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Florence Nightingale as Servant-Leader

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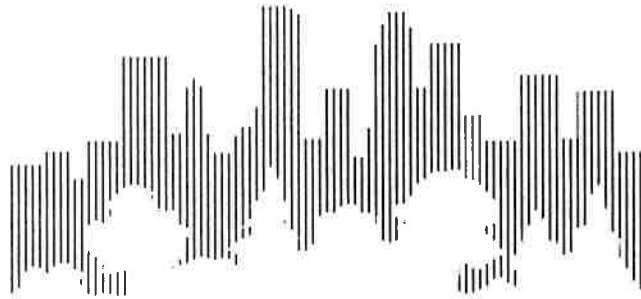
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MASTER OF ARTS IN LEADERSHIP
THESIS

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Theresa Duffy

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Florence Nightingale as Servant-Leader

2001

Florence Nightingale as Servant-Leader

Theresa Duffy

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Abstract:

Florence Nightingale directed her adult life to serving God as a nurse, teacher and author. Through her creation of a school for nursing and her writings, Nightingale set the path for developing standard practices for nursing care along with founding the evolution of nursing as a professional career for women. As a leader Nightingale demonstrated courage in her ability to take great risks in order to create change, wisdom in her ability to communicate needed reforms, and her dedication to the ethical treatment of women and children by way of providing improved healthcare and education. This case study will examine Florence Nightingale's life service in relation to Robert Greenleaf's theory of Servant-Leadership using Larry Spear's ten characteristics of a servant-leader. These ten characteristics are listening, empathy, healing, awareness (personal and of others), persuasion, conceptualization, foresight, stewardship, commitment to the growth of people and building community.

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Introduction

Florence Nightingale is typically viewed as nurse, heroine, and legend. She is best known for the role she played in serving British soldiers in the Crimean War and her founding schools for nurses. Many essays describe her as a determined nursing leader who was able to create visionary changes in a time when women were only beginning to be acknowledged for their contributions to society.

Florence Nightingale saw herself first and foremost as a servant of God. She believed her call to service required her to serve others through employing her skills as a nurse and her ability to influence through persuasive communications and the power of statistics. Nightingale demonstrated herself to be a person of courage. Her desire to realize goals that would benefit others was genuinely altruistic and not ego driven. This paper will explore those qualities of Florence Nightingale that exemplify her ability to lead as a servant leader.

Background on Florence Nightingale

Childhood

To understand Florence Nightingale, it is important to begin with an overview of her life. Florence Nightingale was born on May 12, 1820, the second daughter of independently wealthy British parents. Nightingale's father dedicated himself to his daughters' education as he held education to be of high importance despite the social norm to educate men. Nightingale's drive to lead and use her intellect began at an early

age. She enjoyed mathematics and the sciences and is described as the more intelligent and more dominant of the sisters (Woodham-Smith, 1951). In a review of Nightingale's life, Constance Schuyler describes Nightingale as a "sensitive, introspective and somewhat morbid child who never seemed to be satisfied with herself" (1992, p3). She was a deeply religious perfectionist who was driven to improve herself and her world (Schuyler, 1992).

Contrary to her father's support to pursue her educational development and a life in nursing, Nightingale's mother desired to raise a conventional woman of British society (Schuyler, 1992). From an early age, however, Nightingale recognized that she could not tolerate the life of a socialite. "I craved," she wrote "for some regular occupation, for something worth doing instead of frittering time away on useless trifles" (Woodham-Smith, 1951, p17). Florence Nightingale's decision to pursue a life in a role viewed by society as abhorrent created a lifetime of dissension between Florence and her mother and sister (Woodham-Smith, 1951).

Calling

Florence Nightingale felt personally called by God to serve others. She believed she had heard God's voice speak to her as He had to Joan of Arc, (Woodham-Smith, 1951) for on February 7, 1837, she wrote in a private letter, "God spoke to me and called me to His service" (Woodham-Smith, 1951, p20). "Since I was twenty- four...there was never any vagueness in my plans or ideas as to what God's work was for me," (Woodham-

Smith, 1951, p44) as Nightingale deeply believed that the "highest honor is to be God's servant and fellow worker" (Schuyler, 1992, p4).

Religion and moral behavior were guiding principles for Nightingale. Her strong religious foundation emanated from her ties to the Unitarian church and her work with the Catholic order, The Sisters of Charity (Woodham-Smith, 1951). Nightingale's dedication to upholding religious and moral standards was in keeping for principled women in Victorian times. Second in importance to religion for Nightingale was education.

Career

The Institute for the Care of Sick Gentlewomen.

Florence Nightingale began her nursing career as the superintendent of The Institute for the Care of Sick Gentlewomen. The committee, which selected Nightingale for this non-paid post had reservations in taking on a woman of social position who had a youthful appearance (Woodham-Smith, 1951). The committee questioned the appropriateness of a lady of society being present for patient examinations, yet, engaged her as the superintendent providing her with all responsibilities for operational and financial management of the Institute.

