

Reflections on nursing history: examining the lessons learned.

Having been privileged to contribute to the Memories of Nursing project (Thomas & Richardson 2016), I was mindful of how far the practice of nursing has travelled, just in my own lifetime. Entering nursing in the late 1960s, I have witnessed significant change. However, I am particularly interested in the lessons we have learned. I will reflect on two key areas where I see there has been notable change, namely the culture of care and the impact of evidence based practice (EBP) and identify the lessons learned.

The culture of care

The philosophy of care and compassion have permeated nursing practice for many hundreds of years arising mainly from the dedication of the religious sisters who not only cared for the sick in hospital but who were also responsible for the cooking, laundry and gardening (Baly 1995). My own experience was certainly founded on a vocational culture in which students and professional nurses alike were dedicated to the service of the patients. However, my early memories of ward work were that nurses should be kept busy cleaning, tidying, just busy. The work ethic was strong and sitting and talking to patients was considered as shirking our responsibilities if we were not actually 'doing' for them. We have learned now, that it is our engagement with the patient that has *become* the work. The Nightingale reforms coincided with advances in medical science and the respectability of nursing and medicine. The rise of the Army Nursing Service following the Crimean War reinforced the regimentation of nursing practice and the ritualism associated with latter day practice. Task orientation dominated my early practice and we learned our procedures by rote. We learned to 'do' rather than 'think' and we conformed rather than challenged. Uniforms reflected the dress of Victorian servants which also represented our place in the hierarchy of the multidisciplinary team and the wider health service. On reflection, today's nurse illustrates the radical cultural change that social reform has influenced. Task orientation has incrementally changed to the present day individualised patient care; procedures have become principles of practice and uniforms have become functional rather than representing servility. Most important of all, the profession recognised the importance of education in questioning the revered routines and tasks and time-honoured practices were gradually discarded (Baly 1995). Whilst greatly improved, there remain remnants of the cultural adherence to the profession's hierarchical roots. With new terminology, interprofessional working represents a more seamless approach to teamwork and greater integration of the multidisciplinary team. With all members educated to the same undergraduate degree level, nursing has begun to accept its equal place as a member of the team. However, we still struggle to challenge the public perception that nurses have become 'too clever to care'.

Evidence based practice (EBP)

EBP is a modern-day invention. Arising from the evidence based medicine movement in the 1980s it was not a feature of my own early practice. As a new recruit I struggled to understand how patients could suffer gaping holes in their body's integrity just by lying in bed. I remember asking repeatedly what type of operation they had undergone only to be told that they were simply *bed sores*. We rubbed lotions and potions into the backs of the young, the old, the active and infirm but still they succumbed to the wrath of bed sores. Doreen Norton's (1962) work on pressure sores was the first major revelation into the futility

of meaningless routines and back rounds where all patients were attended to irrespective of need. EBP and the development of education to create knowledgeable 'doers' who could think critically, helped us to focus on those who were most in need (Baly 1995). I remember asking young men in the orthopaedic day room, admitted for a meniscectomy to put their cigarettes out, return to bed so that I could attend to their pressure areas! For me, this has been the area of greatest change. To understand the research that underpins professional practice and even more, to carry out the research has been the most insightful experience of my career. Nursing research and EBP, founded on sound education not training, has allowed nurses to progress from subservient 'assistants' to accepted professionals.

Another example of how EBP has influenced the practice of nursing was the custom and practice to promote wound healing postoperatively. In my early practice, there were no showers in hospital and patients were required to take baths postoperatively. All patients were required to have their bath with the addition of either a 100 ml sachet of Savlon, or for some, the addition of salt. We did not know just how much salt had an impact on wound healing but that both Savlon and salt have *magical* healing powers. It was not until 1988, some 20 years later that Sleep & Grant (1988) demonstrated in their research on women following episiotomy, that there was no significant difference in the wound healing across all three groups of patients who used plain water, salt or Savlon in their baths. There were many examples of custom and practice, of blindly following the whim of others who 'knew better' and our dedication to the safety of our patients alongside our devotion to obedience ensured we conformed. Thankfully our education and adoption of EBP has changed the face of nursing practice for the benefit of our patients and our profession.

However, it was not all negative as our devotion to patient care was unquestionable and with today's increasing targets, we can learn from our past. The history of nursing is fascinating and as suggested, its development mirrors the social change and position of women in society. I have thoroughly enjoyed my nursing career and proud that the profession has actively embraced new ways of working, new roles, new services and in spite of many government policies which promoted excellent nurses away from the bedside, we now have consultant nurses and advanced nurse practitioners as well as nurses at all levels, really making a difference. We must celebrate our past but recognise its value in helping us shape the future.

References

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