

EDUCATIONAL PRODUCT

NURSING HISTORY

NIGHTINGALEAN FUNDAMENTALS

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Nursing is an art; and if it is to be made an art, it requires as exclusive a devotion, as hard a preparation, as any painter's or sculptor's work. (...).

Florence Nightingale



**MESTRADO
PROFISSIONAL
ENSINO EM CIÊNCIAS
DA SAÚDE E DO MEIO AMBIENTE**






Origins of Nursing

Although the origins of nursing predate the mid-19th century, the history of professional nursing traditionally begins with Florence Nightingale.

Nightingale, the well-educated daughter of wealthy British parents, defied social convention and decided to become a nurse.





Caring for strangers, whether in hospitals or in their homes, was not seen as a respectable career for well-educated ladies, who, if they wished to breastfeed, should only do so for sick family members and close friends.

In a radical departure from these views, Nightingale believed that educated women, using scientific principles and informed education about healthy lifestyles, could dramatically improve the care of sick patients.



Furthermore, she believed that nursing provided an ideal independent vocation full of intellectual and social freedom for women, who at that time had few other career options.





In 1854 Nightingale had the opportunity to test his beliefs during Britain's war. Crimean War.

Newspaper stories reporting that sick and wounded Russian soldiers tended to by religious orders fared far better than British soldiers inflamed public opinion.

In response, the British government asked Nightingale to take a small group of nurses to the military hospital in Scutari. (atual Üsküdar, na Turquia).





Within days of his arrival, Nightingale and his nurses had reorganized the barracks hospital according to 19th-century science: walls were scrubbed for sanitization, windows opened for ventilation, nutritious food prepared and served, and drugs and treatments efficiently administered.

Within a few weeks, death rates had plummeted and soldiers were no longer sickened by infectious diseases stemming from poor sanitation.



Within months, a grateful public was aware of the work of the “Lady of the Lamp”, who made nightly rounds comforting the sick and wounded. In the late 19th century, the entire western world shared Nightingale's belief in the value of educated nurses.



Nightingale's achievements overshadowed other ways of caring for the sick. For centuries, most care for the sick took place in the home and was the responsibility of families, friends, and respected community members with reputations as effective healers.



During epidemics such as cholera, typhus, and smallpox, men took on active nursing roles. For example, Stephen Girard, a wealthy French-born banker, won the hearts of the citizens of his adopted city of Philadelphia for his courageous and compassionate assistance to victims of the yellow fever epidemic of 1793.



Stephen Girard 1750-1831



As urbanization and industrialization spread, those without families to care for them found themselves in hospitals where the quality of nursing care varied enormously.

Some patients received excellent care. Women from religious nursing orders were particularly known for the quality of nursing care they provided in the hospitals they constituted.

Other hospitals relied on recovering patients or hired men and women to nurse patients.





Sometimes this service was excellent; at other times it was deplorable, and the unreliability of hospital nursing care became a particular problem in the late 19th century, when changes in medical practices and treatments required competent nurses.

The convergence of hospital needs, physicians' desires and, women's desire for meaningful work led to a new health professional: the trained nurse.





Hospitals have established their own training schools for nurses.

In exchange for lectures and clinical instruction, students offered the hospital two or three years of free specialized nursing care.

This hospital base had significant long-term implications.

It linked the education of nurses to hospitals and not to faculties, a link that was not definitively broken until the second half of the 20th century.





The hospital training model also reinforced segregation in society and in the health system. For example, African-American nursing students were barred from nearly all American hospitals and training schools.

They could seek training only at schools established by African-American hospitals.

Above all, the hospital training model strengthened the cultural stereotyping of nursing as female work.

Only a few hospitals provided training to maintain men's traditional roles in nursing.





Still, nurses transformed hospitals. In addition to the expert, compassionate care they provided to patients, they established an orderly, routine, and systematized environment within which patients healed.

They administered increasingly complicated treatments and medication regimens. They maintained the aseptic and infection control protocols that allowed the performance of more complex and invasive surgeries.

In addition, they experimented with different models of nursing intervention that humanized medical procedures that were increasingly technical and impersonal.





Florence Nightingale's Environmental Theory

The caution can be expressed in pre and post-Environmental Theory written by Florence Nightingale, who worked on the battlefields in the Crimean war.

