

Florence Nightingale: Reflections on Diversity, the National Health Service, and the Coronavirus Pandemic

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Abstract

The year 2021, the year after Florence Nightingale's bicentenary, named the Year of the Nurse and Midwife by the World Health Organization, seems a suitable time to assess her ongoing relevance to nursing and healthcare more broadly. Given that the same year was marked by the worldwide spread of the coronavirus pandemic, the question arises as to the utility of her use of research to bring down death rates, from the high death rates at the defective army hospitals of the Crimean War.

The year 2020 also saw much publication on Nightingale, highly favourable in the case of historians of statistics, hostile in the case of several prominent nursing leaders, including charges of racism. An anti-racist herself, Nightingale inspired the first black nurse in the National Health Service, Kofoworola Abeni Pratt, who went on to be the major leader in the introduction of professional nursing in her own country of Nigeria, and more widely in Africa. Reasons for the failure of today's nurses to give due recognition to this Nigerian nursing leader are explored. Addressing charges of racism, examples from Nightingale's own work are introduced to show flagrant inaccuracies in the accusations levelled, sometimes with evidence that she took a position to the contrary.

Keywords: *Florence Nightingale; Kofoworola Abeni Pratt; National Health Service; Diversity; Racism; Coronavirus Pandemic; Evidence-Based Healthcare*

Introduction

The purpose of this article is to reflect on the relevance of Florence Nightingale (1820–1910), the major founder of the modern profession of nursing, pioneer of evidence-based healthcare, and leader in healthcare reform, in today's circumstances of heightened recognition of racism in healthcare and the need for diversity and inclusion, with the challenge of the ongoing coronavirus pandemic.

Nightingale is known to have influenced at least two generations of nurses and nursing leaders, both directly through her school, the Nightingale School, and then through other major nursing schools in the United Kingdom and many other countries. Less well known is the fact that she continued to influence a diversity of nursing leaders after her death, through her publications and by her example.

One of the most influential nursing leaders she inspired was Kofoworola Abeni Pratt (1915–92), the first Black nurse in the UK's National Health Service, and the major founder of professional nursing back in her own country, Nigeria. Pratt acknowledged Nightingale's influence and that of other nursing leaders connected with the Nightingale School who played a key role in establishing nursing schools and raising the standard of patient care in Nigeria. This article sets out the enormous accomplishments of Pratt and explores why she has been so little recognized.

Materials and Methods

This article is based on the substantial publications and manuscript holdings reporting Florence Nightingale's work. Material on Kofoworola Abeni Pratt, the first Black nurse in the National Health Service, is the result of library and website searches. So also is the critical material from recent publications and blogs of current nursing leaders.

Kofoworola Abeni Pratt (nee Scott) as a nursing leader

Despite the publication of an excellent biography of Pratt [1], few nurses, even nursing leaders, seem to know about her. Briefly, she was born into a privileged Lagos family, early converts to Christianity. She was given a good education in a Church Missionary Society girls'

school, after which she obtained a teaching certificate and taught at the secondary level for five years. She wanted to become a nurse, but, like Nightingale, was prevented by her family, on account of the unseemly reputation of nursing. In the case of Nigeria, the higher posts were all reserved for British expatriate women, the menial tasks only accorded to Nigerians (the practice of the Colonial Nursing Service). In the case of Nightingale, before there was any nurse training, all nursing jobs were menial, under a housekeeper, not a senior doctor or hospital administrator. In 1941, the then Kofoworola Abeni Scott married a Nigerian pharmacist, Olu Pratt, who both shared her faith and strongly supported her aspiration to become a nurse. Indeed, it was he who, having gone to London to pursue medical studies for himself, called on the matron at St Thomas' Hospital to apply for admission for his wife. The matron accepted, subject to the requisite documents being in order, which they were.

Pratt then became, in 1946, the first Black person to train at the Nightingale School, and was on duty (short of her full qualifications) when the National Health Service opened in 1948. She went on to obtain extra certificates in midwifery (and worked as a midwife), tropical diseases, the ward sister's course, and, on a return trip, the hospital nursing administration course, these last two at the Royal College of Nursing. Pratt later won grants to enable her to broaden her knowledge of nursing practices by travel to other countries. She was much influenced by her visit to the United States, where she saw nursing education incorporated into universities. She would lead in the introduction of university-based training in Nigeria, achieved in 1965 [1 p. 116].

