Virginia Henderson and her timeless writings*

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This paper provides a reflection on the written works of Miss Virginia Avenel Henderson. Miss Henderson is a nurse, a scientist, an artist and a quintessential human being—all traits which informed her written output. Nursing practice, research and education were all subjects of her extensive chronicle. The four-volume Nursing Studies Index is her contribution to nursing research. The Index was sandwiched between two revisions of Principles and Practice of Nursing (5th and 6th eds), the placement of which caused the Index to focus on practice and the Principles (6th ed) to be based on research. The sixth edition of Principles, written with Gladys Nite and 17 contributors, is considered the most important single professional document written in the twentieth century. The book synthesizes nursing practice, education, theory and research in an age when many nurses are challenged by the seeming incongruity in these essential professional functions.

VAST ARRAY OF INFLUENTIAL PUBLICATIONS
Miss Virginia Henderson, senior research associate emeritus, Yale University School of Nursing, New Haven, USA, has produced a vast array of influential publications, all of which reflect three essential traits. First, Miss Henderson is a scientist; her review, annotation and synthesis of the literature pertaining to nurses and their patients is unparalleled in any health science field. Second, Miss Henderson is an artist; her art is in writing and her writings are elegant, thorough and clear. Third, Virginia is a warm, caring human being. As a sister, aunt and a friend, she suffuses her science and art with a fundamental understanding of herself, and she shares her humanity and her love for her fellow human beings with all who read her works.

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Art, science and humanity
These three traits cannot be examined separately. They cannot be weighed or otherwise measured to develop a formula to clone Miss Henderson. Nor can these three traits be fashioned into a good modern nurse. These are lived traits. Textbooks and teachers, as hard as they try, as controlling as they sometimes are, do not make good nurses. Reading (art) does help, study (science) also helps. But living and an appreciation for human life are the sine qua non of the modern nurse. Henderson weaves science, art and humanity throughout her writings. A better understanding of the science and art of nursing, particularly as it relates to our humanity, may be gleaned by reviewing these traits in her timeless writings.

Native North Americans have a phrase in their language used to describe people, translated, Inuit means ‘human beings’. The phrase ‘human beings’ is entirely interpretable without the bias often associated with other terms used to describe people. man, woman, black, white, German, Irish, Indian, tall, blonde, old, young. Each of these descriptions of a person comes with an incredible amount of baggage reflecting the human tendency to dichotomize or polarize these descriptors. It is as if everyone...
fits on a continuum, big—small, smart—dumb, fat—thin, good—bad

Not so! There are so many ways to characterize human beings that no single one is sufficient to draw any conclusion with lasting meaning Gould (1981), in his classic work The Mismeasure of Man, argued forcefully against the dichotomy that attributes human behaviour to either inherited traits or learned activity (environment). The search for such simplistic explanations of behaviour has led man’s great inhumanity to man Black people, women and Jews are not inferior by any genetic measure. Only cultural bias, sometimes in the form of self-fulfilling prophecy and often manifest in economic terms, places human beings on this so-called continuum from good to bad.

At a recent medical/surgical nursing grand rounds presentation at University Hospitals of Cleveland, Ohio, USA, AIDS and the people who are affected by it were discussed. The audience was treated to a description of professional nursing as transcending disease and its cause, and viewing the patient as a person. One nurse described accepting without rancour a patient throwing a food tray at her. Nothing reflects this humanity as well as Miss Henderson’s (1955) admonition to ‘get inside the skin’ of each patient. Leo Simmons (1951), Miss Henderson’s coauthor said, ‘When the patient is treated seriously as a person, instead of as a case, and therapy is boldly extended to utilize the resources of the personality, then the modern nurse is at some real advantage in understanding the patient as a person. Perhaps the most important [element] of all in the health care system is the human resources latent in the nurse.

