NURSING QUEEN ARCHETYPE IN THE CONTEXT OF CHANGES IN ESTONIAN SOCIETY: A RETROSPECTIVE VIEW

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Abstract: Florence Nightingale (1820–1910), the founder of modern nursing, had influence on the whole of Europe. Nightingale has become the archetype of the queen of nurses and the latter can be used to understand different nursing cultures. The aim of the research is to analyse the manifestation and development of the nursing queen archetype retrospectively in the context of the history of Estonian nursing. The research method involves studying and interpreting historical photographs, documents, and biographies as well as secondary sources. The historical-cultural context provides a framework for analysing the development of nursing, taking into account Pierre Bourdieu's theory. Data collection and analysis was conducted between 2019 and 2021. There were four developmental periods in the history of Estonian nursing: beginning in the early eighteenth century, the Republic of Estonia (1918–1940), the Soviet period (1940–1991), and the re-independent Republic of Estonia (since 1991). In periods of rapid

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change, the leaders (Anna Erma, Anette Massov, Ilve-Teisi Remmel) emerged, who became the equivalents to Nightingale or the queens for Estonian nurses.

Keywords: Anette Massov, Anna Erma, Florence Nightingale, history of Estonian nursing, Ilve-Teisi Remmel, queen archetype

INTRODUCTION

An archetype is a permanent structure that has developed in the collective subconscious and that manifests in the consciousness as a universal motif or image. According to Carl Gustav Jung, the archetype has been formed because of the common imagination of many people and thus acquired a concrete form (Jung et al. 1968). Even more, archetypes occur practically all over the world as constituents of myths and at the same time as individual products of unconscious origin (Jung 1960 [1938]).

Through archetypes it is possible to explain an individual's personality and behaviour and the representation attributed to the individual by those around him or her. The queen (ruler) archetype is depicted as the boss, leader, aristocrat, parent, politician, responsible citizen, role model, manager, or administrator (Mark & Pearson 2001). Florence Nightingale (1820–1910), the founder of modern nursing, is called the queen of nurses (Shetty 2016). Her multifaceted role contributed significantly to the development of the nursing profession into a structured institution.

Developments in nursing in one country (Victorian England) extended to and affected other countries. Florence Nightingale's innovations had an impact throughout Europe. In many countries, followers of Nightingale emerged, charismatic leaders in nursing who could be called the next nursing queens, such as Carolina Santi Bevilacqua (Italy), Christiane Reimann (Denmark), Jules-Marie Heymans (Belgium), Angela Boškin (Slovenia), Ethel Gordon Fenwick (UK), and Hilde Steppe (Germany) (Ferrario & Lusignani & Manzoni 2020; De Munck 2020; Keršič et al. 2020; Malchau Dietz 2020; Ulmer & Seemann & Boenisch 2020; Wood & Shepherd 2020).

The nursing queen archetype can be used to understand different nursing cultures. Nightingale's principles have gained ground in Estonia too. The queens of nursing came forth at a time of rapid and profound changes in society. Anna Erma, Anette Massov, and Ilve-Teisi Remmel can be singled out as the queens of Estonian nursing.

The article deals with retrospective reflections and discussions. The formation of the archetype of the nursing queen is examined through time and change in order to understand the logic of the formation of the leaders in the history of nursing. It is recognized that the present can be understood and explored in the context of the past, and the outlines of the future are drawn in connection with the generalization of the past. According to Jupp (2006), relying on retrospective analysis allows for a flexible and multifaceted approach to the issue.

THEORETICAL FRAMEWORK AND BACKGROUND

The study's background extends to the understanding of changes in society. Socio-psychological phenomena and processes can only be understood as seen in specific historical, cultural, and macro-social conditions. According to Pierre Bourdieu, "understanding begins primarily with understanding the field what we have developed into and in opposition to" (Bourdieu 1993: 38). Bourdieu analyses not only the "fields" but also the people in these fields, the reasons why they act the way they do. Bourdieu discusses artists, writers and other people working in the field of culture, but it can also be taken more generally, i.e., to think of a person in any field working in a social space as an "agent".

Social "agents" do not exist in a vacuum, but in a complex institutional network that empowers, enables, and legitimises their activities. The agents are free in their decisions and choices only insofar as the field allows. The field offers space for possibilities for everyone involved. Due to this space of possibilities, the agents of a certain era are fixed in space and time and are relatively dependent on the direct conditions of the economic and social environment. The possibilities offered by history determine what is possible or impossible to do or think in one given field at a given moment in time (Bourdieu 2003).

