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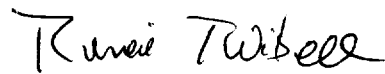
The Evolving Role of the Nurse: Nightingale and Now

An Honors Thesis (HONRS 499)

By

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A handwritten signature in black ink that reads "Renee Twibell". The signature is written in a cursive style with a large initial 'R'.

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Abstract

This paper examines the changing role of the nurse and the perceptions and attitudes of nurses. After a historical overview, the main focus is a comparison between Florence Nightingale's era and nursing today. The following question will be addressed: How are Florence Nightingale's ideas and contributions still relevant today?

Acknowledgements

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A lady holding a lamp drifts through a room filled with beds. Wounded soldiers lay there, grateful to this angel for the mercy she shows.

A century and a half later, another woman dressed completely in white cheerfully carries a bedpan to a patient in a hospital room.

These images embody two classic stereotypes surrounding nurses. Many members of the general public today have only a vague idea of what the profession of a nurse entails. Typical images are women (though the male segment is growing, it is the female who is usually in the stereotype) in whites, cleaning people up day after day. The origins of nursing are similarly generalized and are often seen through a haze of romanticism. People envision a historical angel with a lamp who tends wounded soldiers, basking in her noble profession. While both of these stereotypes, like most generalizations, are rooted in truth, the reality is much more complex than these suggest.

The objective of this paper is to examine the origins of modern nursing and compare nursing in its infancy to the nursing profession today. Besides the roles and responsibilities of nurses, perceptions and attitudes will be overviewed as well.

How did nursing become the profession it is today? The answer to that question requires a look back at the very

beginning. Florence Nightingale is considered to be the founder of modern nursing, but she was by no means the first nurse. "Although nursing, as we know it, is primarily a late nineteenth century development, it has always been around, and yet it was not always clearly identified as an 'occupation' separate from medicine" (Bullough & Bullough, 1984, p. 2). Before discussing Florence Nightingale and how she came to be the founder of modern nursing, it is necessary to go further back in history. In order to set the scene for Nightingale, it is important to understand how matters stood when she came along.

In ancient times, most of the very early health care workers were closely tied to religion. Priests, priestesses, and temple attendants were also physicians and care takers. But the first mention of nurses, as people caring for the sick, came from the Jews. To the Jews, nursing was not a religious occupation. In fact, the Hebrew writings specifically talk about a secular, or non-religious, practitioner (Snodgrass, 1999).

One important facet of early nursing was that of the combat nurse. Since most, if not all, soldiers were male, the caregivers on the battlefields were also male. Around the time of the birth of Christ, the Romans had an especially complex hospital system in place for their troops. Tents housed different areas, such as pharmacies and wards. Men who nursed

fellow soldiers back to health were known as a *contubernalis*, which translates to a tent companion (Bullough & Bullough, 1984). Back in Roman cities, however, the medical policy was *sive masculus sive femina*, which translates to whether male or female (Snodgrass, 1999). This meant that both men and women were acknowledged as nurses. It was at this time that nursing began to progress as an accepted and respected service to the people (Zerwekh, 2000).

Women were quite active in nursing during the Medieval and Renaissance periods. They were midwives, wet nurses, teachers, herbalists, and visiting nurses. One twelfth-century female healer wrote a handbook about women's health, covering such things as contraception, menstruation, obstetrics, and infertility (Snodgrass, 1999).

For two hundred years (1100-1300), Europeans attempted to conquer the Middle East in what became known as the Crusades. The constant military traffic between Europe and the Middle East resulted in the founding of hospitals and other health care facilities (such as hospices and pharmacies) along the way. At St. John's Hospital in Jerusalem, male nurses dressed in armor cared for up to a thousand patients. Founded by the Knights Hospitallers, there were also branches in Malta, Cyprus, Rhodes, and England. Written charts, scribes to take doctors' prescriptions, and laundry facilities were all standard at these

facilities. Some Crusaders did double duty as soldiers and nurses, working in portable tent emergency rooms. Often females in these orders wore the same uniforms as the men, and, instead of fighting, they would go out into the homes of people and heal the ill (Snodgrass, 1999).

