

# Home Nursing in the 21<sup>st</sup> Century Conceptualized by Nightingale

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## Abstract

**Background:** The purpose of the study is to understand Florence Nightingale's core ideas on nursing. "Hospitals, are only an intermediate stage of civilization". She considered it necessary to reduce the demand for hospitals in the future, and focused on private homes as alternative spaces for care as they provide "optimal opportunities for all sick persons to maintain their health and achieve recovery". She set the ultimate goal of all nursing is: "to nurse all sick at home". Although the primary factor of home nursing is actually practicing nursing, it is necessary for visiting nurses not only to perform nursing techniques for care-receivers, but also to influence the mental aspects of their lives, and improve their attitudes toward daily life.

**Methods:** This study is a qualitative study and it will employ literary analysis. It will retrospectively examined the literature created by her 150 years ago, revealing that her idea of home nursing and detailed strategies to practice it are also innovative and useful under our present circumstances.

**Results:** Based on the literary analysis, practical nursing skills, visiting techniques, and an ability to educate are essential. Home nursing also gives encouragement that promotes life-fulfillment in ordinary unremarkable, and daily life activities. It is easier to create environments that enable the sick to maintain the routine of their daily lives, and retain their identities in their own homes. Nightingale coined the phrase, home nursing combining 'home' and 'nursing', and also defined its concept.

**Conclusion:** It is possible to clarify the present, and consequently provide future perspectives only by examining their relationships with the past. This study by analysis Nightingale's views on hospitals can help us deal with the demographic and economic challenges facing health systems in Japan.

## Introduction

In 1867, Nightingale wrote in a letter to her cousin Henry Bonham Carter: "My view, you know, is that the ultimate destination of all nursing is the nursing of the sick in their own homes ...I look to the abolition of all hospitals and workhouse infirmaries. But it is no use to talk about the year 2000" [1].

When I read this, the researcher's interests in the history of nursing Nightingale, and Home Nursing come together. To clarify the views of, Home Nursing of this eminent person who lived in the 19<sup>th</sup> century as well as her statements on nursing methods and practice the present study cross-sectional study examined her literary works through text analysis with some keywords extracted from her original writings. For more than 20 years from the 1990's to the present, the researcher has repeatedly examined the dialogue between the past and present by reviewing the literature created by Nightingale 150 years ago. Although, hospitals or care facilities do not show any tendency to be "shut down" yet, her expectations for "nursing the sick in their own homes" are becoming a reality day by day.

However, the grounds for her to regard "nursing the sick in their own homes" as the final goal of nursing have remained unclear. Therefore, in the present study the researcher examined her literary works aiming to clarify her thoughts on such nursing and statements on nursing methods and practice.

## Materials and Methods

Sentences regarding, Home Nursing were extracted from Nightingale's original descriptions for analysis. To clarify chronological transitions in the concept of Home Nursing her works created within the period between 1851 and 1900, when her initial and last

## Publication History:

Received: June 28, 2016

Accepted: August 08, 2016

Published: August 10, 2016

## Keywords:

Home nursing, Nightingale, District nursing, Home visits, Hospitals

manuscripts, respectively, were published, were targeted, and 27 containing a large number of descriptions of Home Nursing were cross-sectional examined.

Based on Japanese translations of Nightingale's representative literary works some keywords that were likely to be useful to clarify the concept of Home Nursing as defined by her, were initially created. Using these sentences regarding Home Nursing were extracted from her original descriptions. Based on semantic similarities, these sentences were classified into distinct groups. Subsequently the associations among the groups were examined to classify the elements of Home Nursing. Each group was categorized and summarized into brief sentences regarding, Home Nursing.

