Florence Nightingale’s Legacy:

Implication for Compassion in Action

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Description of Session:
History is one of the most important aspects of any profession. Florence Nightingale (1820-1910), the philosophical founder of modern nursing, was a mystic, visionary, healer, scientist, practitioner, politician, environmentalist, and reformer. Her achievements are astounding when considered against the backdrop of the Victorian era. Her contributions to nursing theory, research, statistics, public health, and healthcare reform even today are foundational and inspirational. As a bold and brave risk-taker, Nightingale had vision, dedication, and commitment.

Why have so many been captivated by Florence Nightingale for more than one hundred-fifty years? Perhaps we sense in her the wisdom that is demonstrated by the great mystics throughout history. We are drawn to her because she is close to our time, and we can identify the problems she faced and the challenges she overcame. We like her, are involved in our search for meaning and purpose. By her shining example, she invites us to explore our own spiritual development.

Nightingale’s life embodied compassion in action and a profound spiritual call and purpose that our world sorely needs. Her drive for social action was ferocious—improving the health of the British soldiers and creating the profession of modern, secular nursing. She struggled mightily to break free of the social constraints that inhibited her. She is a model for us in accomplishing our own work today.

How can caregivers create healing rituals to assist with suffering, moral distress, and soul pain? How can we show more compassion for self and others? How does personal imagery combine belief systems and innate healing abilities with modern medical technology? While there have been technological breakthroughs in the treatment of disease and illness, evidence mounts that technology alone does not determine success in treatment of illness and maintenance of good health. Practitioners and other interested individuals on the cutting edge of consciousness and healing within health care are convinced that the mind and spirit profoundly affect a person’s health.
Objectives:
At the end of this session, participants will be able to:

1. Explore Florence Nightingale’s legacy for 21st-century healthcare and healing.
2. Address caregiver suffering, moral distress, and soul pain in healthcare.
3. Define healing rituals.
4. Identify the three phases of healing rituals.
5. Examine how healing rituals facilitate presence and compassion in action.

I. Florence Nightingale’s Legacy for 21st Century Healthcare and Healing

A. Voice of Florence Nightingale: “When I am no longer even a memory, just a name, I hope my voice perpetuates the great work of my life. God bless my dear old comrades of Balaclava and bring this safe to shore.” Florence Nightingale (Her voice recorded at South Street residence, London, June 30, 1890).


C. Mysticism and Mystic: Mysticism: the direct experience of God; Mystic: a person who experiences God; first-hand person knowledge of God; focused on more than just religious belief. Source: Evelyn Underhill (1911). Mysticism. New York: E. P. Dutton

- Characteristics of Mystic’s Lives: generally not sweet, gentle stories; tumultuous, complex sagas; exhibit traits of eccentricity.

- Personality Characteristics: Nightingale was a multi-dimensional, complex genius and mystic; INTJ personality type (Myers-Briggs); had an extraordinary ability for enormous projects; organizational genius; exploded onto the scene of the Victorian era.

- Five Phases of Mystic’s Spiritual Development: 1) awakening, 2) purgation, 3) illumination, 4) surrender, 5) union. Source: F. Nightingale, Suggestion for Thought (1860).

—“What do we mean by God? All we can say is, that we recognize a power superior to our own; that we recognize this power as exercised by wise and good will…”

—“To study God we must study him in the Pagan and Jewish dispensations as in the Christian...this gives unity to the whole—one continuous thread of interest to all these pearls…”

- Florence Nightingale (1872). Preface from Notes on Devotional Authors

—“For what is Mysticism? Is it not the attempt to draw near to God, not by rites or ceremonies, but by inward disposition? Is it not merely a hard word for ‘The Kingdom of Heaven is within’? Heaven is neither a place nor a time. There might be a Heaven not only here but now…”

—“Mysticism: to dwell on the unseen, to withdraw ourselves from the things of sense into communion with God—to endeavor to partake of the divine nature; that is, of Holiness. When we ask ourselves only what is right, or what is the will of God (the same question), then we may truly be said to live in his light…”

—“Where shall I find God? In myself. That is the true Mystical Doctrine. But then I myself must be in a state for Him to come and dwell in me. This is the whole aim of the Mystical Life; and all Mystical Rules in all times and countries have been laid down for putting the soul into such a state…”
**D. Nightingale’s Illness:** Crimean Fever, 1855; today recognized as brucellosis; an invalid with severe, chronic symptoms from 1857-1888.