One of the most important consequences of this time period was that nursing achieved a high status. The selfless creed of caring for patients as something done out of love became the basis of nursing.

The recognition of the value of hospitals grew, and all across Europe cities were building their own hospitals. A general resurgence in the demand for trained doctors and nurses contributed to the building of new medical schools and the development of university programs in the art and science of healing (Zerwekh, 2000, p. 34).

Because caring for the sick was considered a service to God and a means of demonstrating love and compassion for fellow humans, it follows that one of the biggest influences in nursing was that of the Catholic Church. Throughout medieval times and beyond, both monks and nuns healed the sick, often placing themselves at risk, and many were canonized for their altruism. The religious community usually was the one who staffed centers for plague and leprosy victims. Other Church accomplishments in health care included hospices, ambulance and first aid services, pharmacies, and herb gardens (Snodgrass, 1999).

Things began to change in the sixteenth century with the

birth of the Protestant movement. During the Reformation, the English monarchy commandeered church property and abolished monasteries. The hospital building boom in progress was quelled when the Catholic orders were outlawed. Besides closing the hospitals, Church loyalists were forced to flee the country. Without the nuns and monks, there became a severe nursing shortage (Bullough & Bullough, 1984). Remaining health care workers and administrators had little to no training, were low-paid, and were not fit to care for patients. Now the sick and the destitute were shunned as a "burden to society", and the few hospitals that did manage to remain were called "pest houses" (Zerwekh, 2000, p. 35). A particularly low point in the history of nursing was reached in 1665, when a plague epidemic raged through London. Hospital workers refused to care for the plague patients on the grounds that it put them at too great a risk for infection (Snodgrass, 1999).

By the nineteenth century, the quality of health care had vastly deteriorated. Trained nurses were a thing of the past, and no one went to a hospital unless they were in a desperate state. Hospitals had degenerated into poorhouses, orphanages, and insane asylums, with minimal medical treatment offered. According to Snodgrass (1999), at the end of the eighteenth century, patients in London's Guy's Hospital were forced to bring in coal and help the nurses. If they refused, the day's

food ration could be taken away, or they were even thrown out. Nineteenth century British hospitals had gained a reputation for being havens of "filth, stale air, overcrowding, and foul odors" (Snodgrass, 1999, p. 200). Hospital mortality rates reached 90% (Zerwekh, 2000).

Nurses from this time period would barely be recognized as such today. A few nuns and others motivated by altruism could be found, but the majority of workers were from the lower echelons of society. The low pay and poor working conditions meant that a typical nurse of the day might be an alcoholic, or perhaps a convict, or even mentally deficient. "Generally, a nurse was a woman serving time in a hospital rather than a prison" (Zerwekh, 2000, p. 35). In England, hospital staff (or ward) nurses were often prostitutes earning a little extra money. They drank on the job, and often stole drugs, patient belongings and food. In 1837, a report from Bellevue Hospital Visiting Committee (a U.S. hospital) stated, "Nurses were drawn from the dregs of society and were, consequently, unprincipled and untrustworthy" (Snodgrass, 1999, p. 203).

Doctors became extremely limited in the quantity of patients they could have. Since there was virtually no nursing, doctors had to spend much more time with their patients doing basic care. Physicians began ignoring the poorer sections of the people or allowing midwives and apothecaries to take over.

In 1854, the Crimean War began. Turkey (at the time, the Ottoman Empire), England and France were united against Russia. This war had something that previous wars did not: journalists. Unlike other wars, where the public depended on official press releases for information, London Times wartime correspondent William Howard Russell was on hand to report back to the British people what was really happening. At this time, there was a glamorized, romantic image of war, as a sort of game played by the aristocracy. Russell's reports, and those of his colleagues, shattered this image completely. Military incompetence and appalling conditions whipped up a public outrage. One of Russell's dispatches reported that

"The management is infamous, and the contrast offered by our proceedings to the conduct of the French most painful. Could you believe it—the sick have not a bed to lie upon? They are landed and thrown into a rickety house without a chair or table in it. The French with their ambulances, excellent commissariat staff... in every respect are immeasurable our superiors" (Dossey, 1999, p. 109).