## Results and Discussion

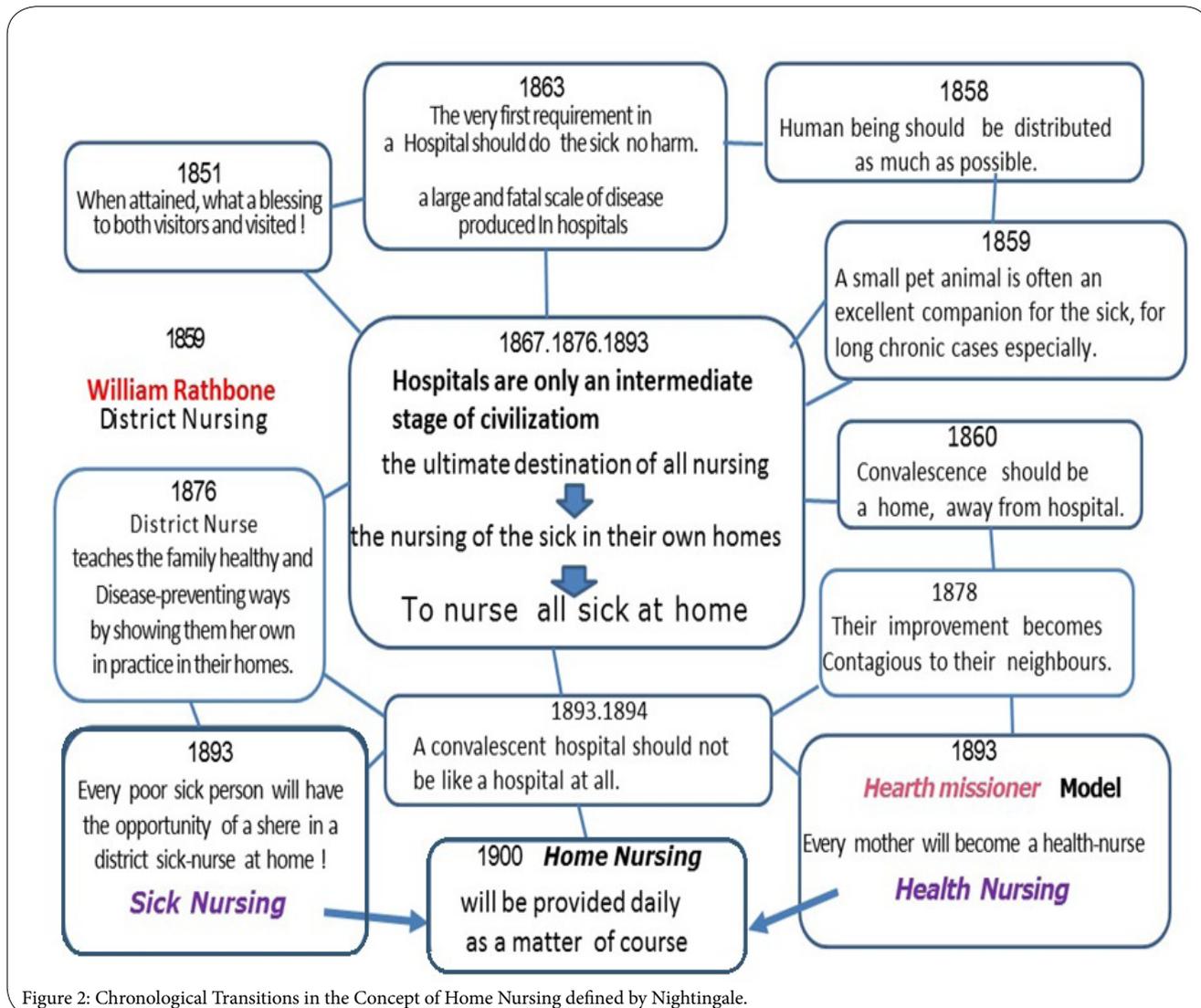
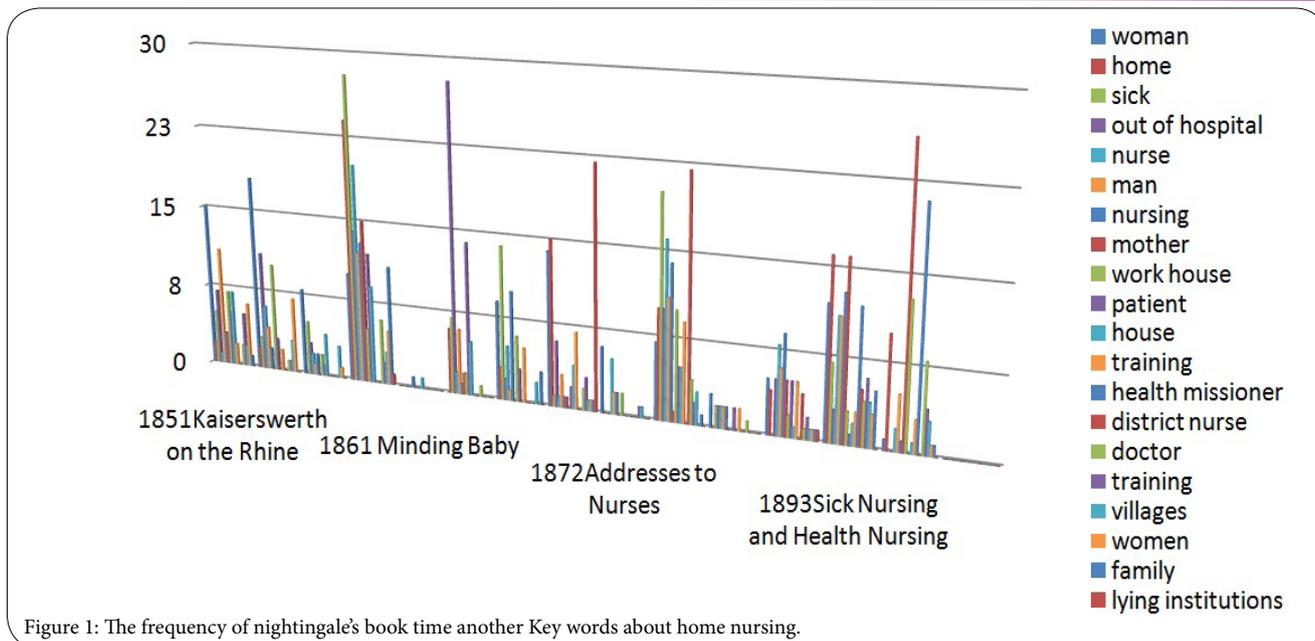
### Results

From the 27 representative literary works, 814 sentences regarding Home Nursing were extracted, and topics related to the components of such nursing were classified into 15 categories and summarized into brief sentences for each work.