There, the lack of basic and environmental sanitation and the way the patients were found resulted in a high mortality rate, requiring immediate attention.





The Environmentalist Theory conceptualizes that the environment directly influences the patient's recovery, so the theory advocates the ideal factors for the organization of the environment they are: ventilation, lighting, cleaning, noise, odors and food.

According to Nightingale (1989), “the air that the patient breathes must be kept as pure as the outside air, without letting him feel cold”.

Thus, the theory is that ventilation should be performed by airing the patient's room and pure air should come from the outside area through the windows, making the room cooler.





Corridors and patios must have air circulation to aerate the environment, if this does not occur, air stagnation can occur causing damage to health.

Nightingale described that lighting must be observed by the nurse so that the patient does not lose vital heat, being a vital and essential component for his recovery. It should be noted that light is essential for the survival of all living beings.

Cleaning, in addition to removing harmful materials, must give relief and comfort, the nurse must always be concerned with washing hands and cleaning the patient's room.





Thus, it is understood that cleanliness has a total influence on the health/disease process.

Noise should be a major concern for the nurse, considering that silence must prevail in the room, in order to contribute to a good recovery of the patient.

Until the present day, signs with the word “silence” can be seen in several health institutions.

The odors from the pathologies must be observed and removed by the nurses and any other odor that is in the environment must be removed.





In fact, any and all factors that bother the patient must be eliminated.

Feeding must be observed by the nurse, as well as its acceptance and quality. It is worth mentioning that this statement refers to nutritional quality, because often, not all food that is good for the body is good for the taste.

Nightingale was also concerned about the patient's emotional state, declaring:

“It becomes incomprehensible to anyone, except for the experienced nurse or the old patient, the degree of suffering that the nerves endure when looking at the same walls, the same ceiling and the same environment” (NIGHTINGALE, 1989).





During this process, Nightingale described two types of nursing: health and illness.

Health nursing is one that needs practical teaching and aims to prevent diseases and can be practiced by women.

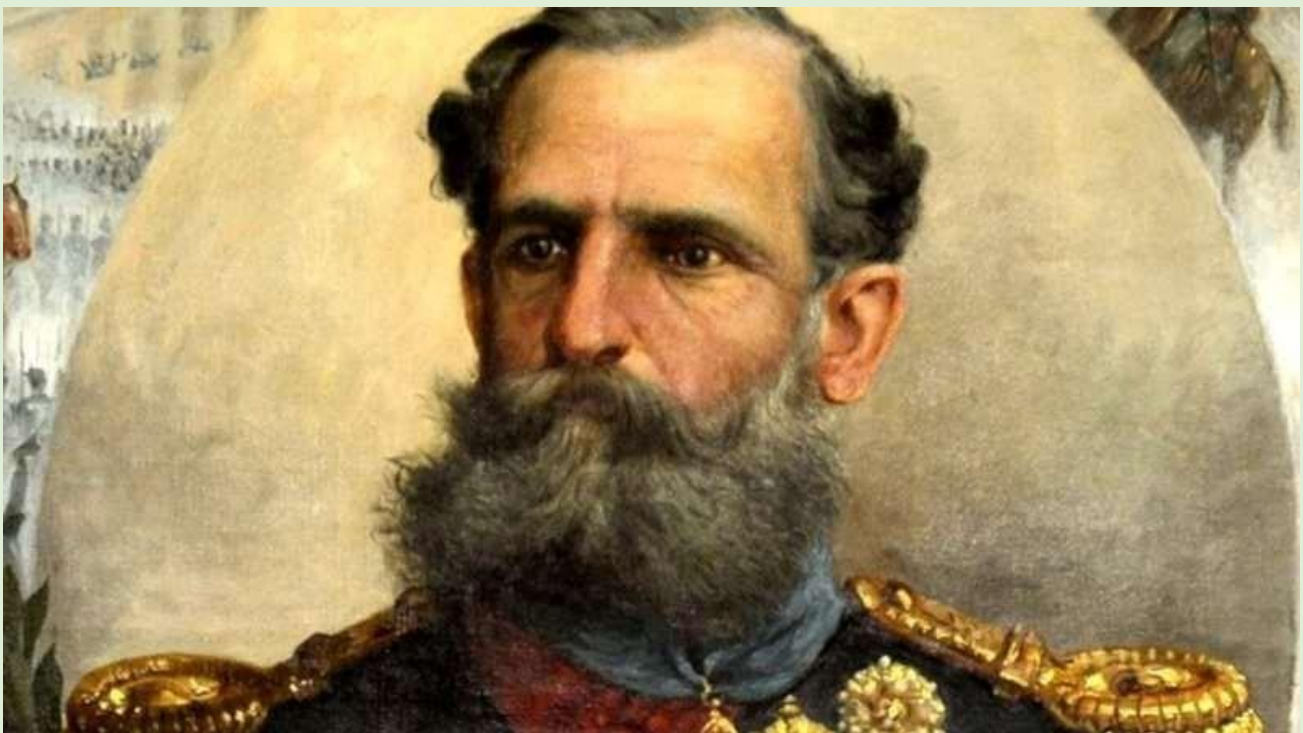
Disease nursing is one that nursing is art and science and as such training, organization and scientific knowledge are necessary to care for those patients who suffer from some type of pathology.