A diplomatic correspondent in Constantinople, Thomas Chenery, also reported on British conditions. There seemed to be a dearth of just about everything. Doctors, medicine, surgical supplies, food and bandages were in short supply. There were no British nurses, although the French had the Sisters of Charity, whom Chenery described as "those devoted women... excellent nurses" (Dossey, 1999, p. 110).

The Crimea was a small chunk of Russia on the coast of the

Black Sea. This meant that all casualties had to be first brought down to the harbor by cart, mule, or the backs of comrades. After being loaded onto the ships, the injured soldiers simply had to wait until the ship was loaded and ready to sail, which could be several days or even weeks. All the while, the men received no medical care. Lucky ones got some straw to lie on, while others had to make do with the bare decks. Then they were shipped across the sea to the military hospitals in Scutari, and this journey could last from two days to a week. While simply arriving alive at Scutari would be astonishing, a soldier's troubles were not yet over. He might have to stay on the docks for hours, in pain, and then face yet another trek by mule or cart to reach the hospital. The horrendously overloaded hospitals tried desperately to cope with the onslaught of more wounded than the staff could handle (Dossey, 1999).

Out of all this came "agitation for a reinvigoration of nursing, a movement that climaxed in the efforts of Florence Nightingale to establish a different kind of nurse" (Bullough & Bullough, 1984, p. 5). Obviously, the time was ripe for reform. Even before the Crimean War had started, the sorry state of hospitals had not gone unnoticed by the people. Attempts at change had been made. But it took the educated, charismatic and strong-willed Nightingale to spearhead the reforms. According to

Moore, Nightingale "had the determination to use every weapon she possessed, including charm, social pressure, and almost blackmail to achieve the objectives she had in mind" (pg. xiii).

Born in 1820, Nightingale was something of an anomaly for the times. Women did not go to universities or schools. It was typical for females of the Victorian age to have a governess at home teaching them proper, ladylike subjects, such as music, drawing, needlework, flower arranging, and the art of conversation. Nightingale did have a governess, no doubt teaching her all of those things, until the age of twelve. At that time, her governess left and no suitable replacement could be found. So her father decided to teach her himself. William Nightingale had studied classics, metaphysics, and math at university, receiving high honors. The result was the equivalent of a man's college education for the young Florence, a rare gift indeed. As she herself stated, "I had the most enormous desire of acquiring. For seven years of my life, I thought of little else but cultivating my intellect." She studied politics; ethics; philosophy; grammar; math; and English, Roman, French, German, Italian, and Turkish history. She also learned several languages, including Latin, Greek, French, German, and Italian. Plato especially influenced Nightingale, because he suggested that women could be equal to men. According to Plato, "women's perceived inferiority was a

perversion of nature and a waste of resources of half the population," an idea that helped shape Nightingale's attitude and beliefs in the future (Dossey, 1999).

This extensive education made Nightingale uniquely prepared to take on the male dominated world and push for reforms. Her philosophical debates with her father had made her

"Emotionally and psychologically comfortable in the man's world of business, politics, and power and [she] was effective all her life in working with men in a businesslike manner. She would never be fazed by the 'power and pervasiveness of male fantasy structures' that nearly always bedeviled early women professionals" (Dossey, 1999, p. 21).

Nightingale had felt a 'call from God' at age seventeen, but she did not really know what it was she had been called to do. It was not until a few years later that nursing caught her interest. Her decision to go into this field both infuriated and frightened her family. Upper class Victorian women did not enter professions or have careers; they made suitable marriages. Nursing, not even recognized as a profession anymore, was certainly no place for a well-bred, respectable young lady. Nightingale was determined; and, despite protests, she traveled to Greece, Egypt, Italy, France, and Germany to study nursing (Snodgrass, 1999). During this time, she turned down a marriage proposal from the man she loved, in order to devote herself solely to nursing. She also met Elizabeth Blackwell, a person who influenced Nightingale while at the same time admired her.