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**Citation:** Ogawa N (2016) Home Nursing in the 21<sup>st</sup> Century Conceptualized by Nightingale. Int J Nurs Clin Pract 3: 195. doi: <http://dx.doi.org/10.15344/2394-4978/2016/195>

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Nightingale's statements were chronologically examined focusing on the correlations among them. Comparisons between hospitals/homes and wards/rooms were frequently observed in her literary works from an early stage indicating that she kept Home Nursing in addition to hospital nursing in her mind at all times. The point is that her attention was directed to the poor, rather than the affluent who could afford to use private nursing services, confirming her aim of bringing nursing to the poor in their own homes. When, District Nursing was popularized by William Rathbone, she examined the detailed contents of nursing for the poor in their own homes. On the other hand her statement “, hospitals are only an intermediate stage of civilization” represents her core idea: “Homes provide optimal opportunities for all sick persons to maintain their health and achieve recovery”, on which she emphasized throughout her life. In line with this, she set the final goal of nursing the ultimate destination of all nursing is: “to nurse all sick at home”.

While approaching nursing for the sick nursing, she increasingly focused on nursing for health maintenance health nursing as years went by. Based on the idea that “home health care is learned at home, and it can be learned only at home”, she regarded mothers at home as key persons for health nursing. To teach health-promoting habits to mothers in poor households Nightingale introduced and perfected a system in which females living in each district became a ‘health missionary’. She aimed to extensively promote Home Nursing as part of health maintenance with a view to preventing diseases. In her closing years, she stated: “I expect that Home Nursing will be an everyday fact” [2].

## Discussion

As predicted by Nightingale, the Long-term Care Insurance System started in Japan in 2000. A shift of care from, hospitals or facilities to homes is not limited to Japan but it is a global trend based on the idea of normalization originating in Northern Europe. However, this is because Japan is facing increasing medical costs, such a trend is resulting in forcing the elderly out of hospitals. Since 2000, the researcher has been engaged in community-based Home Nursing, and opened a day service facility with a friendly atmosphere for a small number of users requiring post-acute care based on Nightingale's idea: “ensuring environments that enable people to become freer and healthier” [3]. Furthermore as a Visiting nurse and care manager, I have been involved in activities to promote liaison and collaboration in community-based medical services for fragile and elderly individuals, who were described as “They require more careful nursing than anyone else”[4] by her, since the Long-term Care Insurance System was launched.

Based on the researchers own experience in clinical settings, as well as the results of my studies on Nightingale. I would like to discuss Home Nursing as defined by Nightingale in the following sections:

### Traditional, but new concept of visiting nursing

When focusing on the creation and development of the concept of visiting nursing, it should be noted that the history of activities to visit the poor is as long as that of the Christian religion. During all the historical evolution of Christianity visiting the sick has been regarded as an important religious duty.

Nightingale was engaged in volunteer activities to visit the poor

facing famines in the United Kingdom in the 1840's, called the Era of Hunger. In the spring of 1844, she set herself the task of healing the sick and ailing, in other words nursing as her life goal, writing in her diary as follows: “Volunteer activities to support their bonds through charity need further visiting well”, “Practicing charity is not enough”, and “If I knew how to nurse these people...” [5]. Despite the disapproval of her family, she visited the Kaiserswerth Center by the Rhine River in Düsseldorf, Germany to participate in nursing training. The Kaiserswerth Center was founded by a protestant pastor, Theodor Fliedner, in 1833 as a facility to nurture deaconesses as professionals who would visit and care for the sick. Being markedly influenced by the home-visit activities of deaconesses at the center, originating from traditional services provided by Christian churches in early biblical times, Nightingale, at the age of 30, published her initial manuscript, entitled: *Kaiserswerth on the Rhine*, in 1851. In this manuscript, she showed an active attitude toward “visiting the sick in their own homes” as a practical task for females, recognizing the necessity of improving her nursing, visiting, and education skills by “learning appropriate methods to perform, home visits and educate people” [6]. In addition to receiving nursing training, deaconesses mastered cleaning, cooking, housekeeping methods, and performed and taught these daily life activities to the poor in their own homes. Regarding “visiting well”, Nightingale noted: “, home visits markedly benefit both visitors and individuals targeted for such visits”[7], emphasizing the necessity of visitors' practical skills, and regarding home-visit activities as an opportunity for females to use their abilities to the fullest. She also referred to “the effects of such activities on the sick, which are maintained even after discharge to home”, indicating interactions between treatment/nursing in a, hospital belonging to the center and visiting nursing activities after discharge. In the summer of 1850, she stayed at the center for two weeks, and, the next year, she actually participated in visiting nursing by deaconesses for three months. Interestingly, her first experience of nursing education was visiting nursing as part of the training for deaconesses, originating from the traditional activities of the early Christian church; this may have had a symbolic significance in her life, guiding her toward, Home Nursing in her later thinking.

### Visiting nursing activities in Liverpool in the 19<sup>th</sup> century

It is not possible to date systematic visiting nursing unrelated to religion by professional nurses, rather than volunteers, back before, Nightingale. When observing high-quality care provided by Nurse Mary Robinson, who was employed as a private nurse for his sick wife, William Rathbone who is called the father of home-visit nursing, realized the necessity of well-trained professional nurses to appropriately care for the poor, and initiated visiting nursing activities for the sick in their own homes, following, Nightingale's advice [7].