Nightingale entered into her element of reforming patient care practices as the superintendent. She oversaw operational improvements that in today's hospitals are expected norms. Nightingale made physical modifications to the building that included

having hot water piped up to every floor, food lifts to deliver patient meals to the patient floors, and the installation of a system of bells with valves that stayed open when rung to signal which patient bell was used.

Along with restructuring the physical elements of the Institute, Nightingale transformed the Institute's discriminatory practices for patient admission. On August 20 she wrote "My committee refused to take in *Catholic* patients, whereupon I wished them good morning, unless I might take in Jews and their Rabbis to attend to them. So now it is settled, and *in print* that we are to take in all denominations whatever, and allow them to be visited by their respective priests and Muftis" (Woodham-Smith, 1951, p80).

Florence Nightingale served not only as an administrator of the Institute's procedures, but she is said to have done an immense amount of nursing herself. Working in both roles demonstrated Nightingale's willingness to serve in whatever capacity would best support those in need. This dual role also provided Nightingale with key insights into the operational needs of the Institution.

Not all of the Institute's employees accepted Nightingale's ideas and actions, however, she was steadfast in her desire to create a system that met patient needs. When confronted by a surgeon's threat to resign, Nightingale took the resignation as an opportunity to hire a successor who could dispense medications saving operating costs of the druggists' bill. Nightingale's success with restructuring the operations of the Institute

was exhilarating for her. She wrote to her father “I am now in the heyday of my power” (Woodham-Smith, 1951, p82).

Superintendent in Turkey

One year after taking on her role as the superintendent of The Institute for the Care of Sick Gentlewomen, the Secretary of War, Sidney Herbert, approached Nightingale with a request. Herbert asked Nightingale to take command of a group of women who were to care for soldiers wounded in the Crimean War in Scutari, Turkey. He appointed her “Superintendent of the Female Nursing Establishment of the English General Military Hospitals in Turkey” (Woodham-Smith, 1951, p99). The experience in Scutari was a personally and professionally challenging one for Nightingale. When she arrived at the Barrack Hospital in Scutari, four miles of filthy mattresses confronted her filled with wounded and dying soldiers. Nightingale called her experience in Scutari the “twelvemonth of dirt” in the “Kingdom of Hell”. She viewed the regulations of the hospitals as “indefensible” standards obtained from “ancient Briton’s” (Digby, 1988, p. 1). The floors and walls were covered with what Nightingale described as “organic matter” (Woodham-Smith, 1951). Her attempts to gain permission to establish sanitation measures (Schuyler, 1992) and change the manner in which food provisions were distributed, were greeted by hostile physicians and administrators. (Woodham-Smith, 1951)

It was during her experience in the Barracks Hospital that Nightingale began to keep meticulous records and statistics. Through her use of statistical data of the death rate of

the men in the Barracks Hospital, she was able to exert pressure on government officials and obtain assistance from the Sanitary Commission to change practices (Schuyler, 1992). These changes included the creation of proper sewer drainage, changes in procedures for emptying of chamber pots, airing rooms, use of clean mattresses between soldiers, and obtaining a cook who used collected food rations to feed the wounded. The implementation of these changes resulted in a drop in the mortality rate (Woodham-Smith, 1951).

Nightingale served the soldiers as an administrator and patient care nurse, but also assisted soldiers by writing letters for them. It was important to Nightingale that she also write to the families of soldiers after their deaths to let them know their son had served their country well. Florence Nightingale was considered a hero in Britain for her work and caring with the soldiers. To celebrate her efforts, a hero's welcome was planned for Florence Nightingale's return to England. She shunned the spotlight, however, and avoided all planned ceremonies, as she did not enjoy her fame (Woodham-Smith, 1951).

Post War

Nightingale returned to Britain on a mail steamer with what could be viewed as symptoms of "survivors' guilt". She refused to make public appearances, attend public functions, or issue public statements (Woodham-Smith, 1951). According to biographer Cecil Woodham-Smith, "She rejected everything. She was bereaved; a haunted woman. 'Oh my poor men' she wrote, 'I am a bad mother to come home and leave you in your Crimean graves'" (1951, p185). "In the first months after her return from the Crimea she

had been able to go about, to visit barracks and hospitals, but after a year of desperate work she broke down completely. For the rest of her life she was an invalid” (Woodham-Smith, 1951, p.190).

Despite her physical status, Florence Nightingale continued to impact changes through her ability to persuade both verbally and in writing. During her experience in the Crimean War, Nightingale saw the need to produce a new type of nurse (Woodham-Smith, 1951). She believed that nurses “were not born but educated” (Newman, 1992, p.46).

For her service in the war, Nightingale was awarded with 45,000 pounds for a Nightingale Fund to create a school for nurses. The school she created reflected her focus of working with social and economic issues that affected health. The curriculum addressed individual, social and health reforms as well as the importance of self-care (Falk Rafael, 1999). Through her development of a nursing school with a comprehensive curriculum and her work to change the societal image of nurses, Nightingale achieved her most pervasive achievement – establishing nursing as a respectable profession of educated women.