After three months at Kaiserswerth, a German nurse training school, Nightingale had learned about hospital management and administration as well as the fundamentals of nursing. She came home to England and nursed her aunt and grandmother. Her father watched her care for his mother and was astounded by her dedication and compassion. At last he changed his mind and allowed her to have her independence. In spite of opposition from his wife and other daughter, William Nightingale provided Florence with an annual income of what would today be \$43,000. This meant that she was free to move out of her parents' home—something few women of the time could do without marriage—and follow whatever pursuits she chose (Dossey, 1999).

In 1853, she came to London as the superintendent of the Institute for the Care of Sick Gentlewomen in Distressed Circumstances. The Institute was a three floor, twenty-seven-bed hospital. Social norms dictated that a lady could only do work in a charitable or philanthropic sense; therefore, Nightingale was not paid for this position and had to meet her own expenses.

It was at the Institute that Nightingale began to implement her ideas and interventions. While they seem overly simple today, such basic concepts as ward cleanliness, warmth, ventilation, hygiene and fresh air were rare in the nineteenth century. She also believed that the mind and body were connected, making it essential to treat the entire person, a

revolutionary notion for the time. In addition, Nightingale had learned some rudimentary architecture from her father, enabling her to draw up plans and design the hospital to coincide with her vision (Dossey, 1999).

The lack of training among the Institute's nursing staff disturbed Nightingale. She wrote of one nurse, "I had no fault to find with her, farther than that she had nothing of a nurse but the name and the wages" (Dossey, 1999, p. 91). She was forced to let another nurse go, "on account of her love of Opium and intimidation" (Dossey, 1999, p. 95). Her main objective was to eventually leave the Institute and found a training school for nurses, but at the end of her yearlong tenure as superintendent, she was no closer to this. After helping with the 1854 London cholera outbreak, Nightingale found herself rather at a loss for something to do (Dossey, 1999).

It was at this juncture that the Crimean War was in full force. William Howard Russell wrote again from the frontlines, pleading for nurses: "The soldiers have to attend upon each other. Not only are surgeons not to be had, but there are no dressers or nurses to carry out the surgeon's directions. Why have we no Sisters of Charity?" (Snodgrass, 1999, p. 195). When Nightingale read this in the London Times, she recognized it as her divine calling. She immediately wrote to England's Secretary of War Sidney Herbert, offering her services as nurse

and organizer. Herbert and his wife Elizabeth had been friends of Nightingale's for years. When public outrage about the deplorable conditions grew, demanding action, he thought of her. He wrote to her and requested that she accept the position of superintendent of nurses, and take a group of female nurses out to Scutari. The letters crossed in the mail.

When Nightingale accepted the official job of Superintendent of the Female Nursing Establishment in the English General Military Hospitals in Turkey, she was undertaking a groundbreaking venture. Female nurses had never been employed by English military hospitals before. Some had tried previously, but always met with resistance. With the Crimean War, two factors were at play, which facilitated the way for Nightingale's contingent. First of all, the people's insistence on help for their soldiers compelled the British government to do something. And second, the nurses went to a behind-the-lines hospital and were not on the battlefield, which satisfied the military leaders (Dossey, 1999). Even so, many politicians were less than thrilled about the deployment, and resentments flared higher still when Nightingale began requiring supplies and insisting on her methods to improve conditions.

Only 38 nurses could be found who met the basic requirements for the task. Led by Nightingale, they left for the Scutari hospital a week after she had accepted her position.

When they reached the Turkish hospital, conditions were worse than expected. Even the words of correspondent Russell could not fully prepare them for the bleak reality of the hospital situation. As Nightingale wrote to a friend back home,

"But oh! You gentlemen of England who sit at Home in the well-earned satisfaction of your successful cases, can have little idea from reading your newspapers of the Horror and Misery of operating on these dying and exhausted men. A London hospital is a garden of flowers to it" (Baly, 1997, p. 34).