Ideas spread through personalities. This study covers the analysis of several biographies (Florence Nightingale, Anna Erma, Anette Massov, and Ilve-Teisi Remmel). The trajectory of human life (Bourdieu 2003) is a chain of positions occupied one after the other, in successive stages of the social field, formed as a result of the interaction of both social conditions and subjective personal experiences and situations.

This study is framed by two approaches: a biographical and a pictorial turn. "Biographical turn" means the rapid spreading of biographical research as a recognized critical scientific research method.

At the core of this development is a shift from the abstract and structural approaches of the past as the starting point for historical interpretation to placing human experience at the centre of historical interpretation. The individual's point of view and human experience are used as a methodological tool. (Renders & Haan & Harmsma 2017: 3) The biography presents the subject's life story, highlighting various aspects of his or her life, including intimate details of the experience, and may include an analysis of the subject's personality (Miller 2000).

The use of images in historical science became more active in the 1990s when there was a so-called "pictorial turn" in cultural studies, i.e., the invasion of visual information in Western societies in general. The common understanding of the relationship between a word and an image began to be re-evaluated: the image is not merely an illustration of the word but carries signs and meanings (Tamm 2016) that help to make sense of the past in today's context. "You can see more at a glance than is shown by the measurements, calculations and their interpretations" (Frank & Lange 2015: 11). The pictures of the different periods in nursing are significant considering Estonia's cultural identity and social diversity.

Thus, in the present study, the era, events, and participants in them are constructed retrospectively, using primary and secondary sources, and the story is interpreted accordingly. The research was prompted by a request to understand and interpret nursing in a historical-cultural context.

The prerequisites for Florence Nightingale to become a queen were: a good education and the ability to speak many languages; participation as a nurse in the Crimean War (1853–1856); being the first nursing theorist; a pioneering role in conceptualizing nurse education; initiating health and sanitation reform; being a methodological researcher and writing about 200 books. Florence Nightingale's principles and ideas have been applied in Estonia for more than a hundred years. The implementation of these ideas has been mainly led by three queens of Estonian nursing – Anna Erma, Anette Massov, and Ilve-Teisi Remmel (Talvik & Tulva & Ernits 2020b).

The history of nursing in Estonia dates back to the 1700s. Nursing began in churches and monasteries. In the mid-eighteenth century, the first nurses trained in Russia came to work in the newly opened hospitals in Estonia (Sooväli 1998). Later several nursing homes and nursing schools were opened. During the period of the Republic of Estonia (1918–1940) nursing grew into a profession and enjoyed high prestige. Wide international contacts were established. Continuous training of nurses began, facilitated by the formation of the Estonian Nurses Association. In periods of change people need heroes and two nursing queens, Anna Erma and Anette Massov, ensued in Estonia. They precisely understood the nature of the era, picked up Nightingale's ideas and carried out developmental leaps in Estonian nursing.

In 1940–1941 and 1944–1991 the territory of the Republic of Estonia was occupied by Soviet Russia and later by the Soviet Union. During the occupation that lasted from 1940 to 1941, the Estonian SSR was annexed to the Soviet Union. In 1941, the Soviet occupation of Estonia was replaced by the German occupation. In 1944, Soviet troops conquered the territory of Estonia again and the second Soviet occupation began. The third nursing queen, Ilve-Teisi Remmel, began her activities during the Soviet occupation and continued after the restoration of Estonian independence.

The periods in the history of Estonian nursing and the emergence of nursing queens in these periods are characterized in the timeline in Figure 1, which provides guidance for discussing the actions of the queens.



Figure 1. Periods and queens in Estonian nursing (compiled by the authors of the article, 2021).

MATERIALS AND METHODS

The objective of the research is to analyse the manifestation and development of the nursing queen archetype retrospectively in the context of the history of Estonian nursing. Based on the objective, the following research questions were formed for the study:

- Under what changes in society and subjective circumstances did Florence Nightingale become the reformer of nursing, the world's first nursing queen?
- How and under which circumstances did the queens of Estonian nursing appear?

• How have Florence Nightingale's ideas reached the present day through the queens of Estonian nursing?

The research materials used in the article were historical documents, photographs, and biographies. Data collection and analysis of scientific articles and historical documents were conducted from 2019 to 2021. The primary historical documents included newspapers, biographical material of Estonian nurses from the collections of the Estonian Health Museum and the Estonian History Museum, church books as well as photographic collections. Historical photographs offer opportunities to discuss the cultural specifics of nursing development and characterize the subjective journey of personalities. The photograph carries signs and meanings from which the peculiarities of the era and the encounters of cultures can be read (Frank & Lange 2015).