Philosophy of Nursing

1800’s Nurses

Florence Nightingale was troubled by the image of nurses in the mid 1800’s. She understood that the perceptions of both men and women needed to change if the societal

view of the profession of nursing were to change. Despite her dedication to promoting nursing as a profession, Nightingale's vision of nursing was not innate for her.

Nightingale's first experience as a nurse occurred when she cared for her grandmother during a severe illness. It was during this experience that she first recognized a need for training in nursing. This discovery, according to Woodham-Smith, came to her as a shock, for it was "universally accepted that the only qualification needed for taking care of the sick was to be a woman. She too had thought that the qualities needed to relieve the misery of the sick were tenderness, sympathy, goodness and patience. Now her short experience had already shown her that only knowledge and expert skill brought relief; and her destiny, which was to lighten the load of suffering, could be fulfilled only if she were armed with knowledge" (1951, p. 48).

Nursing Defined

Florence Nightingale's definition of nursing was contradictory to the Victorian physician view of a nurse as obedient minion. Nightingale instead, envisioned a more active role for nurses. She believed the nurse's role is to observe, attend to and provide direct and continuous service to the sick in their environment, be it in a hospital or in their home (Leininger, 1992). She focused her attention on the needs of the patient.

Florence Nightingale ardently promoted education for nurses. She set the foundation for current day nursing through instituting a holistic approach to patient care that did not exist in the 1800's. Nightingale understood the need to focus on not only the physical

aspects of health and illness, but placed great emphasis on the spiritual, the emotional, intellectual dimensions and social elements of a person as well (Fitzpatrick, 1992). She believed in the dignity and sanctity of human life and was a vigorous proponent of the idea that educated nurses, knowledgeable about factors that influenced health and illness, could have a profound affect on patient outcomes (Fitzpatrick, 1992).

Nightingale viewed the role of nurses as a not only a vocation, but as a profession that was a distinct field separate from physicians. She defined the need for nurses to be trained to make autonomous decisions, and carry out actions separate from the medical focus of diseases, symptoms and cures (Leininger, 1992). She was not a disciple of physicians, but was not opposed to the value of the physician's role neither did she engage in "doctor bashing" (Peplau, 1992). Nightingale believed that "medicine ...assists nature ... and does nothing more. And what nursing has to do... is to put the patient in the best condition for nature to act upon him" (Nightingale, 1859, p75). Nursing, for Nightingale, was not simply the administration of medicines and application of poultices, but the application of knowledge to promote "health existences" (Roy, 1992, p. 64).

Nightingale recognized and extolled the essence of professional nursing, emphasizing the unique interpersonal relationships nurses have with patients in order to influence the patients health (Fitzpatrick, 1992). In spite of her belief in a holistic approach to care, some of Nightingale's philosophies were reflective of Victorian culture. She believed that a good nurse should be a good listener to the patient, but also believed the good nurse

should “spare” the patient from “taking thought for himself” (Nightingale, 1859 p. 63). She theorized that a patient should not dwell on their illness, but be allowed to rest so the body could recover. This is contrary to the current day philosophy of encouraging a patient to talk about their illness so they can acquire some level of personal control over their experience.

Later years

Florence Nightingale suffered from poor health after her return to England. From a review of documented symptoms, it is presumed that she suffered from posttraumatic stress syndrome (Small 1999). Despite her health, Nightingale used her ability to write persuasively rather than use personal actions to encourage changes in various arenas. Florence Nightingale used her written power of persuasion and personal connections in government to serve as a central force in the campaign for a Royal Commission to investigate the health of the British Army in India. The result was the formation of an Army Medical School. The creation of this school produced improvements in healthcare for the British Army, and also improve the public health conditions for Indians as well.

Towards the end of her life, Florence Nightingale was presented with many awards including the Order of Merit given to her in 1907 by Queen Victoria. She was the first woman to receive this award (The Florence Nightingale Museum Trust 1999). True to Nightingale’s preference to shun public attention, she chose not to receive many of the awards in any public venue.

Florence Nightingale died August 13, 1910 at the age of 90. Her cause of death was no less controversial than her life. Rumors have spread through out time describing her cause of death as due to syphilis. This rumor is presumed to have been started by a priest who did not want Nightingale to be commemorated. The likelihood of Nightingale having ever had syphilis is extremely remote as she was quite verbal regarding her belief in strict adherence to Victorian standards of behavior for men and women and there is no written evidence that she ever had symptoms consistent with syphilis (Small, 2000). Florence Nightingale's burial plot memorial is, as per her request, a simple one in a churchyard in Hampshire, England, near her parents' home.

Nightingale as Leader

Nightingale's view of leadership

Florence Nightingale held personal views on many topics in life, including leadership. "Let us always be open to acknowledge, respect, and learn from great leaders in any field or discipline. Let us always be able to critique the work of any leader to move forward ideas and substantive knowledge for the betterment of humanity. For, indeed, great progress is largely contingent upon thoughtful reflections, critiques and the creative use of worthwhile ideas" (Leininger, 1992. p.28).