Encouraged by British "Nightingale nurses," Pratt returned to Nigeria in 1955 to become the first Nigerian ward sister, then, successively, the first Nigerian assistant matron, deputy matron, and, in 1964, matron, at the top hospital in Nigeria, University College Hospital, Ibadan. This transition from expatriate nurses, doctors, and other professionals and administrators to Nigerians was called "Nigerianization". It began with the approach of independence, which was gained in 1960. Pratt published an account of the developments at UCH, Ibadan [3].

Nightingale nurses were prominent in Nigerianization, beginning with Louise M. Bell, the founding principal of the nursing school at UCH, Ibadan, in 1952. Bell was the first nursing leader to encourage Pratt to take up the challenge in Nigeria, and did much to facilitate her rise through the ranks there. Others were Margaret Smyth and Eunice Tattersall. Bell is also a source on Pratt's achievements in Nigeria, for Pratt's 1962 account only covers the earliest stage [2].

After a mere two years as the matron at UCH, Ibadan, although enough to demonstrate her ability as a manager, Pratt took on a greater challenge and another first as a Nigerian: chief nursing officer for the Federation of Nigeria. This made the whole of the country, the largest in Africa, sixth largest in the world, her domain. She led in the establishment of other nursing schools and did some of the training herself. Again, she published an account of the work accomplished [4].

Throughout, Pratt was, unusually for the time, both a wife and mother, with two sons, one born in Nigeria before she left for London and one while she was training in London.

From nursing to political leadership in healthcare

Pratt, like Nightingale, saw the importance of political action in the achievement of healthcare reforms. Thus, in 1973, when she was suddenly offered the post of "commissioner of health" (in fact, minister of health) for Lagos State, then under military rule, she accepted. She saw that she could do much for her fellow citizens in that post, and did. She was only in office for two years, not reappointed after the coup in 1975. During her time in office, she saw to the expansion of healthcare services, the building of more hospitals, and the equipping of boats to take healthcare services to villages best accessible by water [1 p. 177]. She made the provision of better conditions for nurses a priority, culminating in the building of a fine nurses' residence (long delayed by previous governments), dubbed the "Nurses' Hilton". Pratt was the first nurse to become minister of health for her country or state.

Why the failure in recognition of Pratt?

Pratt's expertise was recognized in many appointments to and by important organizations [5]. In 1957, she led the first Nigerian delegation to a congress in Rome of the International Council of Nurses, and led the second delegation to Melbourne in 1961. She attended its meetings in Geneva in 1963, and in 1965 was elected as the first African to be a vice-president, serving until the congress in Montreal in 1969. The World Health Organization recognized her expertise by appointing her to its first travelling seminar, in the (then) Soviet Union, in 1971. In Nigeria, she was the first nurse to serve as chair of the Nursing Council, 1971-73.

The International Red Cross awarded Pratt its Nightingale medal in 1973. In 1975, she was made an honorary chief in Nigeria for "services to the nation". She was awarded an honorary doctorate of laws and given the Order of the Federal Republic, both in 1981.

However, despite all this recognition of her leadership and service, Pratt was overlooked when the UK's National Health Service went to look for a model of diversity. Since the NHS is the major employer of Black persons in the UK, a Black role model makes sense. However, it seems that due diligence was neglected in the choice. This is difficult to understand given that Pratt was the first Black nurse in the NHS. But then, the NHS fails to recognize Pratt's own model, Nightingale, who was the first person to articulate the core goals of the NHS: quality care regardless of ability to pay, and the incorporation of disease prevention and health promotion with treatment [6 p. 4]. Nightingale's advocacy of those goals dates to 1866-67, while the National Health Service itself came into service in 1948.

