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# The Lady with the Lamp?

By Mary Satre, MSN, MBA, RN, CNA President



Research has long informed us that patients tend to recover faster and better if they are cared for by someone who looks like them. *The Sullivan Report*, published in 2004, drew attention to the rapidly changing demographics of the US patient population and the fact that the face of healthcare personnel is not changing with the same degree of rapidity, thus contributing to the feelings of isolation and exclusion from a system that is not in line with their needs (<https://drum.lib.umd.edu/items/006f9234-a039-4615-8d3e-59ec40054973>).

Amid the science requirements and electives of my first semester of college, my very first nursing class of the curriculum at St. Olaf College – “*The History of Nursing*” – began with a lesson about Florence Nightingale, the “Lady with the Lamp.” A perfect product of her times, this icon of nursing passed her early years in privilege and languished in ill health for many of her later years following her Crimean service. Though an activist and statistician reported to have bucked the Parliamentary System in London to obtain concessions that affected public health at the time, she was bound by the social mores of her time, including the phenomenon of the era of British Colonialism. At this same time, a less well-known nurse called Mary Seacole, born “free” in Jamaica, worked in a variety of settings in Jamaica and Panama during cholera and yellow fever epidemics, including at British Army Headquarters in Kingston. At the time of the Crimean War (1853-1856) she travelled to London where she approached the British War Office offering her services. She was refused. If we need an image incorporating a “lamp of learning,” doesn’t it make sense that the lamp should shine its light on the healthcare needs of those we serve rather than on the accomplishments of outdated social perceptions and customs?

Many of us have stories of nurses in our family history. My grandmother was born to Norwegian immigrant parents on a farm in

Wisconsin and escaped the life of a farmer’s wife by travelling to Chicago to attend the nursing program at the Norwegian American Hospital. Her photographs tell of a sitting room and dormitory with lab, pharmacy and classroom settings in which to learn. She and her white-clad classmates entered the profession in 1927. At about the same time, I have learned, the grandmother of a colleague and friend of Hispanic origins attended nursing school in Chicago – in the basement of a hospital. A contrast, but the legacies of these two nurses are equally evident in the work that we do today.

The CNA Executive Team and I have only begun our travels around the state to meet with local groups of nurses, but the picture of inequity in our profession already has been illustrated. Despite “blind admission tests,” there are potential students who do not begin with equal advantages. Lack of access to computers and Wifi (as well as electricity) are illustrated by stories told by indigenous students in SW Colorado who must work harder to succeed in their classwork. *Equality* cannot be contrasted more effectively with *equity* than by such narrative.

The work and accomplishments of nurses in Colorado are worthy of recognition every single day. Once a year we take the time to do this with ceremony and respect. I suggest that it would be far more respectful to move the nomenclature of this ceremony from the 19<sup>th</sup> to the 21<sup>st</sup> Century. Perhaps it is time to shine the lamp of learning on the real faces of nursing in our world. ■