In short, nursing had two functions at the time, preventive and curative. Nightingale valued the practices of observation, experience and recording as fundamental to develop a work that allows the patient's recovery.



Escolas de Enfermagem no Brasil

The first nursing school in Brazil was created on September 27, 1890, by the then president of the republic, Marechal Deodoro da Fonseca, the Escola Profissional de Enfermeiros e Enfermeiras (EPEE), located in Rio de Janeiro at the time of the capital of the republic.



Marechal Deodoro da Fonseca 1827-1892

This school was linked to the Ministry of Justice because at the time there was no Ministry of Health.

The school was domiciled in the Hospício Nacional dos Alienados, where it housed mentally ill or antisocial patients referred by the penitentiary system, so it was assigned to the Ministry of Justice.

There were difficulties with the implementation due to overcrowding and the frequency of classes was low.





For a few years, the school was overrun with the National Mental Illness Service.

Thus, mistakenly, the professionals trained by the school were considered as nurses who only worked with psychiatry, after the decree n° 791/1980, in which it was reported that the professionals of this school were prepared to work in civil or military hospitals and hospices.

From the creation of the school, the scientist's search for what it is to know, do and be nurses can be observed.





According to Moreira and Orguisso (2005), Ernani Lopes, in a speech at the inauguration of the Nursing School of the Policlínica de Botafogo, in 1919 said:

“The school that operated at the Hospital dos Alienados was not only fed to train nurses for the Alienated, but nurses and nurses common to the country's civil and military hospices and hospitals”. The rotating system of technical education, making the institution's nurse work successively for a certain time in each of the various annexed sections, of surgeries, gynecology, maternity, ophthalmology, etc., aims to avoid the unilateralization resulting from the permanent service in the same infirmary” (MOREIRA; ORGUISSO, 2005).





The course would have the following contents: clinical workup, anatomy, physiology, hospital hygiene, dressings, special care for patients of different categories, therapeutic baths, minor surgeries and internal administration and, health and economic services of the infirmary.

The theoretical courses would be held three times a week and after that, there would be a visit to the wards and the practices would be held every day in the wards under the supervision of the doctor and the general direction.





The courses offered show the formation of a professional with a hospital vision as a priority, as there was a lack of qualified professionals.

The content of the theoretical and practical course corresponds to a method considered positivist, where one learns in theory and is applied in practice, following the French model.

The theory was taught by doctors and, in addition to the content, they provided notions of elements for a good professional performance. Practical classes were carried out by French nurses hired by the school.





Para ser admitida a matrícula, as pessoas deveriam ter até dezoito anos, saber ler, escrever e aritmética, apresentar atestados de bons costumes.

Poderiam ser matriculados até 30 alunos internos e externos. Eles recebiam acomodação, alimentação e um salário mensal de 20\$ no primeiro ano.

A partir do segundo ano, após a primeira aula, passavam a receber 25\$, mas eles deveriam trabalhar como funcionários do local no serviço designado





To be admitted to enrollment, people should be up to eighteen years old, know how to read, write and arithmetic, and present certificates of good morals.

Up to 30 internal and external students could be enrolled. They received accommodation, food and a monthly salary of 20\$ for the first year.

From the second year, after the first class, they were paid 25\$, but they had to work as local employees in the designated service.