**HUMAN UNIQUENESS**

Gould (1981) in debunking biological determinism such as sociobiology, argued that ‘human behavioral ranges are very broad when anatomical ranges are generally narrow’ He notes that ‘wide behavioral ranges arise as a consequence of the evolution and structural organization of the brain’ (Gould 1981). Yet our cultures would have us all think within a narrow range of thought. In religion, for example, dogma drastically limits our conception of right and wrong behaviour. The intolerance of a broader (i.e. human) interpretation of Koran, Vedas or Bible is often the source of strife and sometimes violence. Similarly in science, the range of alternatives considered in hypothetical statements is often limited by the culture of the teachers of science (usually male, sometimes authoritarian, and always elite). Critical legal studies is a new branch of American legal scholarship which questions assumptions (that are often economic and invariably maintain the status quo) underlying the law. Similarly, feminist studies provide a fresh look at culture, particularly as it relates to male dominance and female submission.

Human uniqueness lies in the flexibility of what our brain can do: Gould (1981) uses the analogy of the installation of a simple computer to keep accounts in a factory. ‘Before long, the computer is used for many other more complex tasks unrelated to its appointed role.’ He continues, ‘Our vastly more complex organic computers were also built for specific reasons (in terms of natural selection), but possess an almost terrifying array of additional capacities’, including, he suspects, ‘most of what makes us human’. It is paradoxical that our biological potentiality, through our brain’s size, opens up the universe and eternity to us through our capacity to think, explore, play, pray and be flexible in our behaviour. At the same time, our biology severely limits our participation in life to 100 or so years, subject to the physical laws of our planet, and as a consequence of these laws, we are further constrained by ill health.

**Nursing as metaphor**

Nowhere is the essence of humanity so purposefully described as in Miss Virginia Henderson’s writings on nursing. Her works reflect the physical and social concerns common to all mankind. The nature of nursing is difficult to comprehend. Miss Henderson uses prose to clarify what Fagm & Diers (1983) have referred to as ‘nursing as metaphor’. Miss Henderson says,

Nursing is helping people, sick or well in the performance of those activities contributing to health or its recovery, or to a peaceful death, that they would perform unaided if they had the necessary strength, will, or knowledge. It is likewise the unique contribution of nursing to help people be independent of such assistance as soon as possible.

The above prose first appeared in the Textbook of Principles and Practice of Nursing (5th ed) published in 1955, and subsequently appeared in the International Council of Nurses Basic Principles of Nursing Care (Henderson 1960) and The Nature of Nursing (Henderson 1966). Most American nurses educated from 1950 to 1975 know these words, having first seen them in the fifth edition of Textbook of Principles and Practice of Nursing as hospital diploma school nursing students. Prior to 1970, most American nurses were educated in hospital diploma schools or taught in universities that had a very strong clinical experience base. All of these programmes needed a fundamentals text to prepare the probationary student nurses for their initial (and early) contact with patients. Basic skills were taught, and underlying concepts learned. Miss Henderson’s textbooks were used extensively in these fundamentals courses.
Medicare and Medicaid

The effect of Medicare (health insurance for elderly people) and Medicaid (health insurance for poor people) on hospitals in the United States was profound, beginning in 1966. Money suddenly became available to pay nurses — not more for nurses but for more nurses — and the demand for nurses greatly exceeded the ability of hospital schools to produce them. Graduates of community college nursing programmes quickly joined hospital staffs. While community college and diploma programmes overlapped for a time, hospital schools soon closed their doors. Today, nearly all nursing education in the USA takes place in schools of higher education, mostly in community colleges, but also in colleges and universities. The curricula are integrated, the schools use a unifying framework employing the nursing process and there is no probationary period.

As these developments were occurring, Miss Henderson and Gladys Nite were revising the Principles and Practice of Nursing (6th ed) (1978) and expanding its content well beyond nursing fundamentals. But because there was no longer a probationary period in American nursing programmes, the fundamentals text was replaced with a learning laboratory, audio-visual aids and picture books. As a direct consequence of these changes in nursing education, most American hospitals have developed lengthy orientation programmes during which the first real clinical course in nursing is taught. This may explain why so few American nurses know of the sixth and most important edition of Principles and Practice of Nursing.

