

FLORENCE NIGHTINGALE'S ENVIRONMENTAL AND HUMAN THEORY IN AN AGE OF NEO-BARBARISM: A NARRATIVE REVIEW

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Abstract

The Principles of Florence Nightingale are the backbone of most Nursing systems globally. Nightingale's 1860 book, Notes on Nursing encompasses required environmental factors and principles to assist patient recovery to full health and they thus represent the birth of modern nursing.

Particularly, the principles were born of her work in the Crimean War which saw the introduction of technology to warfare resulting in larger and quicker casualty lists as well as new types of injuries.

This paper revisits those principles in a time of neo-barbarism where not only innocent civilians are deliberately killed en masse but 'modern' warfare also deliberately targets medical and health workers, along with aid workers attempting to deliver medical assistance, food and shelter to the injured and displaced.

Key words: nurses, medical personnel, aid workers, war zones, Florence Nightingale
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Background

Florence Nightingale was an English social reformer, statistician and the founder of modern nursing. Nightingale came to prominence while serving as a statistician, manager and trainer of nurses during the Crimean War. The Crimean War was one of the first conflicts in which military forces used modern technologies of that time, such as explosive naval shells, railways, and telegraphs. This form of warfare resulted in different types of injury and injuries en masse. Nightingale significantly reduced death rates by improving basic hygiene and sanitary conditions for housing the injured. She reintroduced into hospitals the basic needs of all life on earth, including clean air and water, adequate and quality nutrition and a safe and healthy, caring environment.

Florence Nightingale's Environmental Theory is now the foundation of modern nursing. It posits that the role of a nurse is to manipulate a patient's physical and social environment so that nature can act upon them to restore health and prevent further illness.

Almost all nursing schools worldwide base their foundational curricula on Florence Nightingale's core principles. These foundational concepts, such as sanitation, infection control, ethical patient care, and holistic, individual-centered environments, are integrated into standard nursing education across North America, the UK, Europe, Australia, and many parts of Asia and Africa.

While medical science has evolved significantly since Nightingale founded the first professional nursing school at St Thomas' Hospital in London in 1860, her ethical and environmental principles remain central to the profession. Countries heavily influenced by her educational models include:

- **United Kingdom:** The original site of her methods, at the Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care at King's College London.
- **United States:** Programs, such as those that trace their roots to the Bellevue Hospital Training School, were built on her plan.
- **Australia:** Nightingale sent disciples to establish high-quality nursing training practices to Australia in the 19th century, and modern Australian curricula reflect her holistic approach.
- **Japan & Spain:** Nightingale-type training schools spread globally to these regions to professionalize civilian nursing.

Nightingale's 5 Key Environmental Factors

Florence Nightingale identified five critical environmental elements that nurses must control to promote healing:

1. **Pure (Clean) Air:** Ensuring optimal ventilation to keep the room free of foul odours and provide the patient with fresh air.
2. **Pure (Clean) Water:** Access to clean drinking water and a sanitary environment.
3. **Efficient Drainage:** Proper sewage systems to prevent the build-up of filth and disease-causing pathogens.
4. **Cleanliness:** Thorough sanitation of bedding, rooms, hospital wards, and personal hygiene to prevent infection.
5. **Light:** Access to direct sunlight, which Nightingale considered a primary source of healing energy for the human body.

Secondary Principles

In addition to the five physical elements, her theory emphasizes:

- **Noise Levels:** Reducing sudden or unnecessary noises, which Nightingale believed startle or fatigued the patient.
- **Nutrition:** Carefully assessing a patient's dietary needs, intake times, and the nutritional value of their food.
- **Variety:** Providing stimulation (such as flowers, reading materials, or visitors) to relieve the monotony and emotional toll of a prolonged recovery.
- **Hope and Advice:** Offering positive encouragement and actively observing the patient's condition to gauge their response to care.

Critical Roles & Responsibilities

- **Triage & Trauma Care:** Assessing and prioritizing patients with severe injuries, often relying on acute physical assessment skills when advanced diagnostic imaging is unavailable.
- **Displaced Populations:** Setting up field clinics and treating victims of intense fighting or natural disasters close to the frontlines in makeshift structures like shipping containers and tents.
- **Infectious Disease Control:** Managing sanitation, vaccination campaigns, and infection control to prevent outbreaks in crowded refugee camps or damaged urban areas
- **Psychological Support:** Delivering trauma-informed care to both patients and local communities suffering from immense psychological distress and grief.