The collected material was analysed in a cross-section of historical periods. The queens of Estonian nursing were placed on the timeline (Fig. 1), and their activities were described through socio-cultural changes, highlighting their main patterns of behaviour characteristic of the nursing queens. The emphasis is on three periods of Estonian history: the period of the Republic of Estonia (1918–1940), the Soviet period (1940–1991), and the re-independent Republic of Estonia (since 1991).

FLORENCE NIGHTINGALE AS THE WORLD'S FIRST NURSING QUEEN

As an administrator, educator, and researcher, Nightingale moved nursing from a disrespectable profession into autonomous and evidence-based practice (Shetty 2016). After her enthusiastic activities in the Crimean War (1853–1856), Florence Nightingale became a symbol of patience and caring for the sick and wounded in difficult conditions.

Nightingale walked past the wards at night, offering support to patients; with this, she earned the nickname "The Lady with the Lamp" because that is how, with a lantern in her hand, she went to check the health of wounded soldiers. "She is a guardian angel in these hospitals without any exaggeration, and so soon as her slender body glides down the corridor, the relief and gratitude are seen in the face of every soldier," *The Times* wrote during the Crimean War (Sarapuu 2020: 2). "The Lady with the Lamp" is the most stereotypical image of Nightingale, in the closest connection with which the archetype of the queen of nursing has developed. Such Nightingale is represented in many works of art.

Figure 2. Florence Nightingale, the lady with the lamp. Coloured lithograph. Wellcome V0006579. jpg. Source: https://commons.wikimedia.org/wiki/File:Florence_Nightingale._Coloured_lithograph._Wellcome_V0006579.jpg.



The Mary Evans Picture Library (Evans n.d.), a collection of historical images, contains a total of 63 different images of Florence Nightingale, of which 15, or nearly 24%, depict her walking between the rows of beds or nursing the sick in the barrack hospital at Scutari (Fig. 2).

Recently, the popular romantic perspective of Florence Nightingale as "The Lady with the Lamp" has come under critical regard. She was by all accounts a difficult person to get along with, and her privileged upbringing led to difficult relationships with the medical staff and other nursing contingents in the Crimea (Small 2017 [1998]; Williams 2008). Even more, Florence Nightingale is considered an astute and perhaps manipulative influencer, having been born into a wealthy and well-connected family (Williams 2008).

Nightingale's representation in the society of her era was very positive. Her activities were noticed and acknowledged. In 1855, Queen Victoria donated a gold enamelled brooch to Florence Nightingale. This brooch, the design of which was supervised by Prince Albert, is an engraved verso with a dedication from Queen Victoria "To Miss Florence Nightingale, as a mark of esteem and gratitude for her devotion towards the Queen's brave soldiers, from Victoria R. 1855" (Evans n.d.).

Although Nightingale is remembered above all for her activities in the Crimean War, her greatest achievements are attempts to establish social reforms in health care and nursing. This was facilitated by the conditions and hopes of the Victorian era (1837–1901). Florence Nightingale had a strong religious orientation. On 7 February 1837, she felt a mystical call, the "voice of God", telling her that her mission was to help people and improve their well-being. However, for women of Florence Nightingale's social status, becoming a nurse was not considered appropriate. In Britain in the mid-1800s, nursing was not a highly respected profession. Hospitals were very dirty, unpleasant places, and to the wealthy parents of a young woman of higher social status, such an endeavour seemed like a nightmare (Selanders 2020). Despite parental objections, Florence stuck to her vocation and enrolled as a nursing student for Protestant deaconesses at Pastor Fliedner Hospital in Kaiserswerth, Germany, in 1844. There she studied basic nursing skills, the importance of patient monitoring, and the values of good hospital management (Brand 2018).

Her observation and organisation skills; a commitment to the fundamental requirements of those with health needs; a recognition of the power of collecting, analysing and using data to illustrate the need for change; and her ability to engage politicians, scientific collaborators and the media to influence opinion and change are all qualities that are critical to infection prevention and control practitioners of today. (Loveday 2020: 4)

Nightingale set up a nursing school at St Thomas' Hospital in 1860 (Andrews 2019). The school operated for 31 years (Lewis 2019). Students came from all over the world to attend the Nightingale School. After graduating, they returned to their homeland, mainly as managers and trainers (Talvik & Tulva & Ernits 2020b). Florence Nightingale was also one of the most prolific writers of the nineteenth century (Hallett 2020).