Being already regarded as a legend after returning from the Crimean War to the United Kingdom, Nightingale advised Rathbone to start visiting nursing activities only with Mary Robinson within Liverpool City, and subsequently expand them to accommodate the needs of a larger number of sick and poor people on a step-by-step basis. Such activities were named, District Nursing, a word coined by Rathbone. The term ‘district’ specific to the United Kingdom refers to a ‘parish’. In those days, Liverpool City was divided into 18 districts with a parish church at the center of each. Rathbone allocated one nurse and two female residents to each district to provide, not only nursing for the sick but also with the intention to improve their daily lives and education to promote their health, as advised by Nightingale.

In her introduction for *History of Nursing in the Homes of the Poor*, published by Rathbone in 1890, Nightingale defined: “, Visiting nurses visit the poor in their own homes to provide not only nursing, but also practical guidance for their families to lead a healthy life”, explaining their approaches in detail, such as “how they can call in official sanitary help to make their poor one room more healthy, how they can improvise appliances, how their home need not be broken up” [8]. Visiting nurses’ approaches to help children and the breadwinner maintain their health prevent each household from being dismissed. They directly show healthier and preventive lifestyles as models to families. They do not practice charity, but “They know places and facilities to obtain all types of support whenever necessary” [8]. Nightingale’s viewpoint is appropriate, clear, and innovative at all times.

Modern home-visit nursing activities started with this experimental attempt and were defined in 1861 by a new concept District Nursing. Subsequently, District Nursing organizations were launched in multiple areas, including London, and, in 1887, a nursing school to train, Visiting nurses to care for the sick poor in their own homes was founded with 70,000 pounds donated by Queen Victoria in commemoration of the 50th anniversary of her accession. During this period, when home-visit nursing activities markedly and rapidly progressed, Visiting nurses began to be called ‘district nurses’ or ‘Queen’s jubilee nurses’ [9].

In short, today’s home-visit nursing activities date back 150 years. Attention should also be paid to the fact that the term ‘district’ referred to a ‘parish’ in those days. In Japan, community-based comprehensive care is currently targeting junior high school areas to provide home-visit medical services in residents’ homes at a distance of a 30-minute walk or closer within the community. It may be necessary to re-examine the year 2030 problem in consideration of, Home Nursing services provided 150 years ago in the United Kingdom as a model.

### Notes on nursing for the laboring classes

*Notes on Nursing* as, Nightingale’s most representative work created at the age of 40 became a best-seller in the United Kingdom, selling 15,000 copies within a 2-month period between the end of 1859 and 1860. She addressed these notes to woman who “have personal charge of the health of others” “at one time or another of her life”, expecting that “every woman must become a nurse, have charge of somebody’s health ” [9]. It is said that the first edition was published as a home book particularly for mothers. In addition to this, notes on Nursing have 2 other editions. The second edition comprised major revisions made by herself, with an auxiliary chapter at the end, entitled: Definition of Nurses, in which specialized explanations for nurses are provided [8]. The third edition, *notes on Nursing* for the Labouring Classes, as shown in the title of this section, targeting the laboring classes, with explanations of logics rewritten by her so as to be more understandable and simpler [10]. As a palm size short version, it was sold at 6 pence, while the first version cost 2 shillings (24 pence). It also comprised an appendix, entitled: Minding Baby [11], to provide detailed and understandable explanations of baby care for girls in charge of babysitting at home, which was a common domestic chore in those days. The three editions reveal Nightingale’s strategic view of promoting and actually providing ‘nursing for all’ throughout society through more understandable and simpler explanations of specialized topics with different contents for various types of readers. When she described “all sick”, she referred to all types of sick people from all

classes. As shown in caricatures by Richard Doyle and others in the cartoon magazine *Punch*, illustrating London in the 19<sup>th</sup> century, the rich and poor were ‘2 different groups of people’ during this period. The poor, confined in unsanitary slums or workhouses, led a wretched life, in which commodities distributed by the government for support were immediately taken to pawn shops to buy cheap alcohol. Considering such a situation, Nightingale repeatedly highlighted the necessity of supporting the poor by teaching them appropriate methods to change their lifestyles and improve their lives, rather than simply giving them money or performing nursing techniques for them as charity. She aimed to popularize, District Nursing as a new concept of home-visit nursing for the poor, similar to the private nursing that had been only available to the rich.