The first thing to greet a nurse walking in the building was the smell of body fluids and sewer gas. Then the realization struck that the patients had only straw and canvas sheets for beds and cold and dirty water for bathing. Further exploration revealed lice and rats, spreaders of typhus and cholera (Snodgrass, 1999). Nightingale said that the motto from Dante's Divine Comedy should be inscribed over the doorway to the hospital: "Abandon hope all ye that enter here" (Baly, 1997, p. 34).

The nurses' accommodations were no better than the soldiers'. Leaking roofs, lice, rats, small living space, and no laundry facilities greeted the weary and seasick party. There was even a corpse of a Russian soldier in one room of the nursing barracks (Dossey, 1999). These conditions and the lure of drugs and alcohol eventually proved too much for many of the nurses, and in the end, Nightingale was left with eight out of

her original team of thirty-eight. With 12,000 patients and more coming in every day, it was indeed, as Nightingale called it, "calamity unparalleled in the history of calamity" (Baly, 1997, p. 34).

The nurses did not receive much of a welcoming committee, either. The doctors and surgeons did not want these nurses, viewing them as wealthy adventure-seekers who would cause more work than they saved. The male physicians also did not want a pack of women telling them how to do their jobs. Nevertheless, they soon altered their way of thinking. Two major skirmishes-- the Battle of Balaclava and the Battle of Inkerman-- caused such an arrival of patients that the health care workers became desperate for assistance. Finally, Nightingale and her team of nurses were able to help. When doctors abandoned patients as hopeless cases, the nurses came in and took care of them, often helping them survive. Surgeons would leave disagreeable tasks for Nightingale, casually saying that it was "her duty" (Dossey, 1999).

One of the biggest problems Nightingale encountered was the proliferation of bureaucratic red tape. Requests for the simplest supplies became bogged down in paperwork. Nightingale resorted at times to using her own money for supplies, simply because it was easier.

The attitudes of the men in charge were perhaps even worse

than the unsanitary conditions. Many leaders of the time seemed more concerned with avoiding scandal than with the lives of soldiers. Nightingale's determination to reform the hospital and her frustration with the military regulations made her very unpopular with those in power. In a letter to Secretary Herbert, she wrote, "A great deal has been said of our self-sacrifice, heroism, and so forth. The real humiliation, the real hardship of this place, dear Mr. Herbert, is that we have to do with men who are neither gentlemen nor men of education, nor even men of business, nor men of feeling, but men whose only object is to keep out of blame" (Baly, 1997, p. 35).

Nightingale had high expectations for her nurses. She wanted them to nurse, not to fraternize with patients or drink on the job. She wanted nurses who had technical skills, good characters, and helped others. It was extremely difficult for her to find nurses who could measure up to her standards. In another correspondence with Sidney Herbert, she lamented,

"What the horrors of war are no one can imagine. They are not the wounds and the blood and...cold and heat and famine. They are intoxication, drunken brutality, demoralization and disorder on the part of the inferior; jealousies, meanness, and indifference, selfish brutality on the part of the superior" (Baly, 1997, p. 35).

By this time, news of Nightingale and her deeds had reached the English people. She immediately became a romantic figure by the public as a young and attractive lady succoring the nation's

wounded. Though this image was quite the stereotype and did not begin to reflect Nightingale's hard work, it did have its advantages. As she told Sidney Herbert, "there is not an official who would not burn me like Joan of Arc if he could, but they know that the War Office cannot turn me out because the country is with me" (Baly, 1997, p. 36).

To a discouraged nurse wishing to resign: "Everything, I believe I may say *everything*, was done either on earth or under the earth to make me resign...but I never felt a moment's doubt on the question. I would not resign. I might be driven from my post. I would not run away" (Baly, 1997, p. 36).

Besides sanitation, Nightingale's proposed reforms also covered the areas of nutrition, administration, and education. Many of her ideas were rejected because to implement them would require new rules and policies. She wanted trained kitchen workers to provide healthy food for her patients and medical training for the young surgeons. Nightingale kept strict records and inventories as well (Dossey, 1999).