Modern day conflict challenges

- Working in environments where healthcare facilities are increasingly targeted, violating international humanitarian law.
- Working in and adapting to clinical practice with limited or no shelter, equipment, medications, and basic diagnostic tools.
- Navigating the extreme psychological toll of caring for the wounded, while managing personal safety, and coping with ongoing concern for the patients' and their own families.

Nurses in war and disaster zones increasingly operate on the frontlines of humanitarian crises, providing life-saving medical triage and care in heavily compromised environments. These places of conflict are increasingly targeted by weapons of mass destruction and weapons that actively target humans be they population or Aid workers. Their daily work involves acute trauma, advanced clinical care, and managing scarce resources under the constant threat of violence, infrastructure collapse, and disease outbreaks. These days the principles of decent and healthy society and medical aid and food and fresh water are often deliberately withheld to increase the death toll among populations under siege. A major trauma for health workers is to see casualties among their own members who have often been deliberately targeted. This increases their workload within an environment of high stress. The psychological burden on such health workers is extreme and those who have family at home must weigh up their priorities each day at the same time as their presence in the disaster zone being more imperative. It is unimaginable trauma to see defenceless, innocent children targeted and murdered.

The current world situation represents a dramatic return to the worst of barbarous autocracy like the infamous monsters of old, such as Vlad the Impaler, Ivan the Terrible and of course such barbarities can be conducted by tyrants against their own national populations. Once sacrosanct, medical aid workers and aid organisations, such as the Office of the United Nations High Commissioner for Human Rights (OHCHR), Medecins Sans Frontieres (MSF), United Nations, Red Cross, WHO etc are also targeted when their intent is to maintain a civilised outlook in an increasingly barbarous and tyrannical world, and on a planet that is suffering from the same misuse and abuse, endangering all life on earth.

Statistics from war zones and climate catastrophes

A new report published by MSF called *Medical Care in the Cross Hairs* has revealed that attacks on medical personnel in armed conflicts have reached unprecedented levels.

That finding is based on the Safeguarding Health in Conflict Coalition's (SHCC) latest data from 2024, which documented 3,623 incidents targeting healthcare facilities, staff and patients, 15 per cent more than in 2023, and 62 per cent more than in 2022. In 2024, approximately 81 per cent of incidents of violence against healthcare were attributed to state groups.

This is in conjunction with findings from the World Health Organization's Surveillance System for Attacks on Health Care. In 2025, it reported a total of 1,348 attacks on medical facilities, resulting in the deaths of 1,981 people. That marked a significant increase in fatalities among medical personnel and patients in conflict zones, which doubled from 944 in 2024. Sudan was the most affected country, with 1,620 people killed, followed by Myanmar with 148, Palestine with 125, Syria with 41, and Ukraine with 19 people killed.

On 20 November 2023, five MSF vehicles parked in front of a clinic in Gaza city were destroyed by the intervention of the Israeli forces. The clinic was also damaged as a result, and part of the building was engulfed by fire for a few hours.

The release of *Medical Care in the Cross Hairs* comes as 2026 marks 10 years since the United Nations Security Council (UNSC) adopted resolution 2286 in the aftermath of the attack against the MSF hospital in Kunduz. On 3 October 2015, at least 42 people, including 14 MSF staff, were killed, and dozens more were injured when a United States AC-130 gunship bombed the Kunduz Trauma Centre in Afghanistan. It remains one of the deadliest attacks ever on MSF staff, patients and facilities.

Seven months later, following advocacy from the humanitarian sector, the UN Security Council adopted Resolution 2286 on the protection of medical facilities and personnel, which called for an end to impunity for those responsible and to respect international humanitarian law.

This resolution was a glimmer of hope, as it was the first time these concerns were addressed in a binding decision,"

While a total figure is difficult to determine, major relief organizations provide a snapshot of the scale:

- Médecins Sans Frontières (Doctors Without Borders): Employs over 10,000 nurses across its operations globally, many of whom are stationed in active conflict zones and crisis areas.
- International Committee of the Red Cross (ICRC): Deploys hundreds of medical personnel and emergency nurses every year, working alongside thousands of local volunteers to treat war trauma.

Local Nurses Bear the Brunt

In most conflict zones, local national nurses and midwives provide the vast majority of care, often working extended shifts with limited resources and facing extreme personal danger. Working in these zones carries profound risks. According to reports from the World Health Organization and the Safeguarding Health in Conflict Coalition, attacks on healthcare facilities and personnel have surged dramatically, with hundreds of health workers killed annually in warzones.

Remember Covid?