Nightingale's approach to leadership was atypical of women in the 1800's. Her ability to confront men in authority was uncharacteristic for a woman of Victorian society, for she grew up in a time when "women prided themselves on being martyrs to their excessive sensibility" and the 'delicacy' view of women was the societal norm

(Woodham-Smith, 1951, p17). Yet, Nightingale's desire to serve the poor and the suffering was consistent with the philosophies of educated male and female Victorian authors and speakers, as the members of the scholarly culture were calling for reforms regarding the suffering populations of women, the sick and slaves (Cahill 1996). Nightingale's passion for learning through reading and dialogues with philosophers that had begun as a child provided her with a life long connection to exploring cutting edge topics of her time.

Leadership characteristics.

Robert Morehouse defines a skilled leader as one possessing the three characteristics of courage, interpersonal skills, and ethical behavior. Florence Nightingale demonstrated remarkable courage in her ability to take risks to create change. As a woman in Victorian times, Nightingale's willingness to submit her resignation as the Superintendent of the Institute for the Care of Sick Gentlewomen in order to create changes in the Institute's admission rules was a bold action that was not typical of even an educated woman in the late 1800's.

Nightingale demonstrated superb written communication skills in her books, essays, and letters. She was also the first woman to illustrate essential healthcare reforms using her own statistical data to convince male driven bureaucracies of the need for change. Nightingale's writings are still reviewed today for her detailed descriptions of sanitary conditions during the Victorian era, gaps in the healthcare system, and her vision for nursing.

Ethically, Nightingale's motivation was to serve people and improve on their life conditions. She simply believed in the need to do what she believed was right. Nightingale believed education was a primary necessity for all men and women in order to promote their advancement out of poverty or ill health. She worked hard to create long-term resolutions to issues rather than short-term fixes. As a leader Nightingale not only did things right, she did the right things.

Nightingale as Servant Leader

Definition

Robert Greenleaf defines a servant leader as:

The servant leader is servant first. It begins with the natural feeling that one wants to serve. Then conscious choice brings one to aspire to lead. The best test is: do those served grow as persons; do they while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? (Spears 1998 p1).

Servant-leadership "is a long term transformational approach to life and work" (Spears, 1998,p. 3). Florence Nightingale exemplified her belief that she was first and foremost a servant of patient care. She role modeled this fundamental principle as both a nurse providing direct patient care during her time in the Institute for the Sick and Gentlewomen and in the Crimea, as a superintendent. Of equal importance to directly serving patients, Nightingale believed that optimal patient care could only be achieved through transforming nurses into educated healthcare professionals.

Florence Nightingale did not believe herself to be an extraordinary person for in a letter in 1869 she described herself as having “no peculiar gifts” (Spartacus 2000). Her drive to serve emanated not from a goal for personal power or recognition, but from her desire to serve God. “The most practical way of living for God is not merely thinking about Ideals, but doing and suffering for Ideals” (Woodham-Smith, 1951, p4).

Sense of Direction

Ken Blanchard defines servant leadership as beginning with a sense of direction. Florence Nightingale was a leader whose vision gave new direction to the profession of nursing by establishing credibility for the role of the nurse. She was a “brave, bold, and great risk-taking leader who served as a model of how to make breakthroughs in nursing and establish new standards, directions and practices” (Leininger, 1992, p. 29). Servant leadership, however, is more than a leader who desires to serve and has a vision.

Characteristics of a Servant- Leader

In his book *Insights on Leadership: Service, Stewardship, Spirit and Servant Leadership*, Spears (1998) has identified ten characteristics of a servant-leader that he believes to be of critical importance. These key ten characteristics are: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community.

Listening

Servant leaders, according to Spears, are “traditionally valued for their communication and decision-making skills” (Spears, 1998, p4). The ability to openly listen is a crucial component of effective communication. Florence Nightingale used her ability to listen attentively to patient needs and to then boldly articulate essential reforms that would address identified patient care issues. Time and again, she demonstrated that she was not afraid to propose her ideas for change despite bureaucratic norms.

While serving in the Barracks Hospital, Nightingale found men starving and freezing to death as the policies and procedures of the day required the men to use their own food rations and blankets while in the hospital. She listened to the men describe their lack of supplies when arriving at the hospital, as they had obediently followed orders and dropped their supplies on the battlefield during their retreat. Complicating this issue was the backlog of processing requests for supplies within a bureaucratic system that distributed supplies in limited numbers.

Nightingale recognized the senselessness of allowing the men to freeze and starve due to military procedures. She decided to use her own money to purchase blankets from local merchants, hired a cook and pooled what rations were brought in to the hospital so that the limited amount of food could be used to create a stew to serve the many. She went on to determine long term solutions through working with her friend the Secretary of War by creating changes in the manner in which supplies and rations were handled.