Diversity and inclusion as goals of the National Health Service

The NHS instead chose for its "Black nurse" model Mary Seacole (1805-81), a remarkable Jamaican businesswoman who never nursed in any hospital in any country, never trained or mentored a nurse, and never published a book or article on nursing. Seacole did publish a fine memoir of her adventures, featuring her businesses in Panama and the Crimea (1855-56), where she overlapped with Florence Nightingale [7]. The NHS makes "leadership awards" in Seacole's name, not Pratt's. Six university buildings are named after Seacole (at Brunel, Salford, Birmingham City, De Montfort, Greenwich, and Wolverhampton) although she had nothing to do with university education. By contrast, Pratt was instrumental in getting a Department of Nursing established in the Medical Faculty of the University of Ibadan. And, though Pratt chose to follow Nightingale's example to enter and devote her life to nursing, it has become common for the NHS and nurses to link Nightingale with Seacole as nursing leaders. A flagrant example occurred when the Queen, in her Christmas message of 2020, followed her salute to Nightingale, in the bicentenary of her birth, with mention of Seacole as another "nursing pioneer" [8].

Pratt sometimes gets a mention; for example, she was ranked fourth on a list of nursing leaders by the then head of the NHS Leadership Academy, following Seacole, Nightingale, and Edith Cavell, but with no explanation as to what Seacole did as a leader, and ignoring the considerable accomplishments of Pratt [9].

Denigration of Nightingale in favour of Seacole

While Pratt largely disappeared from view, coverage of Nightingale has continued, but in recent years with much hostility, in the name of anti-racism, on issues of diversity and inclusion. Thus Nightingale is cited for views that she never held, but indeed opposed. She was, in fact, a leading anti-racist, an exception for her time, but in line with the values of her remarkably progressive family. Her grandfather, William Smith, a member of Parliament, worked with Thomas Clarkson and William Wilberforce in the movement to abolish the slave trade and slavery [10]. In her work on India, she supported the organizations of Indian nationals, such as the East India Association, precursor to the Indian National Congress. She wrote a campaign letter for Dadabhai Naoroji, the first Indian national to be elected to Parliament [11 p. 866].

In 2020, the then president and Maori representative of the New Zealand Nurses Organization [12], supported by their board, and the president of the Quebec Nurses Association, a member of the board of the Canadian Nurses Association [13], made numerous false ac-

cusations against Nightingale, even using the terms “racism” and “genocide”. They cited no evidence (there is none), but referenced other articles with false accusations. They both condemned Nightingale’s pioneering study of the high rates of disease and death of Indigenous persons, “Sanitary Statistics of Native Colonial Schools and Hospitals” [14], where she condemned the rates as double those of English children, and explored possible remedies. She did not succeed in getting the Colonial Office to pursue the matter, but she did raise the issue publicly, both in the *Times* of London [15] and in many Australian newspapers [16–19]. Both Brookes and Nuku [12] and Stake-Doucet [13] failed to see the point of her research, but indeed described her as calling for the opposite to what she did.

References to Seacole in both these sources [12,13], as well, were entirely favourable, while there was not one favourable mention of Nightingale’s work, even in the year of her bicentenary, 2020, the year the coronavirus spread widely, and when her work on disease prevention might seem especially relevant.

Nightingale and disease prevention

While Nightingale established a reputation as a pioneer in evidence-based nursing and healthcare [20], both sources [12–13] portrayed her as a denier of germ theory. Yet it only takes a look at the timing to see how far-fetched such accusations are. Clearly, germ theory could hardly appear in Nightingale’s early and most-known works, such as her famous *Notes on Nursing* of 1860 [21], her *Notes on Hospitals*, 1863 [22], her papers on colonial statistics, also 1863 [14], and her research on maternal deaths post-childbirth, 1871 [23]. Germ theory was then undocumented. She came to accept the theory after the identification of the bacillus that causes cholera [24, 2: 344]. In a published letter to an Indian public health organization, she advised that slides be shown at village lectures in India to demonstrate “the noxious living organisms in foul air and water” to encourage villagers to clean up their sewers and drains [25 p. 363].

Nightingale was an expert at learning the lessons of high death rates from her analysis of army hospital deaths during the Crimean War, a model for the lessons that need to be learned from Covid-19 deaths. She was the great advocate of frequent hand washing in her *Notes on Nursing*, 1860, just what the World Health Organization recommends as the prime means of prevention in the pandemic. When she was called on to advise on an expected outbreak of a cholera epidemic in the United States, she wrote “Scavenge, Scavenge, Scavenge” [26], a call for sturdy measures of prevention when no successful treatment or vaccine was available. The joint journal of the Royal Statistical Society and the American Statistical Association sought out an article on Nightingale as a model healthcare researcher early in the pandemic [27].