NURSING TEXTBOOKS

In an essay entitled, 'Man, Moon, and Otto', named for the authors of his high school biology text, Steven J Gould (1983) said, 'the Scopes trial was a rousing defeat [for the teaching of evolution by natural selection]. It abetted a growing fundamentalist movement and led directly to the dilution or elimination of evolution from all popular high school texts in the United States. No arm of the industry is as cowardly and conservative as the publishers of public school texts. Markets of millions are not easily ignored.' Nursing textbook publishers, with the aid of their editors and writers, are falling into the same trap. Standardizing nursing education is one thing, but reducing texts to the trivial expositions of nursing process, nursing diagnosis and nursing interventions is quite another. Gone forever will be the rich works that use concepts and language such as Martha Rogers (1970) did in her beautiful and creative representation of four dimensionality. Gone, too, will be works like Principles and Practice of Nursing.

Miss Henderson wrote Principles and Practice of Nursing during the 5-year period from 1948 to 1953 and devoted full-time, 9am to 5pm, to this exercise in prose. Her book on The Nature of Nursing (1966), recently updated by Miss Henderson (1991) after 25 years, is now commonly used in graduate education in nursing to expound on Miss Henderson, the philosopher or theorist of nursing. While she was ambivalent about the use of these terms to describe her writings, Miss Henderson introduced The Coronary Patient (Nite & Willis 1964) by describing the coronary care research report as a test of her theory. She established herself through these early works as a major writer in the field of American nursing. She recalls being addressed by Isabel Maitland Stewart, director of nursing education at Teacher's College, Columbia University, New York, USA, on the occasion of her submitting her master's thesis. Said Ms Stewart of Miss Henderson, 'I didn't know you had a pen' (Henderson, personal communication with the author, 1982).

These early writings on nursing were greatly influenced by her experiences as an instructor of clinical nursing at Teacher's College. Her course in advanced medical-surgical nursing was organized around patient-care conferences which took place periodically as the term progressed. The conferences were interdisciplinary, often with a nutritionist, social worker and physician attending the meeting chaired by the nurse, and with the patient, family or friend as the focus. Three questions were asked at these sessions: (a) What was done in this case that was helpful? (b) What was done that was not helpful? and (c) What could have been done that wasn't? (Henderson, personal communication with the author, 1985).

Miss Henderson's prose is convincing and powerful, there is not a better representation of nursing in writing than hers. She says:

Basic nursing care means helping the patient with the following activities or providing conditions under which he can perform them unaided:

1. Breathe normally
2. Eat and drink adequately
3. Eliminate body wastes
4. Move and maintain desirable postures
5. Sleep and rest
6. Select suitable clothes — dress and undress
7. Maintain body temperature within normal range by adjusting clothing and modifying the environment
8. Keep the body clean and well groomed and protect the integument
9. Avoid the dangers in the environment and avoid injuring others
10. Communicate with others in expressing emotions, needs, fears or opinions
11. Worship according to one's faith
12. Work in such a way that there is a sense of accomplishment
13. Play or participate in various forms of recreation
14. Learn, discover or satisfy the curiosity that leads to normal development and health and use the available health facilities
Think how rare is ‘completeness’ or ‘wholeness’ of mind and body. If each man finds good health a challenging goal, think how difficult it is for the nurse to help him reach it; she must, in a sense get ‘inside the skin’ of each of her patients in order to know not only what he wants but also what he needs to maintain life and regain health. She is temporarily the consciousness of the unconscious, the love of life for the suicidal, the leg of the amputee, the eyes of the newly blind, a means of locomotion for the infant, knowledge and confidence for the young mother, a voice for those too weak or withdrawn to speak, and so on.

(Henderson 1955)

Nursing research

In her review of nursing research Miss Henderson wrote of the period 1870-1900 that ‘nursing was closely associated in the public mind with domestic service. It seemed an unconscious effort by nurses and those interested in recruitment to emphasize the philanthropic, as opposed to the scientific, aspect of nursing. Bedside nursing without a socially acceptable religious or ethical aura is still considered somewhat infra dig’ (Simmons & Henderson 1964).