Another kind of listening requires a leader to get “in touch with one’s own inner voice” (Spears, 1998,p4). To be true to oneself. Florence Nightingale suffered from episodes of depression in her younger years whenever she strayed from her personal mission in life and tried to live the life of a socialite. It was when she followed her heart and took the path of service to others that Florence Nightingale described herself as being in her “heyday.”

Empathy

According to Spears, “The servant-leader strives to understand and empathize with others.” And “the most successful servant-leaders are those who have become skilled empathetic listeners” (Spears, 1998,p4). Florence Nightingale strove to understand the situations experienced by the soldiers in the Barracks Hospital from their point of view.

In various writings about Nightingale, she is described as a gentle and sympathetic nurse who understood that the sick suffer as much from the emotional pain as they do from physical pain. As a patient herself, having worked herself beyond exhaustion in the Crimea, Nightingale understood firsthand the degree of incapacitation experienced by patients physically and emotionally. In *Notes on Nursing*, Nightingale wrote: “Do not cheer the sick by making light of their danger.” “Do not forget that patients are shy of asking” for what they need (Woodham-Smith 1951, p. 195). Compassionate care was a hallmark of the nursing care advocated by Florence Nightingale.

Healing

In 1859 Nightingale wrote, “It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm” (Voices). The strength of this philosophy is still evident today, as it is a key element in many current healthcare safety initiatives. Nightingale’s belief in the need to support caregivers with the education necessary to provide optimal healthcare along with promoting an environment that is conducive to healing is timeless.

Spears defines one of the “greatest strengths of servant-leadership is the potential for healing one’s self and others” (Spears, 1998,p4). In *Notes on Nursing*, Nightingale cautions nurses from over exerting themselves, lest they become unable to care for others. What is unfortunate, however, is that Nightingale did not care for herself during her time in the Crimea. She worked long hours, sometimes 24-hour shifts, exhausting herself to the point of becoming gravely ill. Perhaps it is from this experience that she recognized the need to promote self-care for future caregivers.

Florence Nightingale not only strove to heal the ill and wounded soldiers, but to heal the lives of women through career reform. In her unpublished book *Cassandra*, Nightingale wrote:

Women are never supposed to have any occupation of sufficient importance not to be interrupted, except ‘suckling their fools’; and women themselves have accepted this, have written books to support it, and have trained themselves so as to consider whatever they do as not of such value to the world as others, but that they can throw it

up at the first 'claim of social life.' They have accustomed themselves to consider intellectual occupation as a merely selfish amusement, which it is their 'duty' to give up for every trifle more selfish than themselves (Spartacus 2000 p. 2 of 7).

Nightingale's opinion was in keeping with her educated peers of the time who called for solidarity and social reform for women and children (Cahill, 1996). She believed in elevating nursing as a career for women as opposed to fulfilling a subservient societally defined station in life. She did not subscribe to the paternalistic position physicians had over nurses. In 1859 she wrote, "No man, not even a doctor, ever gives any other definition of what a nurse should be than this – 'devoted and obedient'" (Voices 2000). She espoused the need for nursing to be seen as a profession that was complimentary to the medical role of physicians. For Nightingale believed that nurses could promote a process of healing that addressed the needs of the patient as a whole, and not simply the elimination of an illness or injury.

Awareness

Nightingale appears to have developed a level of self-awareness regarding her path in life, driven by her episodes of depression. She identified the relationship between her episodes of depression with the times she did not feel she was fulfilling her role in service of others in accordance with God's plan. Her writings demonstrate a level of personal delight, strength, and enthusiasm when she is advocating for patient care, nursing standards, and education. This awareness of self is in keeping with Greenleaf's servant

leader. And true to Greenleaf's servant leader, Nightingale's self-awareness did not give her solace. It provided her with direction.

Spears labels this type of self-awareness as an "awakener" (Spears, 1998,p4).

Nightingale's awakening began early in her life. In her early twenties she identified her desire to serve others rather than seek the approval of her mother by living the genteel life of a socialite. From her episodes of depression, Nightingale found her own inner serenity with her path in life.

Persuasion

Another characteristic of a servant leader is the ability to "convince others, rather than coerce compliance" (Spears, 1998,p4). Nightingale's approach to forcing changes during her lifetime can be viewed as either examples of coercion or the result of persuasion. The difference between coercion and persuasion can be difficult to distinguish, however, whether the impact is selfless, as would be consistent for a servant-leader, or selfish can be defined by the leader's motivation.

During her time in the Barracks Hospital in Turkey, the physicians initially shut out Nightingale and her nurses, refusing to utilize her and her nurses and going about their medical regime in isolation. Nightingale took a passive but planful approach to not interfere and provide nursing care upon physician invitation to participate only. When asked to assist, the nurses demonstrated their ability to "dress wounds and fractures more skillfully than any of the dressers or assistant surgeons" (Woodham-Smith 1951 p. 116).

