

The Challenge of Diversity in Nursing Leadership: The Need to Avoid Misinformation and False Facts

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Abstract

This article probes two recent (2022-2023) instances of false narratives in nursing, both with the laudable goal of promoting diversity in nursing leadership, but which presentations are flawed by false facts. The first example is the installation of portraits of Florence Nightingale, the founder of nursing, and Mary Seacole, the Crimean War businesswoman and volunteer, at Toronto's University Health Network and Princess Margaret Cancer Centre. The second is a 2023 article by a nursing academic, Jennifer Woo, urging decolonization of "the history of nursing by magnifying the contributions of nurses of colour". It includes mention of a number of leading nurses of colour, however with an enormous number of false claims for Mary Seacole. Brief mention is also made of Rappaport's 2022 revised book on Seacole calling her "a Black Cultural Icon and Humanitarian". This article goes on to present two leading diversity nurses well worthy of celebration: The Nigerian Kofoworola Abeni Pratt, the first Black nurse in Britain's National Health Service, who led in Nigerian nurses assuming leadership roles from white, British, expatriate nurses. The other is the redoubtable Mary Elizabeth Carnegie (1916-2008), the African-American nurse who led in the racial integration of nursing in the United States. Consideration is given as well to how such major mistakes are made in the nursing literature, with a recommendation for much more critical reading of sources.

Keywords: Nightingale, Seacole, false facts, diversity nurses, Crimean War

1 INTRODUCTION

Given the challenges, worldwide, of nursing and health care with COVID-19, exacerbated in some places with a years-long shortage of nurses, it is distressing to see hospital and nursing leaders get sidetracked with a political propaganda program. Yet the University Health Network of Toronto, the leader in research funding and prestige, has done just that in 2022-2023. Its objective, recognition of diversity, is commendable, but by proclaiming false "facts", how is this achieved? In the lobbies of two prestigious Toronto hospitals, one in the former Toronto General, the other the Princess Margaret Cancer Centre, there are now two pictures: One of Florence Nightingale (1820-1910), founder of the nursing profession after the Crimean War (1854-1856), advocate of evidence-based health care, the other of Jamaican businesswoman Mary Seacole (1805-1881), a celebrity from the Crimean War, a generous volunteer and adventurous traveller who published a fine memoir, "*Wonderful Adventures of Mrs. Seacole in Many Lands*", 1857^[1].

There are only minor errors in the description of Nightingale, but the description of Seacole is wrong from beginning to end. Nine errors were set out in letters sent by the Nightingale Society (North America) to the chief nursing officer, Pam Hubley, and the CEO of the University Health Network, Dr. Kevin Smith. Dr. Smith has so far declined to respond. Chief Nursing Officer Hubley defended the erroneous words on the grounds that minority nurses liked them. She declined (repeated) offers of briefing for her and / or her minority and other nurses. Enthusiasm trumps evidence at the University Health Network, which prides itself on obtaining more research money than any other Canadian hospital.

It should be noted that the previous chief nursing officer, Dr. Joy Richards, did accede to the request to remove the false information; the pictures were put in storage. Pam Hubley had them brought out again.

Six of the nine errors on Seacole at the Toronto hospitals are:

1. That Mrs. Seacole "provided sustenance and care for British soldiers at the battlefield", though her own memoir makes very clear that she was running a for-profit business for officers. Moreover, she missed the first three, major, battles of the war, busy in London attending to her (failing) gold investments.

She was, after all, a businesswoman, and had invested in gold while running a business in Panama for men travelling overland to the California Gold Rush.

2. That Seacole combined “her African-Jamaican nursing and doctoring” with “19th century Western medical knowledge”, that she “used symptoms of cholera and observed the importance of cleanliness, ventilation, warmth, hydration, rest, nourishment, and being cared”. Yet Seacole herself admitted making “lamentable blunders” in her herbal preparations^[2] for which the addition of lead and mercury qualify. As emetic and purgative they dehydrate a person, a practice counter-productive for bowel patients, who need rehydration.

3. Seacole is also credited with using hygienic practice “long before it became “normal nursing practice”. No source was given and none is known for this statement.

4. Another common false fact is the statement that “despite Seacole’s experience, her offers to serve as an army nurse were refused”. Yet she never applied! Nightingale and her team of nurses left for the Crimean War in October 1854. Seacole was aware of this, but said that she wanted to join the second team^[3], but seems not to have known that it had also left. Moreover, she never submitted the required application form; those of the many applicants are available at the United Kingdom Public Archives. Seacole’s memoir shows that she dropped into various government offices and the Herbert home in Belgrave Square to inquire, too late. The sequence is clear in her memoir, Chapter VIII, although she did not give specific dates.