Miss Henderson began to write about the content of nursing studies at the age of 60, in 1957, with the publication of Nursing Research A Survey and Assessment (Simmons & Henderson 1964), written with Leo Simmons. Of her survey she said, ‘In most occupations research on the practice of the occupation would far exceed research on administration of it or training for it. Nursing has been an exception’ (Henderson 1956).

Among the earliest readers of this survey were the students and faculty of the Yale University School of Nursing in New Haven, Connecticut, USA. The graduates and teachers of this great school led the way in helping to reorient nursing research along clinical lines. Miss Henderson’s writings on nursing research were well received at the Yale School of Nursing. Almost immediately after their publication, faculty and students began a series of studies on the effects of nursing on patients. Among the faculty investigators were Ida Orlando and Ernestine Weidenbach, and the students included Retaugh Dumas and Jean Johnson (Orlando 1961, Dumas & Leonard 1963, Weidenbach 1964, Johnson 1970). Early on, investigators at Yale pointed to the need for theory to guide research. The social scientists there, having the academic preparation for the conduct of research, influenced the direction of early nursing theory. The clinicians, however, insisted on theory that was practice-based (Wald & Leonard 1964).

Henderson’s description of nursing was explicitly examined in a study of cardiac patients authored by Nite & Willis (1964). In the introduction to their volume, Henderson described her definition as a theory of nursing in need of testing in practice, which the authors performed. Brooten and her colleagues (1966) performed another examination of Henderson’s definition of nursing in their study of early hospital discharge of very low birthweight infants, although in this study the theory was not made explicit.

Dr Janice Janken of the University of North Carolina, Charlotte, USA, and the Presbyterian Hospital there, researches problems only with staff nurses and only after a single criterion is met. Before the study proceeds, the nurse must be able to state how the hypothesized results (of the study) will change the staff nurse’s clinical practice. Dr Janken (1987) and her colleagues operationally define nursing research as that which leads to changes in nursing practice. The items she has studied or is studying include earwax, flatulence, constipation, breastfeeding and patient falls (Janken et al. 1986, 1993, Lewis-Cullinan & Janken 1990). These problems seem well articulated with Miss Henderson’s classification of the components of basic nursing, and, given the enormity of these basic human concerns, not at all infra dig.

Evaluating care

Clinical nursing literature, particularly clinical nursing research reports, provide evidence of what nursing care works and what does not and should serve as the basis for nurse staffing decisions. The number of nurses required cannot be determined without first analysing what needs to be done. A plain spoken statement like Henderson’s definition of nursing is of great help, as is reference to research literature on what works. In addition, Miss Henderson’s criteria for evaluating care (Henderson 1966) states simply, ‘a nurse judges her success with each patient according to the speed with which, or the degree to which, he performs independently the activities that make, for him, a normal day’. The worth of care given to the patient or client is demonstrated by either clinical nursing research or by the shared (written) experience of expert nurses. Staff mix must reflect the support of nurses who provide all personal care to patients until patients themselves, families or society can resume an individual’s care.

Miss Henderson and her colleagues published the first volume (actually volume four) of the Nursing Studies Index in 1963. At the time, she was in her 66th year and wrote what is one of the most optimistic statements ever made about work in progress. She wrote in the introduction, ‘We hope that those who used volume four of this index will send us criticisms of its form and content. Such comments will be considered in completing volumes three, two, and one, which will be published during 1963, 1964, and 1965’. They were actually published during 1966, 1970 and 1972, only 7 years off target. The project came to an end in Miss Henderson’s 75th year. Again, from the introduction, ‘This index is designed as a guide to the analytical and historical
aspects of the literature on nursing as published in English from 1900 through 1959. It is intended to serve the interests of all elements of the nursing occupation and persons outside the occupation seeking information on nursing and nurses' (Henderson 1963). The efforts to index the nursing literature ended after nearly 20 years with the publication of the fourth volume (volume I) of the *Nursing Studies Index*.