**E. Nightingale’s Legacy:** 1) Nightingale’s life is a pentimento; her works of healing, leadership, global action are for all; guides us in creating a healthy world; she is not a past memorial; 2) impossible to understand the “art and “science” of nursing without a sense of history; 3) like trying to plant cut flowers and expecting then to grow.

**F. Nightingale’s Tenets: Healing, Leadership, Global Action:** 1) significant implications and relevance for all; 2) provides healing practitioners with new learning, structure, richness; 3) demonstrates the importance of nurses’ roles throughout the world; without nurses “health” and “care” disappear; nurses delivery the care. (Dossey, 2010; Dossey, et al., 2005).

**II. Caregiver Suffering, Moral Distress, and Soul Pain in Healthcare (Dossey, 2013)**

**A. Environment/s: Internal & External**
Environment: the context or habitat within which all living systems participate and interact including the physical body and its physical habitat, and cultural, psychological, social, and historical influences; includes both the external physical space and a person’s internal space (physical, mental, emotional, social, and spiritual experiences).

**B. Healing Environments:** healing environment includes everything that surrounds the healthcare practitioner and student, the patient/client, family, community and significant others; it includes both the external physical space and the person’s internal space (physical, mental, emotional, social, and spiritual experiences) as well as patterns not yet understood.

**C. Curing:** elimination, resolution or eradication of a diagnosis, disease or symptoms that may or may not end a patient’s suffering or distress.

**D. Healing:** a lifelong journey into wholeness; seeking harmony and balance in one’s own life, in family, community, and global relations; those physical, mental, social and spiritual processes of recovery, repair, renewal and transformation that increase wholeness and often (though not invariably) order and coherence; healing may or may not involve curing.

**E. Suffering:** story around pain; signs of suffering may be physical, mental, emotional, social, behavioral, and/or spiritual; an anguish experienced as a threat to our composure, our integrity, and the fulfillment of our intentions (Reich, 1989; Rushton, 1992; Halifax, Dossey, Rushton, 2007).

**F. Moral Distress:** when the nurse is unable to fulfill her/his ethical values and compromises one’s professional integrity and safety, authenticity, and competence.

**G. Soul Pain:** the experience of an individual who has become disconnected and alienated from the deepest and most fundamental aspects of himself or herself.

**H. Three Phases of Suffering:** mute; expressive; new identity (Reich, 1989; Rushton, 2004a; Halifax, Dossey, Rushton, 2007).

**I. ANA Code of Ethics for Nurses with Interpretive Statements:** the nurse owes the same self-regarding duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, continue personal and professional growth (ANA, 2008).

**J. Mutual Respect:** rooted in our internal beliefs about the value of another human being; it starts with each of us and is part of a healthy work environment (Rushton, 2004a).

**K. Meaningful Recognition:** inspires nurses to feel confident, validated, and rejuvenated; empowers us in our roles and all interactions with patients, families, and all healthcare team members. (Rushton, 2004b).

**L. Strategies for Addressing Caregiver Suffering & Moral Distress:** 1) acknowledge the suffering; 2) give voice to the suffering; 3) bear witness to the suffering; 4) creating a Self-Care Plan; 5) developing a supportive work environment (Halifax, Dossey, Rushton, 2007).
M. Council: a practice where you speak honestly and constructively, and you listen with openness, intention, and concentration; a bridge to greater mutual understanding. This practice reminds us to remember not-knowing, to settle down and listen to the truth that is unfolding within and before us; reveals our interrelatedness, builds trust, and is transformative.