When the Crimean War was over, Nightingale was revered throughout England as a heroine, a figure of legend—immortalized in Tennyson's poem as the Lady With the Lamp. Though she could have returned home to accolades and honors, she deliberately shunned all of these things. She knew it would not aid her causes. Instead, she consciously withdrew from the spotlight,

preferring instead to work quietly behind the scenes to accomplish her goals. The Crimea had taught her what not to do in health care, and she was eager to advise colleagues back home in England. In 1860, she founded the Nightingale School of Nursing, a large step in the process of seeing nursing as a career (Snodgrass, 1999).

Nightingale was also a statistician with meticulous attention to detail and record keeping. She had seen countless men die of disease, far fewer from their injuries. After the Crimea, she focused on India. Her knowledge, suggestions, and statistics helped reduce the mortality rate for British soldiers in India from 6.9 percent to 1.8 percent (Snodgrass, 1999).

Twenty-hour days and constant exposure to disease took its toll on Nightingale. For much of her life after the Crimean War, she was bedridden and reclusive. She fought her battles in additional ways, by writing letters and essays, or giving advice to others. She also supported the founding of the British Nurses' Association (Dossey 1999).

Though she founded nursing training schools, advocated sanitation, supported public health nursing, demonstrated the importance of statistics, and lobbied for other reforms, Nightingale had an enormous impact on nursing in a much less tangible manner. Nursing was gradually being accepted as an occupation, and eventually as a profession. Thanks to

Nightingale, nursing began to slowly regain the respect it once knew. She tried valiantly to establish a code of ethics for her nurses as well as a standard of care. The image of nursing had changed forever. She had demonstrated that decent and reputable women could go into nursing. Now the stereotype pendulum had swung back the other way. Instead of being the 'dregs of society', nurses were now romanticized angels of mercy. To this, Nightingale had only criticism. In 1875, she spoke on what she called the 'sentimental view of nursing.'

"Above all, let us pray that God will send real workers into this immense 'field' of Nursing...A woman who takes the sentimental view of Nursing (which she calls 'ministering' as if she were an angel), is, of course, worse than useless; a woman possessed with the idea that she is making a sacrifice will never do; and a woman who thinks any kind of Nursing work 'beneath a Nurse' will simply be in the way" (Dossey, 1999, p. 306).

Though Florence Nightingale died in 1910, her influence and ideas did not. Many of her most basic tenets are still applicable today. She thought that "health-nursing" was just as important as "sick-nursing", over a century before preventative medicine would be in vogue. And as for the question of gender in nursing, she had this to say in her Notes on Nursing: "It does not make a thing good, that it is remarkable that a woman should have been able to do it. Neither does it make a thing bad, which would have been good had a man done it, that it has been done by a woman."

Let us fast forward now to the twenty-first century. Nursing has changed drastically. The scope of nursing has broadened so much from Nightingale's era. Responsibilities have increased, and the role of a nurse has expanded far beyond that of a linen changer. Yet some basic elements remain the same.

Bullough and Bullough noted that

"At first nurses did not take temperatures. Then they were allowed to take temperatures but not blood pressures, and then blood pressures but not something else. Each extension of the nurse's role was at the expense of physicians (from some viewpoints), and from taking over these functions, a new nurse's role began to emerge" (p. 5).

One of the hallmarks of twenty-first century nursing is its increased independence. Though Nightingale had established that trained nurses were invaluable to health care, there was a tendency for nurses to be subservient to physicians. Part of this was due to the patriarchy of the Victorian age— the nurses were women, and the doctors were men, and so the societal norms carried over into the professional field. For decades, nurses struggled to separate their calling from the medical field. As nursing evolved into a completely mandated and licensed profession, nurses began to be more independent from physicians.

What, then, is the role of a nurse today? There are many ideas and theories, and not everyone agrees on them. According to Zerwekh (2000), the role can be broken down into six aspects: caregiver, teacher, advocate, manager, colleague, and expert.

