Florence Nightingale's Enduring Influence on Nursing Practice Today

Avoiding Liability Bulletin – May 15, 2018

First, I want to wish all of you a Happy-albeit belated-Nurses Week 2018. My column schedule fell before and after the actual week so I was not able to express my wishes to you until now.

I hope the week was a good one for you and know that in my mind, *every week* should be Nurses Week!

One of the persons who is always mentioned during Nurses Week is Florence Nightingale, the foundational philosopher of modern nursing.[1] Her *Notes on Nursing: What It Is and What It Is Not* (1859)[2] was seen by Ms. Nightingale as "hints for thought to women who have personal charge of the health of others". Indeed, those thoughts were relevant in 1859 and they are still relevant in 2018.

If you have not read *Notes on Nursing*, I strongly suggest you do. There is a wealth of hints that might help you today in your nursing practice, in whatever role. One hint I would like to share with you is her "Chattering Hopes" and their "bane of the sick".

We have all experienced, observed health care providers, or perhaps even done so ourselves while caring for patients, who make it a point to downplay the seriousness of a patient's condition by providing comments that are "favorable" and "cheerful". In addition, comparing a specific patient's condition with another person who had the same diagnosis, and adding that the other patient did very well and survived the ailment is also common.

Unfortunately, the patient to whom the health care provider is speaking with is not soothed by this comparison, according to Ms. Nightingale. How could they be, she says, when the patients involved are so different in so many ways. She calls this type of comparison "gossip".

What happens when this type of conversation occurs with patients is that the patient feels not seen and the result is depression. Rather than be "prematurely reassured" that all will be well, the patient wants desperately to talk openly about what he or she feels, his or her "directions", his or her wishes.

So, soothing and calming comments by you as a nurse cut off the communication the patient would prefer to have with you. They also distance you from the patient with whom you are talking. The result, according to Ms. Nightingale, is that the patient, particularly those that are dying or know that is the ultimate outcome of his or her illness "finds it useless to insist upon his own knowledge".

Premature reassurance by you with patients can take other forms.[3] One form is “stroking”:

Patient: My daughter is coming to see me today.

Nurse: Oh, that’s great.

No exploration of the patient’s thoughts or feelings about the visit occur. Rather, you simply subject your own feelings into the interaction.

Another form is negating what the patient says to you:

Patient: I wish I were going home soon but I bet the kids are happy I’m here.

Nurse: Don’t say that! I’m sure they miss you!

A third example of premature reassurance can occur when you respond to the patient from your own experiences rather than from the patient’s. In the following, the nurse and her brother are estranged:

Patient: My brother and I never got along

Nurse: I know what you mean. It is no fun but you just have to get past it.

Not heeding a patient’s communications by falsely assuring them that “all will be well” can also result in the potential for liability. If a patient does not feel he or she is being listened to, a complaint to the board of nursing or to the CNO may result, depending on the specifics of the situation. A discipline to be rendered by the board (e.g., “unprofessional conduct”) or a discipline by the employer could be the outcome.

Likewise, if the family believed they were being misinformed about their family member’s condition, they might also lodge a complaint with the board of nursing or the CNO of the facility. An attempted suit by the family for intentional infliction of emotional distress or mental anguish might also take place, again depending on the specifics of the situation.

Even if these potential liabilities do not result in a lost job, no discipline by a board of nursing, or a dismissal of a suit filed by a family, they still require defending against them, which can be costly both financially and emotionally.

Faulty communications in nursing were in existence in 1859 and they are also alive and well today. So, how can you avoid being “gossipy” or avoid prematurely reassuring your patients? Some guidelines include:

1. “Actively listen” to your patients;
2. Ask the patient to define meanings of words or terms he or she shares with you;
3. Don’t be quick to provide a response or answer to a patient’s comment or question without exploring more with the patient about his/her concerns;
4. Don’t interject your own problems, issues, or experiences in your response to your patients;
5. Seek feedback from your supervisor or nurse colleagues when you are not sure if you handled a patient response “correctly”;
6. Take a nurse-patient communication course offered by a nursing education program or nursing conference; and
7. Regularly review the ANA’s Code for Nurses With Interpretive Statements (2005) and specifically the Provisions relating to the nurse’s obligations to patients.

FOOTNOTES

1. Louise Selanders (2018), Florence Nightingale at: https://www.britannia.com/biography/Florence-Nightingale .
2. Florence Nightingale. Notes on Nursing: What It Is and What It Is Not. New York, New York: Dover Publications, 1969.
3. Nancy J. Bolzoni (now Brent) and Barbara Geach, “Premature Reassurance: A Distancing

Maneuver", 23 (1), Nursing Outlook, 1975, 49-51.

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