N. Council Process: a group process for sharing stories, suffering, and moral distress; four simple rules of Council: 1) speak from the heart; 2) listen from the heart; 3) be concise; 4) be spontaneous; two important guidelines: 5) confidentiality, 6) no interruptions while speaker is speaking (Halifax, Dossey, Rushton, 2007).

O. Nurse as an Instrument of Healing: nurse who offers unconditional presence and healing to assists in removing the barriers in the healing process.

P. Wounded Healer: one who must deal with personal wounds (physical, mental, emotional, social, and/or spiritual experiences) even as she/he attends the wounds of others (physical, mental, emotional, social, an/or spiritual experiences).

III. Creating Healing Rituals (Achterberg, Dossey, & Kolkmeier, 1994; Dossey, 2013)

A. Definition: enactment of cultural beliefs and values; repetition and patterns of form, behaviors that have personal, healing worth.

B. Traditional Versus Self-Generated Rituals: traditional rituals are handed down through generations; self-generated rituals have no cultural history or tradition.

C. Qualities of Rituals: sacred space of mind; honoring the core of human experience, power of the Invisible Force; rites of separation.

D. Why Rituals Work as a Healing Force: contain steps for recovery; reduce anxiety and fear; reduce feelings of helplessness; evoke a Higher Power or Healing Source.

E. Making Rituals: Structure, a beginning, middle, and end; plan details in advance; avoid anything against your beliefs and values; no absolute rules.

F. Healing Ritual and Community: illness as disruption in life's harmony; touches many lives, never in a vacuum; restoration of harmony; reweaving the social fabric of life and community; acting and working on self or on another's behalf; brought into harmonious relationship.

G. Characteristics of Rituals: intention — acknowledge the need to change, heal, or otherwise give attention to yourself; time — find time to separate yourself from your regular activities; place — locate a place or create a space which is conducive to inner work; people — hire a healing team if needed, have family, friends to support you when needed.

H. Process and Primary Function of Rituals: Separation Phase — engage in healing activity; entering a healing state of consciousness; Transition Phase — awareness of being changed in the healing process; Return Phase — reenter, renewed, and changed into life’s activities.

I. Separation Phase: two distinct phases - trigger — trauma, illness, crisis; boundaries and routines changed; deliberate activities - normal activities changed; moving from one form or place to another; going to a sacred healing place; forming a circle; creating a sacred healing space; a symbolic act of breaking away.

J. Transition Phase: hero’s journey; facing the shadow; what is real and worthy; time alone; identify things in need of healing; transition or symbolic death and rebirth; unusual state of consciousness; rehearse activities; information gathering.

K. Return Phase: challenges and connections of reentry; healing state; formal release.

L. Warrior’s Guide to Getting Well (Table 1).

M. Healer Qualities (Table 2).

N. Reflections in Personal Life (Table 3).
References

Websites
Barbara Dossey: [www.dosseydossey.com](http://www.dosseydossey.com)
Integrative Nurse Coach Program (INC): [www.integrativenursecoach.com](http://www.integrativenursecoach.com)
Nightingale Initiative for Global Health (NIGH): [www.nightingaledeclaration.net](http://www.nightingaledeclaration.net)
TABLE 1  THE FIRST RITUAL GUIDE TO GETTING WELL

This ritual helps you decide what to do if you are diagnosed with the unknowable, the unthinkable, the awful, or the so-called incurable. By doing this, you can better determine how to survive treatment, yourself, your friends and family, and life in general.

1. Find a quiet place, a healing place, and go there. This might be a corner of your favorite room where you have placed gifts, pictures, a candle, or other symbols that signal peace and inner reflection to you. Or it might be in a park, under an old tree, or in a special place known for its spirit, such as high on a sacred mountain or on the cliffs overlooking a coastline or in the quiet magnificence of a forest.