Miss Henderson believes that this was her most important work — her contribution to nursing. By any measure, this work was research scholarship of the highest order — and weighty. The four-volume reissue by Garland Publishing (1984) of the *Nursing Studies Index* weighs 16.4 lb (over 7 kg), and along with the Simmons & Henderson (1964) survey of nursing research, Miss Henderson's total research output weighs over 18 lb (8 kg).

**PRINCIPLES AND PRACTICE OF NURSING**

This exercise in nursing research prepared Miss Henderson for what I believe is her most important work, the sixth edition of *Principles and Practice of Nursing*, co-authored with Gladys Nite and 17 contributing writers. This book, which she started in 1972 at the age of 75, contains 2119 pages in 50 chapters, chapter 3 alone has over 1000 citations.

I was privileged to visit Miss Henderson as she was writing this book. Professor John D. Thompson, Professor of Hospital and Nursing Administration at Yale University, referred me to her. I gave her a copy of my essay on nurse staffing and returned a couple of weeks later to talk with her briefly about it (Halloran 1975). At the time, Miss Henderson gave me a 3.5 inch index card with a footnote written on it. She said she did not ordinarily cite unpublished works, but would make an exception in this case. Three years later, while a graduate student in the College of Nursing at the University of Illinois, Chicago, USA, I purchased a copy of her new edition, but in the section on nurse staffing I found no footnote. Perhaps the footnote was lost in the publication process. Two years later, while preparing for an accreditation survey by the Joint Commission on Accreditation of Hospitals, I looked up standards of nursing care. The note was in the section on standardization, regulation, and certification of hospitals (Henderson & Nite 1978).

This anecdote is mentioned not so much because of my pride in having a footnote in this volume (although I am very proud of the experience of writing the essay on nurse staffing at Yale was a singular exercise in scholarship — and the footnote to it a lasting reminder) but, rather, to illustrate how Miss Henderson classified studies. She is uniquely qualified to classify nursing literature. Her experience as a nurse, a teacher, a philosopher and researcher, and, of course, her considerable experience as a person have all contributed to her ability to read, synthesize and write on modern nursing.

Her chapter (21) in *Principles and Practice of Nursing* (6th ed.) on Oral Administration of Drugs, illustrates this point. Over half the chapter deals with drug abuse and drug poisoning. An eminent American nurse who was (is) troubled by alcoholism brought the chapter to my attention. She said Miss Henderson treated the topic of alcoholism with more knowledge, understanding and sensitivity than she had ever seen. Another nurse, recovering from alcohol addiction and hired by a consortium of Cleveland, Ohio, USA, hospitals to counsel nurses impaired by alcohol or other substance abuse, observed that the chart 'Alcohol Addiction and Recovery' (on p. 1134 of *Principles and Practice of Nursing* (6th ed.) hangs on the wall of every alcohol treatment facility. She said this was the first time she had seen the chart in a nursing publication.

**Nursing diagnoses**

Our research team on patient classification has used nursing diagnosis for the past several years so we looked for them in *Principles and Practice of Nursing* (6th ed.) Miss Henderson refers to nursing diagnoses as symptoms. In all their inelegant splendour, nursing diagnoses are located in chapter 5, the Health Examination, section 8, under the heading Diagnosis and Decision making, Health Counseling, and they are listed on p. 430. Miss Henderson said of the development of a list of nursing diagnoses to parallel the International Classification of Diseases (ICD), 'It may be that nursing will take this direction, or it may be that nursing and medicine will develop a thoroughly collaborative role in which the patient will benefit from the medical emphasis on specific pathology and the nurse's sensitivity to the psycho-social needs of the patient' (Henderson & Nite 1978). An effort is now underway to introduce nursing diagnoses into the *International Classification of Diseases* when that work is next revised for the tenth edition (Fitzpatrick et al. 1989). However, many nursing diagnoses are already in the ICD so perhaps nurses should record their patients' conditions using ICD terms.