### District Nurses cost money

Nightingale strictly denounced a handful of educated and rich people in the United Kingdom as “savages”, as they turned a blind eye to the hygienic status of the poor [12]. She emphasized that living wise and sanitary and maintaining health should not be a privilege limited to some elites. All proposals made by her for social improvements, such as converting pubs to coffee shops, opening cooperative stores instead of pawnshops, and destroying slums to build hygienic residents as part of housing improvement, were realistic and achievable. She developed all her practices from the viewpoint of the poor, giving priority to their needs. While nursing for the frail or elderly living in workhouses was generally regarded as unnecessary, she offered the following counterargument in her *Nursing in Workhouse Infirmaries* (1867): “They need careful nursing more than anyone else does” [13]. Regarding a lack of balance between supply and demand in the field of nursing, she affirmed that it is possible to carry out projects even if they are too large-scale and difficult to be implement despite pressing demands, by clarifying currently feasible processes and those that have yet to be done, developing strategies, and systematically implementing them. In line with this, she offered the following proposal: developing a model system of nursing performed and nurse education provided by trained nurses in a workhouse infirmary as a center for the provision of such nursing. She encouraged Rathbone to start a District Nursing system with a single nurse, and expand it on a step-by-step basis, she repeatedly proposed such a nursing education system. In her *On Trained Nurses for the Sick Poor* (1876), she noted: “It costs money to nurse the sick poor in their own homes” [14]. In order to achieve her goal of “nursing all sick and poor in their own homes”, it was necessary to cover the costs of nursing practice, district nurse training, and all other affairs. To prevent nursing from being provided only to the rich, she also emphasized the necessity of the public purse covering the costs of District Nursing.

### Hospitals are only an intermediate stage of civilization

Nightingale’s theories were based on the following idea: “, hospitals are only an intermediate stage of civilization”. After writing so to her younger brother, as previously mentioned, she used the same expression in her 2 manuscripts published at different times: *On Trained Nurses for the Sick Poor* [9]; and *Sick-nursing and Health-nursing* [5]. In both, she described: “ hospitals are only an intermediate stage of civilization”, highlighting the necessity of ultimately removing the demand for, hospitals in the future.

Nightingale became globally famous after serving in the Crimean War (1854-1856) as a nurse. In military, hospitals that were full of

injured soldiers overcrowded with a lack of sanitation and in hospital infections. Disease was very common and, typhus called came to be called Crimean fever, spread, and more soldiers died from infectious diseases, rather than from injuries in the battlefield. Although army surgeons were present, the manpower to provide care was insufficient. Such a situation made her realize that nursing is as important as treatment. She indicated that the primary causes of disasters and tragedies during the Crimean War were not battlefields, but the conditions of military, hospitals, and she launched surveys on the sanitary condition of the army to examine improvement plans. After returning to London, she confined herself in her home to write medical articles. She wrote more than 150 manuscripts during her lifetime, the majority of which regard the sanitary and health conditions of the British Army in accordance with her *Report of the Crimean War. In her Sanitary Condition of the Army* (1858), she discussed ventilation, bed-making and layouts, and other topics in a detailed and practical Q&A style. In such discussions, she reported that the sanitary condition of soldiers was poorer than those of private, hospitals or poor homes in terms of the population density, ventilation, drainage, and cleanliness. Regarding dome-shaped barrack wards in Scutari, she regarded collective facilities as convenient, but increasing risks by placing all patients within a single large building [15]. "All that has to be manufactured, as the cooking, washing, &, should be, as much as possible, concentrated into one; while human beings, sick or well, should be distributed as much as possible" [15].

Nightingale was also well-versed in the structure of, hospitals, and actually designed, hospital buildings for a number of projects. In this period, when an outstanding external appearance was the most important requirement of, hospitals, she focused on nurses' flow lines, and adopted detailed measures to enable patients to feel comfortable in beds, such as determining the most appropriate heights of beds, windows, and ceilings, distance between beds, and wall materials. She designed wards for acute patients called Nightingale wards, which were similar to the current ICU. At this point, it should be noted that she rigorously examined the merits and demerits of, hospitals before beginning to focus on the home as a site of nursing. Importantly, her idea of Home Nursing did not simply aim to resolve restrictions in the 19<sup>th</sup> century, but she observed both hospitals and homes as places for the sick to stay, and subsequently developed her own idea of nursing in their own home.

In her manuscript on the former, notes on, hospitals, she reported the results of, hospital-related data collection and analysis by herself. On examining the structure of, hospitals and mortality rates in various areas, she noted: "very first requirement in a, hospital that it should do the sick no harm.", "a large and fatal scale of disease produced in, hospital", and "no patient ought ever to stay a day longer in, hospital than is absolutely essential for medical or surgical treatment" [3]. Nightingale stressed the necessity of setting limits on medical services in, hospitals, and clearly showed her idea of shifting such services from, hospitals. She also mentioned the potential for, Home Nursing, stating: "The first necessity of a convalescent, hospital is that it should not be like a, hospital at all" "and the very best kind of convalescent, hospital would be a string of cottages". According to her works, personal homes are healthier than, hospitals that accommodate a large number of individuals a shift of medical services from, hospital treatment to home care is necessary, and all sick people (including parturients, puerperants, and individuals with disabilities; the elderly should also be included under our present circumstances) are provided with opportunities to receive, Home Nursing, if only

appropriate medical and surgical support and effective nursing are available for them.