2. Ask questions of your inner self about what your diagnosis or treatment means in your life. How will life change? What are your resources, your strengths, and your reasons for staying alive? These deeply philosophical or spiritual issues often come to mind when problems are diagnosed. Listen with as quiet a mind as possible for any answers or messages that come from within, or from your higher source of guidance.

3. Take this time, knowing that very few problems advance so quickly that you must rush into making decisions about them immediately, without first gaining some perspective.

4. Find at least one friend or advocate who can be level-headed when you think you are going crazy; who can be positive for you when you are absolutely certain you are doomed; who can listen when your head is buzzing with uncertainty.

5. Love yourself. Ask yourself moment by moment whether what surrounds you is nurturing and life-giving. If the answer is no, back off from it. Kindly tell all negative-thinking people that you will not be seeing them while you are going through this. You may need never to see them again, and this is your right and obligation to yourself.

6. Assess your belief system. What do you believe? How did you get to believe it in the first place? What is really happening inside you and outside you? How serious is it? What will it take to get you well?
TABLE 1 (continued)

7. Gather information, keeping an open mind. Everyone who offers to treat you or give you advice has their lives invested in what they tell you. Stand back and listen thoughtfully.

8. Now go and hire your healing team. Remember, you hired them — you can fire them. They are in the business of performing a service for you, and you are paying their salaries. Sometimes this relationship gets confused. Make sure they all talk to each other. You are in command. You are the captain of the healing team.

9. Don't let anyone talk you into treatment you don't believe in or don't understand. Keep asking questions. Replace anyone who acts too busy to answer your questions. Chances are, they're also too busy to do their best work for you.

10. Don't agree on any diagnostic or lab tests unless someone you trust can give you good reasons why they are being ordered. If the tests are not going to change your treatment, they are an expensive and dangerous waste of your time.

11. Sing your own song, write your own story, and take your own spiritual journey through a journal or diary. A threat to health and well-being can be a trigger to becoming and doing all those things you've been putting off for the "right" time.

12. Consider these maxims in your journey:
   - Everything cures somebody, and nothing cures everybody.
   - There are no simple answers to complex issues, like why people get sick in the first place.
   - Sometimes disease is inexplicable to mortal minds.

13. You will not be intimidated by the overbearing world of medicine or alternative health know-it-alls but can thoughtfully take the best from several worlds.

14. You can teach gentleness and compassion to the most arrogant doctor and the crankiest nurse. Tell them that you need your mind and soul nurtured, as well as the best medical treatment possible in order to get well. If they are not up to it, you'll find someone who is.

TABLE 2 Healer Qualities

- Aware that self-healing is a continual process
- Familiar with the terrain of self-development
- Recognizes weaknesses and strengths
- Open to self-discovery
- Continues to develop clarity about life's purposes to keep us from acting mechanical and feeling bored
- Aware of present and future steps in personal growth
- Models self-care in order to help self and clients with the inward process
- Aware that his or her presence is equally as important as technical skills
- Respects and loves clients regardless of who or how they are
- Offers the client methods for working on life issues
- Guides the client in discovering creative options
- Presumes that the client knows the best life choices
- Listens actively
- Empowers clients to recognize that they can cope with life processes
- Shares insights without imposing personal values and beliefs
- Accepts what clients say without judging
- Sees time with clients as being there for their client, to serve and share

TABLE 3 Reflections in Personal Life

- How do I feel within when I use the word healer to describe myself?
- Do I acknowledge my strengths and weaknesses?
- Do I recognize that self-healing is a continual process?
- What do I experience when I become centered?
- Do I listen actively?
- How do I know that I am listening actively?
- Do I acknowledge my intuition?
- How do I experience myself as a guide?
- What are my unique qualities of guiding?
- What is my purpose on the inward journey?
- What rituals can I add to my life for healing awareness?
- What are my best strategies for moving toward the inward path?
- Do I acknowledge the meaning in my life process?