In the first published volume of the *Nursing Studies Index* (volume 4), a classification system for nursing studies was presented just after the introduction. The decision was made in June 1962 to change the design of the index from a classification to an ordering of entries under subject headings. Mrs. Helen W. Munson, who was a librarian, a nurse, and an associate editor of the *American Journal of Nursing*, had the complex task of establishing a subject authority file and transposing the entries. Mrs Munson used the entries of the National Library of Medicine (1960) *Medical Subject Headings*, first edition. When asked why the decision was made to use medical subject headings, Miss Henderson indicated the importance and desirability...
of having the nursing literature commingled with medical literature so that both nurses and physicians could benefit from access to the same information.

Unfortunately, one rarely sees nursing literature cited in papers of medical journals, or vice versa. The task of finding information is made even more difficult by computer searches of the literature where a keystroke enables the investigator to specify medical or nursing literature. Indeed, in reading medical or nursing journals, one would be hard pressed to know that physicians and nurses work with one another every day. Perhaps this written denial of each other’s existence does not affect their interest in a common patient, but I cannot help but think it does.

Nursing assessments, diagnoses and interventions deserve more discussion here. In the modern nursing literature, particularly textbooks, one rarely finds books that are not organized around what has come to be known as the nursing process. Book publishers insist that nursing texts are updated and reformatted using nursing process terminology. This has caused the nursing process to take on the qualities of dogma. Miss Henderson (1982) has eloquently argued that the word ‘process’ unreasonably constrains the word ‘nursing’.

While nursing texts have long been handicapped by nursing process, newer versions call for nursing diagnoses, intervention and outcome terminology. Nurses around the world, from very influential schools of nursing, are being asked to limit the breadth and beauty incorporated into their writings about the very complex nursing profession and reduce it to nursing assessment, diagnosis, intervention and outcome jargon. The profession is poorly served by the insistence of editors/publishers on use of jargon rather than English prose.

**INFORMATION TECHNOLOGY**

Issues related to classification are particularly important because computers are frequently used to store and retrieve information. A word was coined recently by Dr Shoshana Zuboff (1984) who looked at how some of the best companies in America used information systems. The term she invented was ‘informate’, which was described as ‘the process of continuous learning to achieve improvement in the production and distribution of goods and services’. Those companies that used information at the lowest organizational level, where manufacturing or service and sales actually take place, were considerably more efficient and effective than those that concentrated the information in managerial reports designed only for the top officers.

Some years ago University Hospitals of Cleveland, USA, undertook an effort to ‘informate’ clinicians by encouraging the use of computerized patient classification data to change patient care practices. We examined nurses’ patient classification data in 21 patients of 330 who had undergone elective surgery for hip and/or knee joint replacements (Halloran 1988). These 21 individuals were discharged from hospital to nursing home with the preponderance of the following conditions: inability to speak, bow and bladder incontinence and altered thought processes. After this information was shared with the nursing staff to ‘informate’ them, they amended nursing care plans and practices in an attempt to reorient patients, control incontinence, and prevent long-term care institutionalization where possible.

These topics are well covered in chapters 8, 37 and 40 of *Principles and Practice of Nursing* (6th ed.) In some of these 21 cases (those aged 69, plus or minus 5 years) we believed physicians were inappropriately selecting patients for surgery and shared our information with them. Physicians agreed that only those patients who have the potential to improve mobility and/or decrease pain should be selected for this extensive operative procedure.

Only through the systematic collection, storage, retrieval and analysis of nurses’ clinical information, by physicians and nurses together, particularly those who directly care for the patients, will care practices change. By sharing information among physicians and nurses and acting on it, we expected that rates of long-term care institutionalization, which hovered around 6% for knee and hip replacement surgery patients, would be reduced to 3% as a result of improved nursing practice and more careful selection of surgical candidates. The effects on patient satisfaction, quality of life and long-term care use by reducing these adverse complications by half are immense.