While Covid may have also been 'man made' or a result of our poor ecological practices and our cruelty toward and disregard for other creatures, in National Health systems it still fell to doctors and nurses to treat and provide care for the sick and dying while jeopardising their own health and the health of their families.

A recent multi-country hantavirus outbreak was linked to passengers and crew aboard the Dutch-flagged cruise ship MV Hondius, which departed from Argentina. This specific cluster involved the Andes virus strain, and the new Ebola-zaire strain for which there are currently no approved Bundibugyo virus-specific therapeutics or vaccine. Local health workers are the front line on these cases and attempt to stop these viruses becoming yet another pandemic. The outbreak of Avian flu has just spread to the last unaffected continent, Australia, with birds infected on Antarctic islands where seal populations have been decimated by the virus. These outbreaks are born of the same mentality that the world's warmongers show.

With the advent of a technological patient focus the imperative is to not forget the non-technical aspects of human health which should be the primary focus of patient care and where new disease and outbreaks initially present in patient care admissions / nursing.

World view

If we do an educational audit on the Nightingale Principles, they are still the backbone of modern nursing. However these principles were forged in the theatre of warfare and the treatment of the injured which took a more benign focus not only on soldiers but also populations under siege.

A review of current warfare has seen a surge of neo-barbarism where death, not glory is the aim and particularly genocide and scorched earth policies. Populations are to be removed from their land and the land and civilisation putrefied and destroyed so that no-one, not even the barbarians can use it. The aim is simple, death of the innocent population and the destruction of their land.

Further those who dare to help these populations - not for defence of their own political classes but rather defence of civilisation and humanity itself are now first line targets. This includes health professionals and aid workers and our most sacred global institutions, that represent humanity as a whole, are the new targets. These include, but are not limited to the UN, WHO, MSF, Red Cross and national medical and non-medical organisations trying to save the lives of fellow humans. No longer can 'sides' be taken on merit, or assumed merit. The aim of modern warfare is to murder and destroy and one can only assume the motive is hatred and evil as that is what is playing out right across our ailing planet. The only logic that can be applied to such inanity is that some people want everything for themselves and want to be the last that die, as indeed that is the final outcome of their insanity. Certainly the effort being put into destroying innocent populations could be wisely employed saving ourselves from the destruction of the planet and the life here still holding hope of some intelligence being shown.

The imperative to protect healthcare in conflict settings is enshrined in international humanitarian law, enacted through humanitarian principles such as the distinction between civilians and combatants, the concept of necessity, the proportionality of harm to civilians in relation to military advantage, impartiality and humanity. These principles ensure that medical personnel, facilities and transports are safeguarded, and provide care without discrimination.

Lies are the tools of reply of the neo-barbarians.

Hospitals, clinics and ambulances are frequently bombed, looted or significantly hampered from the delivery of essential medical services. Healthcare workers have been assaulted, blocked from administering care and killed. These assaults severely disrupt vital health services, leaving vulnerable populations without essential care, with catastrophic effects on public health, health workers and healthcare facilities.

Key challenges:

1. Trends in global conflict that highlight the scale and nature of attacks and its effect on population health.
2. Protective mechanisms for the delivery of healthcare in armed conflict that set out existing legal frameworks and accountability and the context of IHL.
3. Building resilience and preparedness through capacity building, exploring protective measures through adaptive design, engaging more effectively with armed forces and non-state actors, fostering greater community engagement and education and the challenges presented by the lack of standardized data collection.

4. Action on the proliferation of debauched 'leaders' that enact their brutal fantasies upon innocent populations.

Increased local violence against medical staff

And it is not just in conflict zones. Doctors and nurses are being attacked in their practices and emergency wards. Paramedics are being attacked and indeed killed when attending emergency calls. This may in some cases be due to drug addiction (yes there are many ways to destroy lives for money) and resultant or general psychosis and perhaps even as a result of the global problem where no-one is respected and where the grossly uninformed spout their incorrect and dangerous medical theories on social media.

Technology

No matter how much technology can perform major tasks in medicine and hospitalisation the basic care will always be paramount for humans. We are physical creatures relying on clean air and water and unadulterated food to survive. We have survived long before technology was invented and still only need the basics that only the planet and each other can provide. Beware the baubles of the untrustworthy. The real war is within the species. It always has been.

We have long endured wars and oppression. It is the continuing theme of life on earth, perhaps this is the major medical problem to overcome.

The level of technology involved in patient care whether paper based or computerised is almost incidental to the personal care and healthy environment required for healing - modern tools may assist practitioners in relation to information available and information recorded but being human and remaining human, people will need the care and conditions required by our physiology and psychology.