Using infographics, Nightingale was also a pioneer in visualizing data, effectively using the ability to distinguish statistical data graphically. In addition to her nursing queen status, Nightingale has also been considered a "Design Hero" (Andrews 2019) because she presented her arguments in the form of easy-to-understand graphical images.

Florence Nightingale earned the respect of fellow human beings not for her character, which could sometimes be sharp and authoritarian, but for her ideas, vision, and intelligence (Florence Nightingale 2018). She became a popular heroine, a queen, whose writings were constantly published in newspapers and other periodicals. As a woman, she often wrote anonymously. Behind the scenes, she advised on the establishment and operation of royal commissions, which benefited the society as a whole (Andrews 2019).

ANNA ERMA AS THE FOUNDER OF A NURSING SCHOOL IN THE REPUBLIC OF ESTONIA (1918–1940)

Like Nightingale, the first Estonian nursing queen Anna Erma (1884–1974) devoted her entire life to her profession. Anna Erma was educated at the Bethesda Strelna Deaconess House in St. Petersburg. From 1907, Erma worked as a deaconess in Germany, Russia, and Finland. She was a surgical nurse in German military hospitals during World War I (1914–1917) and the head nurse at Tallinn Military Hospital during the Estonian War of Independence (1918–1920). Erma also stayed in France and Switzerland for a while to get acquainted with the work and care of the hospitals there (Reinart 2019).

Erma was one of the founders of the Estonian Nurses Association in 1923 (A.H.L. 1974). One of the first and most important tasks of the association was to establish a nursing school, as various nursing courses could not replace the traditional school. Being aware of the innovations and knowing the situation of treatment and nursing in Estonia, Anna Erma understood well that in addition to the doctors being trained at university, hospitals also need well-trained, professional nurses. Thus, a school for nurses at the University of Tartu was opened at the end of 1925. Anna Erma was invited to be the head of the boarding school, which operated there until the school was closed in 1941 (Anna Erma n.d.).

Anna Erma grew up in a deeply religious family. The education at the nursing school was based on religious principles, as Anna Erma herself had experienced. The meals began and ended with a prayer, and spiritual songs were sung in the hall (Otsasoo 1940; Fig. 3).

Figure 3. The first graduates of Erma's School of Nurses in a music class. Anna Erma is in a dark dress in the middle. Students wear the school uniform: a light-blue dress with a length of 25 cm from the ground and a white apron, white or grey stockings, white headwear, and shoes with low heels (Anna Erma n.d.). Unknown photographer. Estonian Health Museum THM F 852.



The school and the hostel had certain rules that were followed by both the students and teachers. Students had to get used to the discipline, to the exact performance of their duties. The school uniform was worn both at school and in the street and in the clinic (Anna Erma n.d.).

Like Nightingale, Erma considered it important that theory should be closely linked to practice. Erma said that "there is no time to study at the sick-bed" (Reinart 2019: 14). In Erma's School of Nurses, four sample rooms with beds and nursing equipment were set up. Erma's School of Nurses laid the foundation for the further development of nursing principles for future generations. Therefore, Anna Erma can be considered the first queen of Estonian nursing. She was also recognized by the state. The Estonian state awarded her with the medal of the Red Cross for participating in the Estonian War of Independence (Anna Erma n.d.).

ANETTE MASSOV AS THE PROMOTER OF PRACTICAL NURSING IN THE REPUBLIC OF ESTONIA (1918–1940)

During the same historical period, another nursing queen, Anette Massov, entered the arena. Anette Massov (1883–?) also received her first education in St. Petersburg. Later on Massov studied at the Red Cross School of Nurses in Tallinn. Immediately after graduating (1904), she went to the Russo-Japanese War, taking part in it as a frontline nurse (Uus Eesti 1939). She operated in the ambulance train of the Grand Duchess Maria Pavlovna of Russia. Massov received several awards for her activity during the war: Maria Pavlovna and the Russian emperor Nikolai II awarded a silver and a gold medal to Massov (Kikas 2018).