### Encouragement naturally given at home

In Notes on Nursing, discussions on the similarities and differences between homes and, hospitals indicate that she took both, Home Nursing and, hospital nursing into consideration at all times. She examined variations in nursing between them, and mentioned the effects of 'encouragement' given to the sick when receiving long-term care in own their homes in detail: "A small pet animal is often an excellent companion for the sick, for long chronic cases especially"; according to her, the sick is energized and motivated by feeding their small animals, such as little birds and dogs. Nightingale also mentioned contact with babies, letters and news, and some amount of manual employment that encourage the sick when receiving long-term care [8]. Home Nursing also gives encouragement that promotes life-fulfilment in ordinary, unremarkable, and daily life activities. Affairs that are commonly observed at home, such as contact with small pet animals or babies, encourage home care-receivers as a source of energy. It is easier to create environments that enable the sick to feel free, sustain their spirits, maintain the manner of their daily lives, and recognize their individuality in their own homes.

Diagnosed with rheumatism, heart disease, and neurasthenia after service in the Crimean War, Nightingale herself received home care for many years. In 1895, at the age of 74, she wrote a short essay, entitled: *Little Birds* [16], for a newspaper, which was published in a section for children. In the essay, she provided practical advice on feeding little birds, using simple words, possibly based on her own experience of finding a little consolation and encouragement by little birds when she received care in her last years. Such encouragement, naturally given when receiving care at home, is rarely found in, hospitals or facilities, and is understood only from the standpoint of patients, rather than nurses. In her *Notes on Nursing*, she referred to shapes, colors, changes, light, and sounds as factors that directly affect the sick, and actually contribute to their recovery. She stated that environments surrounding the sick heal their 'minds', and their healed minds heal their 'bodies', consequently leading them toward recovery [9]. Furthermore, she noted that, although the importance of making environmental arrangements to promote recovery is not appropriately understood, as such arrangements are frequently regarded as more than necessary and only accommodating selfish 'fancies' of the sick, such fancies reflect what are needed for recovery, and, therefore, they should be prioritized [4]. Based on her opinion the sick's needs, which are considered as selfish and unreasonable 'fancies' in, hospitals, indicate the most effective approaches for recovery. The term 'patient' originally refers to 'one who exercises patience'. It is said that individuals should 'be patient' to avoid being selfish. However, according to Nightingale, 'fancies' that are frequently regarded as troublesome or selfish in hospitals are important manifestations by care-receivers, and they indicate practical measures for recovery. A large number of arrangements that are difficult to make in, hospitals can be made more freely at home.

### Home is a peaceful, comfortable place

In her *Sick-nursing* and *Health-nursing*, Nightingale defined "three interests that nurses should develop" [5]. The same expression is also observed in her *Florence, Nightingale to Her Nurses* [7]. The first interest is 'motherly' interest in individual patients under their

charge. According to her, motherly images are indispensable for peaceful, comfortable homes. It is noticeable that she used the term 'motherly', rather than 'mother', possibly to confirm that true 'mothers' should not necessarily be present at home, but the presence of the 'motherly' is needed in individual homes. In fact, she also described: "In the continent, where a much larger number of males are engaged in household affairs than in the United Kingdom...", suggesting that even males can be the 'motherly'. Home is not a peaceful, comfortable place without considerations given by mothers in a casual manner or invisible guidance provided or observation conducted by them daily. To maintain each household as a true 'home', the presence of some motherly influence is indispensable.

In her, *hospital and Patients* (1880), she showed her enthusiasm about palliative care "for the sick how to advance science and practice for curing and preventing diseases, and smoothing the path of the dying and the incurable?" [16]. Similarly, in her *Health Teaching in Towns and Villages* (1894), she emphasized: "It is perfectly vain to try to convert the villagers without themselves." [17]. The ability to resolve problems by original methods is necessary. While sufficient medical equipment and manpower are available, and care is provided with some limitations based on specific standards in, hospitals, freer and more original problem-solving approaches are needed in, Home Nursing similar to the situation of current home-visit nursing systems.

### Model health missionary project

The Verneys, into whom, Nightingale's elder sister Parthenope was married, were based in Claydon, Buckinghamshire in the United Kingdom. Nightingale occasionally visited this area to assist the management of the family's properties and hygienic issues within the village. It is likely that her idea of a health missionary system was elaborated during her stays in the village; in this system trained nurses as nursing specialists provide education for mothers living in the village to obtain basic knowledge of health and techniques to protect it at home. The mothers visit their neighbors' homes to convey the methods of health management they have learned and disseminate them throughout the village. By directly learning about nursing from nurses as specialists, it is possible for mothers living in villages to obtain sufficient knowledge and skills to protect their families' health, which will be succeed to their daughters and grandchildren, in addition to their neighbors and their families, facilitating village-wide health protection in the future. Nightingale's idea of 'conveying' knowledge and skills related to health and sanitation, in short, nursing knowledge and skills, was materialized with support from Lord Verney.

As Parthenope's son-in-law Frederic Verney, who was the Chairman of the Buckinghamshire County Council at that time also offered his full cooperation after accepting her proposal a model health missionary project was launched under the supervision of Nightingale in the Aylesbury District the northwestern part of London. Thus, her extensive idea in which mothers who are actually in charge of health protection for their families provide health education, and perform home-visit activities for their neighbors, consequently disseminating health-promoting habits on a community-wide basis became reality.

In Japan, it is expected that, Visiting nurses will play a central role in community-based comprehensive care systems in the future. They should not only nurse the sick, but also make commitments to their families as home caregivers in their living environments to support their daily lives using methods different from those in hospitals, and continuously provide medical services from realistic perspectives.