Results and Discussion

Not applicable.

Conclusion

Material has been cited to show the positive influence of Nightingale on health promotion and disease prevention as well as her better-known work on nursing and her health promotion work in India. Nightingale’s writings are now highly available online [28]. There cannot be the slightest excuse for using shoddy secondary sources, with their errors, in articles. There is no excuse, either, for the continued use of misinformation on Mrs Seacole as a pioneer in any way equivalent to Nightingale, given the availability of sources showing otherwise [29].

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Conflict of Interest

There is no known conflict of interest, financial or otherwise.

Bibliography

1. Akinsanya JA. "An African 'Florence Nightingale': A Biography of Chief (Dr) Mrs Kofoworola Abeni Pratt. Ibadan: Vantage (1987).
2. Bell LM. "Kofoworola Abeni Pratt: third vice-president, International Council of Nurses". *International Nursing Review* 14.5 (1967): 7-10.
3. Pratt KA. "School of Nursing, University College Hospital, Ibadan". *Nightingale Fellowship Journal* (1962): 10-12.
4. Pratt KA. "The Nursing Division, Federal Ministry of Health, Lagos". *The Nigerian Nurse* 4.2 (April-June 1972): 19-22.
5. "Kofoworola Abeni Pratt". *Nightingale Fellowship Journal* (1993).
6. McDonald L. "Florence Nightingale, Nursing and Health Care Today". New York: Springer (2018).
7. Seacole M. "Wonderful Adventures of Mrs Seacole in Many Lands". Edited by WJS. London: James Blackwell (1857).
8. Queen Elizabeth II. The Christmas broadcast (2020).
9. Price-Dowd C. "The changing face of nursing: from the pioneers to the future of leadership". *British Journal of Nursing* 27.13 (2018): 776-777.
10. McDonald L. "Florence Nightingale: a leading anti-racist". *The Nightingale Society* (2021).
11. Nightingale letter to Naoroji, 24 June 1892, National Archives of India. In *Florence Nightingale on Social Change in India*, edited by G. Vallée. Waterloo: Wilfrid Laurier University Press (2007).
12. Brookes G and Nuku K. "Why we aren't celebrating Florence's birthday". *Kai Tiaki Nursing New Zealand* 26.3 (2020): 34-35.
13. Stake-Doucet N. "The racist lady with the lamp". *Nursing Clio* (2020).
14. Nightingale F. "Sanitary statistics of native colonial schools and hospitals". *Transactions of the National Association for the Promotion of Social Science* (1863): 475-488.
15. Social science congress at Edinburgh. *The Times* (3 October 1863): 10.
16. "Miss Florence Nightingale ..." *Argus* (21 January 1864): 4.
17. "Social science congress at Edinburgh". *Rockhampton Bulletin and Central Queensland Advertiser* (5 January 1864): 4.
18. *South Australian Weekly Chronicle* (2 April 1864): 4.
19. "Disappearance of native races". *South Australian Register* (2 April 1864): 3.
20. McDonald L. "Florence Nightingale and the early origins of evidence-based nursing". *Evidence-Based Nursing* 4.3 (July 2001): 68-69.
21. Nightingale F. "Notes on Nursing: What It Is and What It Is Not". London: Harrison and Son (1860).
22. Nightingale F. "Notes on Hospitals". 3rd edition. London: Longman, Green (1863).

23. Nightingale F. "Introductory Notes on Lying-in Institutions". London: Longmans, Green (1871).
24. Cook ET. "The Life of Florence Nightingale". 2 London: Macmillan (1913).
25. Nightingale letter to the Sabha Sarvajanic Sabha, Dec 1891". In Social Change in India, edited by G. Vallée. Waterloo: Wilfrid Laurier University Press (2007).
26. Nightingale F. "Practical advice in view of the rapid spread of cholera: 'scavenge, scavenge,'" scavenge". *The Sanitarian* (1884) 13: 114-115.
27. McDonald L. "Nightingale and the coronavirus pandemic: disease prevention, parallels and principles". *Significance* (2020).
28. Archival material, The Collected Works of Florence Nightingale.
29. McDonald L. "Mary Seacole: The Making of the Myth". Toronto: Iguana Books (2014).

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