At the end of the course, which could be taken in two years, the student was given a diploma signed by the director of medical and legal assistance for Alienados. This short course time highlights the lack of professionals and the need for quick qualification, minimizing the precarious care of patients in health services.

This diploma gave preference to jobs in hospitals in the State and its exercise was for 25 years, which gave the right to retirement provided for by law. While at school, students were subject to disciplinary penalties imposed by the internal system's instructions to employees.





The first five graduates of the school were: José Joaquim Dias Paredes, Aureliano Francisco de Carvalho, Albertina Gomes Barreto, Conceição da Silva Carvalho and Henriqueta Rosas.

The interest of the school at the service of the state was to direct the graduates to public services, guaranteeing professional return through job vacancies.

For many years, the oldest nursing school was forgotten. Even though it was working, it was reported in the magazine Brasil – Médico in April 1897 that the school had been inaugurated on 04/03/1897, under the direction of Dr. Marcio Wery, chief physician at the Hospital dos Alienados.





In this same report, it was reported that the disciplines of physiology, propaedeutics, and descriptive anatomy had begun; however, it was unrelated in the literature whether this inauguration would be an inaugural class at the beginning of the school year.

The purpose of the school was to teach the employees, who worked in the hospice itself, to provide opportunities for orphan women who did not have a profession and support after the age of eighteen when they would be invited to withdraw from the orphanage and in addition to supplying the lack of work related to the withdrawal of the Sisters of Charity.



After the creation of the National Department of Health in 1901, modern nursing was implemented through North American nurses.

Even after the Escola Profissional de Enfermeiros e Enfermeiras (Professional School of Nurses and Nurses) was over 30 years old, it was not taken advantage of, because at that political moment there were several epidemics, mainly yellow fever with a high incidence in the population, they conquered with the help of the Rockefeller Foundation and health doctors to work during these endemics.





A The Professional School of Nurses and Nurses and its traditional teaching was ignored with the teaching of this new nursing, modern nursing.

For a long period, the school was inactive, more specifically until 1904, for the reorganization of the hospital care carried out by Dr. Julian Moreira. Subsequently, the school reopened, and a large number of nurses of both sexes were trained.

On April 1, 1906, in the magazine “O Brasil – Medico”, the hospital for the insane was praised, reporting that the medical staff for the preparation of nurses would have a higher standard in terms of teaching regarding the French school.





Nursing in Brazil was regulated on December 31, 1923 through Decree No. 16300/23, which regulated the National Department of Public Health.

Within this department, there was also the regulation of the School of Nurses created on November 10, 1922, through decree nº 15799/22, where it was attached to the General Assistance Hospital and had the objective of teaching and qualifying nurses.



In January 1923, in the city of Rio de Janeiro, the Anna Nery School was founded, where the teaching of the school was modern nursing. The school was created by American nurses who came from an invitation made by the Government, under the supervision of the Rokfeller Foundation.



From April 2, 1941, the Escola Profissional de Enfermeiros e Enfermeiras, the school was renamed Escola de Enfermagem Alfredo Pinto - EEAP, being today, the nursing school of the Federal University of the State of Rio de Janeiro - UNIRIO.



After the name change, the EEAP was managed from 1943 to 1949 by the nurse Maria de Castro Pamphiro.



The objective of the course would be to train assistant nurses and health services and to qualify nurses trained in psychiatric services.

The duration of the course would be eighteen months for assistants and six months for registered nurses. It was admitted to auxiliary nurses, to be seventeen years old, mental health exams carried out by the school, identity, proof of admission to the then high school level and notions of physics, chemistry and biology, internships and previous experiences and verification of vocational aptitude.





The teaching method employed was questioning, laboratory work, hospital practice, application exercises and internships. The teachers and monitors were sent by the Ministry of State. The students had help with food, lodging, work clothes and a monthly allowance to support themselves. These professionals were qualified as auxiliary nurses with rights and duties defined by law.

The school was located at Praia Vermelha headquarters and was maintained by the National Mental Illness Service.





Final Considerations

It is understood that the History of Nursing is a topic that must be disseminated among all professionals who are inserted in the context of Nursing care, including professionals at the Technical level.

It is expected that this Product will serve as an instrument for sharing knowledge about historical concepts of Nursing, as well as the legacy of Florence Nightingale.





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