While steadily establishing trust-based relationships they should improve care-receivers' daily lives so as to be healthier through their home-visit activities in a calm manner. The necessity of continuous approaches, such as spending a long period of time with individuals requiring care, and gradually making invisible relationships visible was also the basis of Nightingale's innovative ideas.

Nightingale aimed to establish health education activities as part of local autonomy in each village as a unit. In 1894, she sent a message to the Health Conference of the Buckinghamshire County Council in which she showed her expectations for the role of local autonomy in resolving public health-related problems, stating: "Health is far more important than sickness", "Health promotion is more economic than caring for the sick", and "The actual presence of preventive diseases is a social crime" [18]. The materialization of the ideas of <health nursing> and <preventive nursing> by her focusing on health, rather than sickness, markedly predates the setting of the goal of 'Health for All' by the WHO and UNICEF.

Her ideas have been succeeded to current, Home Nursing, <home-visit nursing>, and <public health nursing> in the United Kingdom and United States; while the health missionary system developed by her has served as a prototype of the current health visitor system in the former, Lillian Wald of the latter stated that she had created a new concept <public health nursing> by adding the word 'public' to <health nursing> to establish a new idea of Home Nursing [19]. As a prototype of national health care in the United Kingdom her ideas have also been disseminated in the United States and is now expanding as Home Nursing in Japan.

### Conclusion

From, Nightingale's 27 representative literary works, 814 sentences regarding Home Nursing were extracted, and topics regarded as the components of such nursing were classified into 15 categories and 62 brief sentences.

Furthermore, the following 5 findings which are also likely to be useful for the development of detailed strategies to practice Home Nursing under our present circumstances were obtained:

### Concept of, Home Nursing defined by, Nightingale

On analyzing her 27 literary works published within the period between 1851 and 1900, her thoughts on Home Nursing were classified into 15 categories:

1. The primary component of Home Nursing is nursing practice in actual settings. The nursing approaches she described in her Notes on Nursing are canons for practicing Home Nursing.
2. It is necessary for Visiting nurses not only to perform nursing techniques for care-receivers but also to influence the mental aspects of their lives. Visiting nurses should aim to educate care-receivers, enhance their awareness, and improve their attitudes toward daily life.
3. Personal homes are healthier than, hospitals that accommodate a large number of individuals. A shift of medical services from, hospital treatment to home care is necessary. All sick people (including parturients, puerperants, and individuals with disabilities; the elderly should also be included under our present circumstances) are provided with opportunities to receive Home Nursing, if only appropriate medical and surgical support and effective nursing are available for them.

4. Home Nursing also gives encouragement that promotes life-fulfilment in ordinary, unremarkable, and daily life activities. Affairs that are commonly observed at home such as contact with small pet animals or babies encourage home care-receivers as a source of energy. It is easier to create environments that enable the sick to feel free, sustain their spirits maintain the ordinariness of their daily lives, and recognize their identities in their own homes.
5. Home is not a peaceful, comfortable place without considerations given by mothers in a casual manner or invisible guidance provided or observation conducted by them daily; therefore, Home Nursing is a desirable approach.
6. In, Home Nursing, housewives are expected to have sufficient abilities as 'great mothers', simultaneously implement physical and intellectual tasks, and become the mistress of the house with authority and discipline.
7. It is important to provide health education for all people to protect their health by developing health-promoting habits, making necessary environmental arrangements, adopting preventive measures against diseases, and performing self-care. The mothers in all households are expected to become a nurse in charge of health protection and a 'home teacher' who plays a key role in such education.
8. Giving importance to the individuality of care-receivers respecting their habits regarding them as individuals engaged in their daily life activities, and treating them with affection as a friend are premises for the provision of health education.
9. Home Nursing is classified into 2 major categories: District Nursing targeting the poor as extensively as possible; and <private nursing> exclusively for the rich or specific patients.
10. District nurses should have knowledge of domestic affairs and arts, as well as the ability and a sense of responsibility to resolve problems by original methods. It is necessary for them to continuously participate in more advanced learning than that for, hospital nurses, in addition to sufficient practical training.
11. Home Nursing should be performed to enable the sick to receive higher-quality nursing. It is not appropriate for anyone to request <private nursing> only for his personal benefits, rather than the sick.
12. Arrangements necessary for the welfare of the sick are the same as those for Visiting nurses and mothers, who actually implement their duties while staying close to the sick at all times to maintain their health. Furthermore in all cases there should be a clear arrangement on the duration of sleep in nurses.
13. Practical nursing skills, visiting techniques, and education abilities are essential for <home-visit nursing>. "Visiting well" markedly benefits both visitors and individuals targeted for such visits.
14. Home-visit nursing "costs money". The actual situation does not improve unless Home Nursing-related needs are met by appropriately covering the costs of the most necessary measures.
15. Nightingale was the inventor of the new term Home Nursing, combining 'home' and 'nursing' who also defined its concept.