While technology can keep records and medicine charts can arrange bookings and logistics which assist in busy wards and even crisis situations, they cannot provide care.

Summary

Florence Nightingale's Principles for optimum healing of patients were developed during a time of war and have since been adopted worldwide as the basis of healing and care.

We now find ourselves in even a worse period of not only war and conflict, but brutal autocratic rulers having no respect for ordinary people, be they their own populations or others. They are happy to destroy the planet itself to serve their own economic and skewed political interests. And

they are. We are faced with multiple wars, extreme poverty in up to 90% of the population(s) while the obscenely rich try to garner the global wealth for themselves. This results in decreasing access to healthcare, climate catastrophes and general despoiling of our once rich and fertile planet and seas and the other creatures who we rely on and they us. Most of the current technology innovators have shown themselves to be extremely self-serving for both monetary gain and manipulation of people – and are quite happy to destroy lives of young people for unlimited personal wealth as their aim. They are also deliberately breeding a cruel and unempathic populace, again for monetary gain and in some cases, skewed personal interests. They are not heroes.

While modern medicine has added antibiotics and antiseptics, Nightingale's focus on basic hygiene, infection control, and holistic, patient-centered care remains the backbone of nursing today. Nurses still use these principles to mitigate risks like falls, reduce hospital-acquired infections, and promote peaceful, healing spaces for recovery. As war zones become more primitive and cruel the original rules of conduct are being hampered by deliberately antisocial actions of modern war protagonists. Let us be honest. There is the world of cowards using technology to murder en masse innocent starving, broken and unprotected civilians for personal gain.

What we have is the technologically advanced cowardly warmongers using a scorched earth policy on undefended and undefendable populations.

However with the endless evolution of viruses and with manmade health and hygiene issues increasing along with environmental and manmade disasters something else may step in and put an end to it all, and let us not forget about air quality, food additives, body mutilation, and environmental toxins. There are many types of tyrants.

We also have obscure (deranged or despicable) let alone unidentifiable, global actors deliberately trying to influence mothers against childhood immunisation. I can guess at their motivations even while they try to protect their identity.

Attacks on doctors, nurses and health workers reflect the rise of total disrespect of humanity, particularly of women and children, which can be used as a tool for enslavement.

On a positive note ..

On top of clinical care, nurses and midwives can play a significant role in helping end this catastrophic situation and bridge divides – including cultural, political and social – through their daily advocacy and action as well as their never ending human example.

The UN International Day of Peace was established in 1981 by the United Nations General Assembly to promote peace among all nations and peoples. Each year on 21 September, the reflective day of global ceasefire and non-violence aims to strengthen those ideals and reduce conflicts around the world.

Amid escalating geopolitical tensions and ongoing conflicts, including the Russian invasion of Ukraine, the Gaza war, and tensions between India and Pakistan, just to name a few, there has never been a better time for health workers like nurses and midwives to step up as torchbearers for global peace.

The International Council of Nurses (ICN) is among many peak global bodies leading the collective movement for change.

In response to global conflicts, particularly the war in Ukraine, ICN launched its #NursesForPeace campaign, condemning the violence and showing solidarity and support for the nurses of Ukraine. It quickly expanded and now raises awareness and funds to support nurses working on the frontlines in crisis zones worldwide.

Speaking at a World Health Organization (WHO) Member State meeting in 2023, ICN Chief Executive Officer Howard Catton revealed that as the #NursesForPeace campaign grew, a strong link emerged between the work of all nurses and promoting peace. Giving one example, he said when supporting the health of migrants and refugees, issues of discrimination, marginalisation, sexual violence, can be laid bare. In these moments, nurses can build relationships through their trusted advice and care, which, as a by-product, supports peace efforts.

Conclusions

Most nurses express a positive willingness to respond to epidemics, although they do not believe they are adequately prepared. Some measures should be taken for improving nurses' emergency preparedness, including providing ongoing training, protective equipment, safe working environment and psychological intervention, improving nurses' resilience and accelerating the sharing of scientific information about epidemics.

Our gratitude and respect is forwarded to all medical and aid workers who are targeted in the many inane conflicts around the world. They not only assist the innocent with medical and holistic care but witness the very worst of man's machinations every day.

Those being killed in modern warfare are not the protagonists at all – they are the innocent population, all of them. They are also not wealthy. All they ask of the planet is the right to exist, or at least subsist, in the place they live.

Together, we must speak out, stand in solidarity, and demand an end to violence to ensure that humanitarian assistance reaches all who need it, and that those who provide care are protected and respected.

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