Unless their assistance was directly requested, Nightingale and her nurses spent their time sorting linens and counting provisions. Nightingale was determined not to directly demand that the physicians accept her nurses. Instead she withheld the use of nurses as additional patient care personnel, until the physicians recognized the value of their contributions.

Nightingale also made it clear that she was in command of monies that could be used for purchasing supplies. Eventually supplies ran low and the numbers of wounded men surpassed space and provisions available. It was weeks before the exhausted physicians recognized that Nightingale had the ability and governmental authority to purchase needed provisions and assist with caring for the wounded soldiers. The physicians gave in and allowed Nightingale to serve as purveyor of the hospital.

Nightingale's prohibiting the nurses from assisting the physicians until the invitation was extended may be viewed as an example of either persuasion or coercion. In analyzing Nightingale's actions, however, it appears that her motivation was to provoke a change in the physician culture to one of acceptance of her nurses. She recognized the need for the physicians to be convinced that utilizing her and the skills of the nurses would augment their work. Nightingale conceivably understood the need for the physicians to choose to utilize the nurses of their own free will if nurses were to be truly accepted as members of the healthcare team.

Conceptualization

Florence Nightingale had a vision for the profession of nursing. As a servant leader, It was Nightingale's dream to redefine nursing as a profession in its own right. In *Advice to Nursing Student*, in 1873, she wrote: "Nursing is most truly said to be a high calling, an honorable calling... and I will live to deserve to be called a Trained Nurse" (Sparatus 2000 p. 7 of 7).

To achieve the status of a respectable profession Nightingale held to strict standards for behavior and discipline with her nurses in Turkey. This lent to her being viewed as an authoritarian leader. It was, though, through her changing the behavioral image of nurses that Nightingale was able to begin to elevate nursing as an honorable profession. Creating nursing schools was the next step in her plan to achieving her vision for nursing. Using her post war Nightingale Fund, she established the Nightingale Training School for Nurses at St. Thomas Hospital. Nightingale closely supervised and approved of the curriculum and the reports made on the nursing students.

The mission of the Nightingale Training School was to produce nurses capable of training other nurses. Nightingale promoted the profession of nursing as a distinct field from physicians with the goal of meeting patient needs in a multitude of settings. Despite this approach, many in the medical profession were highly critical of Nightingale's school. Nightingale nonetheless persevered and graduated nurses from the school who were able to take their skills and training and begin their own schools of nursing and create environments of standard nursing practice in healthcare institutions around the

world. Nightingale also established a school for nurse midwives to address infant mortality. These nurses were trained to deliver babies in hospitals as well as in homes. District nurses were another segment of nurses trained to address public health concerns particularly in areas such as workhouses.

In her lifetime Florence Nightingale wrote over 200 articles, books, and pamphlets in her efforts to educate and propose reforms (Florence Nightingale Museum Trust 1999). These tangible effects continue to influence novice nurses today. She believed education was the key to arming women and children to move their lives out of poverty and thereby improve their health. Community health was a critical component of Nightingale's school curriculum, as she believed community nurses were essential to educating the poor.

Foresight

Florence Nightingale was able to use her lessons learned during her time in the Crimea regarding the politics of change and apply them to her post war efforts to change the conditions in Army hospitals. She understood the need to strategize and "plant" her ideas and written communications with key people – including Queen Victoria. This ability to learn from the lessons from the past, the realities of the present, and the likely consequences of a decision for the future demonstrates Nightingale's servant leadership virtue of foresight (Spears, 1998).

Stewardship

“Peter Block... has defined stewardship as ‘holding something in trust for another’ (Spears, 1998,p5). Nightingale held in trust her belief in nursing. “Servant-leadership, like stewardship, assumes first and foremost a commitment to serving the needs of others. It also emphasizes the use of openness and persuasion rather than control” (Spears, 1998,p.5).

Florence Nightingale envisioned nursing as a career for women in which they could advance themselves beyond a life dictated by society. She advocated the need for women to be qualified through education and training for their careers just as men were required to be qualified to serve in various professions. Creating formal structures for educating nurses produced an environment in which women could develop intellectually while developing the skills to serve others. Nightingale was a steward of professional nursing through her role as the founder of nursing education.

Commitment to the growth of people

Education of nurses for Nightingale entailed two critical aspects for broad development. She was an ardent supporter of providing opportunities for nurses to acquire knowledge such as through teaching nurses the sciences of health, but also believed as strongly in providing opportunities to assist students in developing their character (Woodham Smith, 1951). Within the St. Thomas School for Nursing, Nightingale created an assistant superintendent position titled the “Home Sister”. The Home Sister’s role was to serve as a friend to the nursing students and to encourage them

to read poetry, listen to music, and attend church services (Woodham Smith, 1951).

This approach to supporting the learning and emotional needs of her students is an example of how Nightingale as servant-leader not only valued people but was also committed to their intellectual growth (Spears, 1998,p5).