### Home Nursing strategies proposed by Nightingale

The following detailed strategies may be useful to practice Home Nursing:

1. Creating new terms to generalize the newly necessary semantic contents of Home Nursing.
2. Developing a model system of nursing performed and nurse education provided by trained nurses in a workhouse infirmary as a center for the provision of such nursing.
3. More favorable effects may be obtained if home environments are created, and arrangements similar to those at home are made in, hospitals and post-acute care facilities. Cabin-type buildings for small groups similar to homes are healthier, and being easier to build are more economic than facilities to accommodate a large number of persons.
4. Similarly, promoting health is also more economic than caring for the sick. It is possible to develop health-promoting habits by promoting health education in individual households. The establishment of healthy lifestyles is likely to be economically effective, as it contributes to disease prevention and consequent medical cost reduction.
5. Even if they are markedly large-scale and difficult, it is possible to carry out projects by clarifying currently feasible processes and those that have yet to be done developing strategies, and systematically implementing them.

### Future Perspectives

In Japan's society with a decreasing birth rate and rapid aging population in which 1 out of 4 people is elderly (aged 65 or over) today, the focus of medical services is steadily being shifted from hospital treatment to home care. Home Nursing was the final goal of Nightingale who stated: "hospitals are only an intermediate stage of civilization". Her ideas have served as a prototype of national health care in the United Kingdom have also been disseminated in the United States, and are now expanding as Home Nursing in Japan.

The present study retrospectively examined literary works created by Nightingale in the 19th century, and focusing on Home Nursing as the most rapidly growing and changing area at present obtained a number of findings that are also likely to contribute to the existing scholarship. It is possible to clarify the present only by examining its relationships with the past. In fact in the present study the current situation was clarified by this method and this in turn has provided future perspectives.

I expect that Japan's community-based comprehensive care systems that requires urgent measures will be implemented based on Nightingale's idea of Home Nursing. It may also be necessary for us to reconsider and follow such an idea, in order to establish relevant academic frameworks in this area.

### Competing Interests

The authors declare that they have no competing interests

### Author Contributions

The author designed the work and was responsible for the original conception and was solely responsible for the collection of data and

its interpretation. The researcher was also responsible for the drafting of the manuscript and all the subsequent revisions of the draft. The author was responsible for the final and present version of the article.

## Funding

This work was supported by JSPS Kakenhi Grant Number "26671022".

## References

1. Nightingale F (1989) World Health Aug-Sep-1988-How Right Florence Nightingale Was! *Inter National Nursing Review* 35: 164-166.
2. Nightingale F (1900) May 28, 1900-Florence Nightingale to her nurses, Lithographed copy.
3. Nightingale F (1863) *Notes on Hospitals*, enlarged and for the most part rewritten, (3rd edition), New York, Longman, USA, 333p.
4. Nightingale F (1954) *Nursing in Workhouse Infirmaries, 1867: Compiled by Lucy R. Seymer, "Selected Writings of Florence Nightingale"*, New York : Macmillan Company, USA. 345 p.
5. Nightingale F (1954) *Sick Nursing and Health Nursing, 1893: Compiled by Lucy R. Seymer, Selected Writings of "Florence Nightingale"* New York : Macmillan Company, USA, 345 p..
6. Nightingale F (1851) *Ragged Colonial Training School, Kaiserwerth on the Rhine*, London, Longman UK, 234 p.
7. Seymer R Lucy (1957) *A General History of Nursing*, London, Partridge Press, United Kingdom, 345 p.
8. Nightingale F (1890) Introduction to the 'History of nursing in the homes of the poor', William Rathbone : Sketch of the history & progress of district nursing, from its commencement in the year 1859 to the present date, including the foundation by the Queen of the 'Queen Victoria Jubilee institute' for nursing the poor in their own homes.
9. Nightingale F (1859) *Notes on Nursing for the Laboring Class*, London, Harrison Publishers, United Kingdom, 189 p.
10. Nightingale F (1954) *On Trained Nurses for the sick poor, 1876: Compiled by Lucy R. Seyer, Selected Writings of "Florence Nightingale"* New York: Macmillan Company. United Kingdom 98 p.
11. Nightingale F (1858) *Sanitary Conditions of Army-Report of the Commissioners*, Robert Herbert.
12. Nightingale F (1895) *Little Birds*, The Newcastle weekly chronicle, supplement, Saturday, February 16, 1895:
13. Nightingale F (1914) May 23, 1873 -Florence Nightingale to her nurses, 1873: Edited by Rosalind Nash "Florence Nightingale to her nurse" May 23, 1873, London: Macmillan & Co, Ltd. United Kingdom 114 p.
14. Nightingale F (1878) *Who is Savage? Social Note*, 1(10), 145-147 pp.
15. Nightingale F (1861) *Minding Baby, Notes on Nursing for the Laboring Classes Appendix*: London, Harrison, United Kingdom, 61, p.
16. Nightingale F (1880) *Hospitals and Teaching*, Signed at end ' F. N.' Proof, 1880.
17. Nightingale F (1954) *Health teaching in towns and villages, 1894: Compiled by Lucy R. Seyer Selected Writings of "Florence Nightingale"*, New York: Macmillan Company, United Kingdom 154 p.
18. Nightingale F (1894) *Health and Local Government*.
19. Dock LL (1971) Our first Public Health Nurse "Lillian D. Wald". *Nursing Outlook* 19: 659-660.