The use of computer-based patient classification nursing data has provided hospital staff with the power to retrieve information to examine patient care practices while patients are still in the hospital. Most audits of hospital care are performed after patients leave the hospital. Critical analysis of concurrent information, derived from the clinical opinions of nurses and physicians working directly with patients, will lead to profound changes in patient management. Clinical information can contribute to more optimum use of health professionals and health facilities than is now the case in America (Rosenthal et al 1992).

**Integration of information**

Clinical information systems require a philosophical base that facilitates rather than constrains, a base that is expansive rather than restrictive (Rector et al 1991). For the same reasons that nursing process limits a nurse’s horizon (and therefore what a patient can expect from a nurse), a classification scheme that separates nurses from all other health and illness management will isolate nurses from patient needs that they can reasonably manage. Use of computers offers a real opportunity to integrate all patient infor-
mation, and, with good leadership, medical and nursing care will better meld to produce patient independence. Those who would like to see greater collaboration between physicians and nurses may yet see that goal achieved if nurses and physicians contribute their input to a common database that helps all health professionals act in the best interests of patients. Computer-based patient information systems, to the degree that they are designed to ‘informate’, will help achieve optimum patient results. If, however, the classification schemes only aid in keeping the practitioners at arm’s length from each other, then the patients will be even worse off with these systems than they are without them.

Since Principles and Practice of Nursing (6th ed.) is now out of print, I have been searching for a publisher to re-issue the book in its entirety. The book is an invaluable reference text that can be used to place any contemporary piece of nursing literature in context. In the instance of AIDS, for example, the book addresses the concerns of AIDS-affected persons yet was written before the disease was described. A proposal has been written to develop a seventh edition, perhaps in electronic form and certainly by a host of contributors. There is a need for immediate access to a reference work on nursing like Principles and Practice of Nursing. This is the book that David Evans (1980) referred to as treating every nurse as a researcher. It is also a work that Professor Donna Diers (former dean of the Yale University School of Nursing) had knowingly and lovingly painted into her dean’s portrait, which hangs in the Yale School of Nursing gallery. Excerpts from Principles and Practice of Nursing and selections from her periodical writing are being introduced to a new generation of nurses (Halloran 1995).

Nursing is an art and a science, and nowhere is nursing so well represented in prose and so well defined through research and expert opinion as in Principles and Practice of Nursing. This is Miss Henderson’s greatest work, for it synthesizes the literature that she compiled and annotated Principles and Practice of Nursing was written for a world community. Only language limits the application of the content to all societies. The book was has been used on all continents of the world and was written for all nurses. Principles and Practice of Nursing will stand above her other writings and other texts for it was not written for nurses alone, it was written for anyone who is faced with the prospect of caring for another human being. As such it operationalizes Henderson’s definition of nursing, particularly the second sentence. It helps people to become free of nurses’ help as rapidly as possible.

ARTIST, SCIENTIST AND HUMAN BEING

Miss Henderson is truly an artist and a scientist, most of all she is human and she shares that humanity with us. In our hurry through life, time seems like an arrow there is a steady progression of new and exciting ideas which often fade in importance as time passes. Time must also be perceived as a cycle of unending, recurring, natural events, says Gould (1987).

Virginia Henderson’s written works will be viewed as the 20th century equivalent of those of the founder of modern nursing, Florence Nightingale. Of Nightingale’s (1863) Notes on Hospitals, Goldwater (1947), an eminent American physician and hospital administrator, wrote ‘Every student of hospitals should be forced to read Notes on Hospitals every year’. Nurses would benefit from referring to Basic Principles of Nursing Care every month. Both writers are ahistorical. That is, they are important for all time.

In our quest for the latest it is easy for us to forget the cycle of great works about the nursing profession. The sixth edition of Principles and Practice of Nursing is one. I would recommend for anyone seeking an understanding of the depth and breadth of nursing. Nor should we forget Miss Virginia Henderson, the artist, scientist and, above all, the human being who conveyed this work to us all.

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