nurses account for over half of the health care workforce in Canada.

Through our Canadian Regulated Nursing Professions Databases, CIHI is able to provide you the most comprehensive national perspective on the supply and distribution of the Canadian regulated nursing workforce. If you would like to find more in-depth information, visit us at www.cihi.ca.

Our job is to fill **information** gaps



Canadian Institute
for Health Information
Institut canadien
d'information sur la santé