Building Community

Florence Nightingale closely supervised all training and behavioral reports on her students in her nursing school. Upon graduation, she would arrange positions for her alumni across the globe. This approach may be viewed today as controlling, yet, many of Nightingale's graduates established deep emotional connections with Nightingale and chose to stay in very close contact with her through letters. Many of Nightingale's graduates would write her asking for her thoughts and opinions on various aspects of nursing practice. Some students would title their letters to Nightingale as "Dear Mistress", while others demonstrated a more personal connection with Nightingale writing to her as "Dearest Friend" (Woodham Smith 1951 p. 230). Nightingale established connections with her students that lasted for years.

Despite strict rules of discipline, Nightingale truly cared about her students' welfare. She was known to take students to her home in Lea Hurst, England, for holidays or send students in need of a rest to the seaside (Woodham Smith 1951 p. 230). She nurtured her students both academically and personally.

Nightingale founded a nursing community through her nursing school. She firmly believed in the concept of mentoring as she created a system of education designed to train nurses who could then train other nurses to serve in healthcare institutions and in the community. By 1910, Nightingale's school had sent over 70 nurses as matrons and staff members to hospitals throughout the British Isles, and countries such as Canada, the United States, Australia, and Fiji (*Nightingale School*) to serve their communities.

“Greenleaf said: ‘All that is needed to rebuild community as a viable life form for large numbers of people is for enough servant-leaders to show the way, not by mass movements, but by each servant-leader demonstrating his own unlimited liability for a quite specific community related group’ (Spears, 1998,p.5). Nightingale gave birth to nursing as a respectable profession, trained to serve men, women, and children. Through her creating an educational system aimed at developing nurses who could teach the art of nursing to others, Nightingale created a global community of nurses.

Conclusion

Florence Nightingale exemplifies servant-leadership. She demonstrated a genuine desire to serve others as nurse, teacher, author, and leader. It is through her service that Nightingale was able to promote the development of nursing as a career for women, and encourage changes that improved life conditions for women and children in general. She was a strong, determined woman who had the foresight to identify flaws in the healthcare and educational systems of her time and the courage to act on issues to achieve real outcomes.

Through her life journey, Nightingale learned what it meant to be true to herself by way of recognizing her episodes of depression and physical illness as personal signals of the need to refocus her energies on her personal goals. Nightingale genuinely believed her destiny was to serve God through serving others. This provided Nightingale with the focus, the drive, and personal foundation that enabled her to be an authentic leader.

Nightingale was known as a strict disciplinarian with her nurses in the Crimea and her students in her Nightingale Training School. Strict discipline was a cultural norm in Victorian society. It is a concept often times viewed as disempowering rather than empowering behavior. Strict discipline is seen as restrictive as this behavior does not foster personal growth through exploration and weighing of options. Nightingale nonetheless, promoted strict discipline, not so much to be compliant with societal expectations, but to elevate the public perception of nurses. She believed wholly in the need to first prove that professional nurses were distinctly separate and unique from the historical portrayal of nurses as women of “questionable” character. Nightingale understood the need to invalidate public myths and perceptions if nursing were to become a respectable career for women.

The Victorian era embraced a definition of moral behavior that confined women to the roles of wife, mother, and for a few, as author. Nightingale’s vision of a professional nurse broke through the societal definition of a proper woman’s role in society. Her graduates were women of impeccable character who went on to mentor other women as

professional nurses. Ken Blanchard describes a servant leader as not only a leader that can define the mission and vision, but can then empower and support the front-line to meet client needs. In order to empower nurses to serve as healthcare providers, Nightingale had to first change the public image of nurses. Her methods for changing the public perception of nurses through strict discipline may be viewed as coercive, however, without a dramatic change that could be sustained by her followers, nursing would not have evolved into the profession it became in the early 1900's.

Nightingale supported her nursing students with physical rewards such as special foods and retreats at her parent's home in Lea Hurst. Emotionally, however, her writings do not reflect any in-depth attempts to understand her students' psyche. She developed lifetime friendships with many students, but did not appear to concern herself with seeking to understand and support the developmental needs of her student's inner self. One can only question if Florence Nightingale would have accomplished as much if her primary concerns were focused on the personal needs of her nurses, an approach popular with supportive style leaders of today, rather than her approach to nursing as a whole.

Nightingale demonstrated an important attribute of a good leader by creating both short term and long term strategies to address issues. Her ability to obtain defined goals provided her with professional fulfillment. Nightingale described herself as in her "heyday" as the superintendent of the Institute for the Care of Sick Gentlewomen and she was also in her element in the Barracks Hospital in Scutari once physicians recognized she held the key to improving conditions. It is difficult to determine if her enthusiasm

was due to a sense of accomplishment, or the result of feeling the power of the positions she successfully held. If her enthusiasm and her stamina were derived from acquired power, it is difficult to assume she would have left the role as superintendent of the Institute for the uncertainty of creating an assembly of nurses to work in the Crimean War effort. One could propose that her motivation was to seek the potential power that could be gained from creating a successful assembly of nurses in wartime. Yet, if the power of her positions was her primary goal, she would not have so ardently shunned public attention upon her return home and for years afterward.