5. She was a “familiar figure at the transfer points for casualties from the front”, but she missed the first three battles, busy in London.

6. “She assisted the wounded at the military hospitals”. She described assisting at the entrance to a hospital after one of the later battles, but it is clear in her memoir that she was never permitted inside any of the army hospitals in the Crimea.

2 MARY SEACOLE AS A VOLUNTEER

Seacole was a generous volunteer. While the huts for her business were being put up, she gave out hot tea and cake to soldiers waiting on the dock for transfer to the army hospitals in Turkey, staffed by Nightingale and her nurses^[4]. Later Mrs. Seacole handed out (donated) magazines to railway workers at the Land Transport Corps Hospital, near her business. These are kind acts, and there are others, but they do not constitute nursing.

3 A SECOND EXAMPLE OF MISINFORMATION

A recent article in *Nursing Philosophy* by an academic nurse, Dr. Jennifer Woo, calls readers to “decolonize the history of nursing by magnifying the contributions of nurses of colour”^[5]. The author noted the contributions of many nurses of colour, with much (erroneous) attention to Seacole, whose one book, her memoir, is not even listed as a source. Nor did Woo include the excellent 2004 biography of Seacole by Robinson^[6]. The article repeated such standard errors that Seacole “attempted to join Florence Nightingale’s team during the Crimean War”, and that “she went to the front lines”. Woo then added the unusual claim that Seacole “never went through official schooling, which she was denied admission to because of her colour”. Yet the Nightingale School, if that is what Woo meant, did not open until 1860, or four years after the Crimean War ended. Seacole was retired by that time - she was born in 1805.

During the war, according to Woo, Seacole “provided a restaurant for British soldiers and officers as well as turned the second floor of that facility into a makeshift hospital”. Seacole never described any second floor, and huts do not have higher floors. She never described even contemplating running a hospital, but did plan to open, with her business partner, the “British Hotel”, using the same name as her Panama business. The card she circulated announcing the planned opening offered “comfortable quarters for convalescent officers”, specifying both Army and Navy officers^[7].

A list of items she sold included linen, hosiery, saddlery, caps, boots and shoes for “the outer man”, plus, for “the inner man”, meat and soups in tins, salmon, lobsters, oysters, game, wild fowl, vegetables, sardines, currant jelly, potatoes, turnips and greens, coffee, tobacco, and snuff^[8], items both too expensive for ordinary soldiers and beyond their experience.

Seacole’s memoir shows no interest in providing for ordinary soldiers apart from a “canteen for the soldiery”^[9], nor could they have afforded her prices. Officers and soldiers did not mix socially then (nor do they do now). Their food and drink were provided free by the army. The food, drink and parties catered for officers appear in several chapters. She proudly set out the menu provided: After the soup and fish, came turkeys, saddle of mutton, fowls, ham, tongue, curry, pastry, custards, blanc-mange, and olives^[10].

Erroneous coverage of Seacole has appeared for years, almost all of it in British publications. A small number of Seacole exaggerations appear in American sources, but the University Hospital Network examples are troubling as new to Canada.

In Britain, the Seacole exaggerations became government policy under the David Cameron (Conservative) government when it provided much of the funding for the massive Seacole statue installed in 2016 at St Thomas' Hospital, home of the original Nightingale School. Employed nurses, if they know better, can hardly protest. The National Health Service is the major employer of nurses in the UK, as publicly funded hospitals in Canada are the major employer of nurses in Canada.

False claims on Seacole go right to the top of British society. Queen Elizabeth II, in her Christmas message of 2020, reversed the Nightingale-Seacole connection by describing Nightingale as a "pioneer nurse" like Seacole^[11]. The then Prince of Wales, now Charles III, gave an unusually exaggerated claim for Seacole in International Nurses Week, 2021, by describing Nightingale and Seacole as together reforming the "Crimean War field hospitals" to save lives^[12]. Yet there were no British "field hospitals" in the Crimea: Soldiers had to be shipped 300 miles across the Black Sea to the large general hospitals in Turkey, staffed by Nightingale and her team. Mrs. Seacole was not anywhere near them when they were reformed, the work of the United Kingdom Sanitary Commission headed by Dr. John Sutherland.