While nurses have always been caregivers, and often teachers, it was not until Florence Nightingale and afterwards that the other portions began to emerge.

Today nurses are advocates for their patients. They make sure the patient comes to no harm, and obtain the best care possible for them. Nurses protect their patients and try to ensure fair treatment for all without judging.

Nightingale herself was an excellent manager, and maintained that organization was vital to good nursing care. Administrators and coordinators help hospitals and other health care facilities run smoothly. In an age where health care is regarded as a lucrative business and patients thought of as consumers, managers assist in the financial aspect.

The role of colleague is a newer one. Nurses today work with other health care providers, in a variety of roles. "Intrinsic to nursing is the collaboration process: nurses and physicians working together and independently assessing, diagnosing, and caring...by preparing patient histories, conducting physical and psychosocial assessments, and reviewing and discussing their cases with other health professionals to determine the...health status of each client" (Collaboration, para. 3).

Finally, the function of expert is also a modern development. Nurses now have the opportunity for more advanced

positions at the master and doctorate level. Advanced practice nurses, professors, researchers, and theorists have honed their knowledge to the expert level (Zerwekh, 2000).

The establishment of nursing as a profession did not occur overnight. Though Florence Nightingale made invaluable contributions towards this end, many physicians felt threatened by the idea of nursing as a profession. It was a double threat—that of the nurses' medical knowledge and that of their gender. Dr. Moore expressed a typical attitude of the time in 1886 when he spoke to the British Medical Association about "the threat posed to the future of the human race by the higher education of women" (Moore, 1988, p. 173). Fortunately for twenty-first century nurses, Moore's opinions on women's education became obsolete. Nurses now have educational opportunities and are no longer obligated to be subservient to physicians.

Instead of the fear that nursing was an unladylike profession, modern nurses now face the opposite problem, a reverse feminism, if you will, stemming from the feminist movement of the sixties. Now that women can be doctors, why would they want to be nurses? "Many feminists regard nursing as the ultimate expression of the degradation of women" (Moore, 1988, p. x). Nursing is at times considered as a step below medicine, when that is not the case at all. Nursing is separate from medicine, but physicians are not higher than nurses.

Nurses are more patient-oriented, while doctors are disease-oriented.

Though nursing is now recognized as a profession, it cannot rest on its laurels. There is always room for growth and education. "Realizing the potential of the profession to advance the health of people depends on nurses producing knowledge, using it effectively, and communicating knowledge and results to the public and to the people who make decisions about health care and funding" (Hegyvary, 2001, p. 204).

Another characteristic of modern nursing is its vast array of choices. In Nightingale's age, there were no options about the type of nursing one went into. A nurse went to a hospital to nurse any kind of injury or illness that came along. Today, there is now a plethora of choices for specialization. There are licensed practical nurses, registered nurses, nurse practitioners, nurse midwives, and nurse anesthetists. A nurse today can choose an area of expertise, such as critical care, neonatal care, pediatrics, women's health, psychiatrics, surgery, orthopedics, dialysis, oncology, geriatrics, emergency and trauma, home health care, rehabilitation, cardiac care, school nursing, or hospice care.

One progressive area in modern nursing is that of the forensic nurse. Forensic nurses work with law enforcement to preserve evidence while caring for victims of abuse or sexual

assault. "Forensic Nursing is the cutting-edge issue in education, practice, and research as we prepare for critical issues in health care in the 21st century" (About, 2001).

Nursing has gone through many transitions. Though nurses today may be a far cry from the medieval nuns or nineteenth century reprobates, their current role is more influenced by history than many realize. Nightingale's contributions to the nursing profession shaped it and changed it irrevocably. As nursing continues to evolve, its origins will still be important. Perhaps Nightingale had the twenty-first century in mind when, in 1893, she wrote: "We are only on the threshold of nursing. In the future, which I shall not see, for I am old, may a better way be opened! May the methods by which every infant, every human being, will have the best chance of health—the methods by which every sick person will have the best chance of recovery, be learned and practised!"

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