Lastly, Florence Nightingale was a leader who led from her soul. According to Janet Hagberg (1993), author of *Leading From Your Soul*, leaders that are able to lead from their souls are connected to their Higher Power. They envision themselves as part of a larger community and they empower others without losing a sense of themselves. Florence Nightingale envisioned a community of professional nurses that would improve the lives of the people served across the globe and while enhancing the lives of the nurses themselves. It was her connection to God that provided Nightingale with the ability to create a community of professional nurses.

Analysis

The desire to serve and the willingness to take risks are essential qualities of servant-leadership. Yet to be a well-rounded servant-leader, it is critical to exemplify Spears characteristics of a servant-leader. Numerous articles espouse the importance of active, non-judgmental listening. Nightingale wrote about and demonstrated the need to listen

with the intent to better understand the other person or group. It is interesting to note that “Listening” is the first quality listed in his article *Tracing the Growing Impact of Servant-Leadership*, as the ability to truly listen is foundational to the other nine characteristics.

Listening is the most essential skill a servant-leader can possess. Listening openly to others and to one’s self is foundational for the leader who wishes to be able to empathize and understand the issues and needs of those around them. A leader cannot empathize, if he/she is unable to listen to another describe their experience. Without first understanding the issues and perspective of another, a leader cannot define the issues or pieces of information needed to conduct a persuasive discussion.

Few, if any, of Spear’s characteristics of a servant leader can be realized without the ability to first listen. A leader cannot conceptualize nor have the foresight to carry out a vision without listening to those around him/her describe their perspective of what is needed to make a dream a reality. A leader cannot be a steward of a vision without the ability to listen as stewardship requires openness between people. A leader cannot commit to the growth of others if he/she cannot listen to others articulate their personal and professional development needs. And lastly, a leader cannot build a trusting community unless there is a commitment to sharing of ideas that can only occur in an environment that supports listening to new ideas.

One shortcoming of many articles written about servant-leadership is the lack of a description of a leadership style that altruistically supports serving, teaching and leading.

Anne Barker identifies three styles of leaders in her book *Transformational Nursing Leadership*. A directive (or autocratic) style leader creates structure but manages via control and does not allow others to participate in decision making. A laissez-faire style of leader does not provide structure and direction, allowing others to have complete freedom in determining how they operate. This style of leadership results in passive followers. A democratic style leader exerts a low degree of control but actively provides guidance and stimulates the group by promoting group participation in decision making (1992). Of these three styles, a democratic style of leadership would best support a servant leader.

A servant-leader must provide some level of direction through defining the mission, vision, and goals. Once the direction is established, the servant leader, according to Ken Blanchard then steps back and empowers and supports others to bring life to the mission, vision, and goals. A democratic style of leadership of group participation could support this process. Therefore, a democratic style of leadership is a style of leadership that could serve a servant-leader well.

Nightingale's style of leadership appears to have been more directive or autocratic than democratic. She was prescriptive and at times controlling in her approach to her followers and peers. Nonetheless, her genuine non-ego centered drive to compassionately serve, to advance the role of women in society; and to create a community of nurses, defines her as a servant-leader.

Nightingale made a remarkable impact on the world of nursing, however, her vision was not flawless. Nightingale was limited in her thinking as to whom could be developed to serve as a nurse. Despite having a friend who was a female physician, Nightingale did not advocate for the development or use of male nurses. In her era, men had rights that women did not. Her ideals focused on the advancement of women through the development of a career. One can only assume that Nightingale believed men did not need any further career advancement through nursing, as there were far more opportunities available to men in the Victorian era. The important lesson in this for a servant-leader is to be careful not to be too limiting in defining who should be served. Unacknowledged prejudices or judgements could easily blur a leader's vision.

Leader-follower relationships encounter successes and strife. Conflict is a topic frequently written about as it occurs in every work place. Workshops, seminars, self-help books all have suggestions as to how to best deal with conflict. Although most articles on servant-leadership do not directly describe the servant-leader's role in addressing conflict, Spear's ten characteristics of a servant-leader could be appropriately applied. Conflict management requires the ability to listen and seek to understand the other person's perspective and to then seek to build toward consensus.

A true servant-leader is authentic and altruistic. This is evident in a review of Nightingale's life and works. She shunned the spotlight, she played down her fame, and focused her life and energies on the role she believed she needed to live in service to God.

In her article *Nightingale Redux*, Myra Levine captured the essence of Nightingale's life in the following summary: "Few historical figures are as victimized by their legends as" Florence Nightingale (1992, p 39). "The image of her as the ethereal wisp, floating among the sick, injured, and dying soldiers hovers over all the events of her life. But she was never a gentle ghost. And though she stepped into the 20th century, she was above all, the Eminent Victorian Strachey (1918) Florence Nightingale was not a saint, merely a gifted and dedicated woman whose times and trials help us to understand our own with fresher insights" (Levine, 1992, p. 42).

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