Nurses who know better can hardly go against their employer; hence while there is a large literature with misinformation about Seacole, the exposes of errors on Seacole are few in number, not by nurses but historians and a social scientist. Here in chronological order are fourteen available, only two in nursing journals^[13-26].

The Royal College of Nursing, as well, continues to highlight Seacole, as in its 2023 History of Nursing Lecture, "Mary Seacole as Doctress, Nurse and Caregiver"^[27]. That lecture was based on Rappaport's 2022 book with the telling title *Mary Seacole: The Making of a Black Cultural Icon and Humanitarian*^[28]. Yet the College declined to take a digital copy of the biography of Kofoworola Abeni Pratt^[29].

4 DISCUSSION

The Toronto hospitals are here following, uncritically, British practice, the celebration of a supposed diversity "nurse". Yet they all ignore well-qualified diversity nurses. Two who were particularly important and have Toronto connections are the Nigerian Kofoworola Abeni Pratt (1915-1992), and the American Mary Elizabeth Carnegie.

Pratt is the top choice of the Nightingale Society as the first Black nurse to train at the Nightingale School at St Thomas' Hospital, London. Then, on the launching of the National Health Service in Great Britain in 1948, she became its first Black nurse. Pratt went on to achieve many further firsts, in leading in the transition to Nigerian nurses running nursing in Nigeria, as first Black matron and then the first Black chief nurse for her country. She even outdid Nightingale in becoming the first nurse to become Minister of Health in her state, Lagos State, 1973-1975. Nightingale advised ministers, but never became one. Pratt's international work, as a vice-president of the International Council of Nurses, put her in touch with leading Canadian nurses. She visited Toronto and, in Nigeria, took Canadian nursing leader Alice Girard on a tour to see their nursing establishments^[30].

Carnegie, the American nurse who led in the racial integration of nursing in the United States, also had Canadian connections. She spent a year, 1944, at the University of Toronto doing a certificate in public health. This put her in good stead on her return to the United States, for she had knowledge and experience that white nursing leaders in the American Nurses Association did not have, and they knew it. She became dean of nursing education at the Florida A&M College School of Nursing^[31,32].

The University Hospital Network in Toronto should do the necessary research to find Canadian nursing leaders of colour. In the meantime, they could not do better than celebrate the leadership of Pratt and Carnegie as models for diversity nurses in Toronto.

5 THE IMPORTANCE OF CRITICAL READING

So many factual errors should continue to circulate - there are many more than the two examples featured here - that how to avoid them becomes an issue. In normal research, one starts with a "review of the literature"; that is, a search through books and articles on the subject, with a critical reading of their sources. Here it is crucial to distinguish between mere assertions, which might be erroneous, and real sources, ideally primary sources of the time. Many of the sources on Seacole ignore this; a check on their sources would reveal that they point only to other accusations, not evidence for them.

Primary sources, too, must be used with discretion, as authors may be dishonest, have a poor memory, or be careless. Generally speaking, however, primary sources trump secondary. If an author prefers a secondary source over the primary, that choice must be justified. Factual errors in citing the primary source, for example, with specific quotations, would qualify: these occur, but are rare. Biographer Robinson, for example, judged that the flattering

testimonial letters quoted in Seacole's memoir were not genuine; this she decided after looking, unsuccessfully, where they should be^[33]. In the research for *Mary Seacole: The Making of the Myth*, similarly, sources could not be found^[34]. Letters, notably of the principal medical officer, Sir John Hall, are available now online and Seacole is not to be found^[35].

Peer-reviewed sources generally will be more reliable, for the simple reason that an expert or two will have reviewed the article. Blogs are easily "published", that is, made available online, and on controversial subjects should be checked against published sources. These also tend to be reliable. While technically not peer-reviewed, in practice they have been scrutinized by the thesis advisor, external examiner and committee members. Both books and journals come in two kinds: Peer-reviewed (academic book presses and journals) and non. Peer-reviewed journals normally make this status clear. Authors who are "fellows" of such prestigious bodies as the Royal Society or the Royal Historical Society are likely to be reliable; certainly they must have a substantial publication list, but always accuracy in evidence trumps honours.

The highly pro-Seacole author Helen Rappaport never did a PhD or held an academic post; she publishes in commercial presses, which must have sales numbers more in mind than academic presses. Again, this proves nothing about accuracy, but is background.

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Conflicts of Interest

The author declared no conflict of interest.

Author Contribution

The author solely contributed to the manuscript and approved the final version.

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