After 1914, nurse Massov took part in World War I, staying on the frontline part of the time (Uus Eesti 1939) and she was awarded the George Cross fourth degree (Kikas 2018). In 1919 Massov was appointed a head nurse at the Central Hospital of Tallinn. She worked continuously in Tallinn hospitals, being one of the few nurses who had taken part in the two wars and also treated soldiers wounded in the War of Independence (Uus Eesti 1939). Alongside her studies, Massov worked as a head nurse for 37 years. Like Nightingale, she had to go through very difficult trials, especially in the Far East and in World War I, where her work sometimes resulted in her coming under the fire. On 12 May 1939, Anette Massov was awarded the Florence Nightingale Medal (Fig. 4) and a photograph of Florence Nightingale. The medal was awarded for services performed on the battlefield and during peacetime by the Florence Nightingale Society, based in Geneva (Kiviranna 1939). Figure 4. Medal Ad Memoriam Florence Nightingale, awarded to Anette Massov (Estonian Health Museum THM 05832E1701). The medal is one of the most beautiful objects in the Estonian Health Museum. It is awarded every two years by the Geneva International Committee of the Red Cross on 12 May, Florence Nightingale's birthday. Since 1912, the medal has been awarded to a total of more than 1,400 sisters of mercy who are dedicated to helping the sick and suffering during peace or war.



Anette Massov is the only Estonian to receive the Nightingale Medal (Põder 1997). The tradition could not continue, because the Soviet occupation interrupted the continuity in Estonian nursing. During the pre-war Estonian Republic, Anette Massov provided practical nursing with the "Nightingale content", working for years as a head nurse and leading the development of the field.

The career of both Estonian nursing queens ended with the arrival of the Soviet occupation: Erma emigrated together with many Estonian intellectuals to Germany and later to South America, and Massov disappeared during World War II.

ILVE-TEISI REMMEL AS A NURSING QUEEN DURING THE TRANSITION FROM THE SOVIET PERIOD TO A DEMOCRATIC SOCIETY

In the period of Soviet power, the image of nursing and the stereotype of a nurse also changed. For the Soviet regime, health care was not only an individual right but also a "political act" (Starks 2017: 1718). Health care was politicized according to the communist orientation of the Soviet state. Next to the figures of a female tractor driver and an astronaut, there was a nurse who had taken part in World War II, carrying a weapon (Fig. 5). The Stalin-era gender policy promoted the mass involvement of women in the work process and social activities (Kivimaa 2015) as well as changes in their roles, and the change of social attitudes was represented in the media, literature, and visual culture.

In nursing, this political direction led to the period of suppression and hierarchy, closure, and stagnation of development. Nurses worked under ideological pressure and had to follow the doctors' orders exactly. All the work and training of the nurses was politicized (Kõrran et al. 2008). The description of the main role of a nurse in publications was astounding. Nurses' chief responsibility was described as "accurately carrying out physician orders" (Kalnins & Barkauskas & Šesškevičius 2001: 142). The publications did not mention the independent role of a nurse in the assessment of patients' conditions, planning and application of nursing care (Ernits et al. 2019).

By the 1980s the health care system of Soviet Estonia was lagging far behind the Western standards. There was a shortage of employees, medicines, and equipment. The ratio of hospital beds and patients was disproportional. The main shortage was of support staff, including nurses and paramedics (Healy & McKee 1997). By the beginning of the 1980s all resources were exhausted, and economic misery reached the health care system. The fall of the Soviet Union caused the collapse of the existing health care system and it had to restart from



scratch (Ernits & Talvik & Tulva 2019). The new crisis highlighted the need for a new nursing leader and paved the way for the arrival of the third nursing queen, Ilve-Teisi Remmel (b. 1938).

Figure 5. Yulia Yarovskaya, a Soviet nurse who rescued 56 wounded soldiers in the Battle of Stalingrad in World War II (Stewart 2017).

Ilve-Teisi Remmel chose the specialty of a feldsher. In 1957, she graduated from Tallinn Medical School and entered working life. Remmel gained her first experience in nursing and nursing management during the Soviet period. The "new period of awakening" started under Gorbachev's *perestroika* and *glasnost* (1985–1991), beginning a process of democratization. By 1989, only 61% of Estonia's inhabitants were ethnic Estonians. Intellectuals and rural people were guardians of Estonian traditions and culture and those who contradicted Soviet policies and practices. In the years 1988 and 1989, the intellectuals emerged on the political arena during the so-called Singing Revolution (Estonian nationalist songs used as a form of protest during student marches in several cities) (Tulva 1997).

At the end of the 1980s, radical changes in nursing started. Again, it was possible to talk about nursing queens Florence Nightingale and Anna Erma. Estonian nurses had the opportunity to get acquainted with nursing organizations in the Western world. Ilve-Teisi Remmel organized conferences dedicated to Nightingale and Erma and numerous meetings to introduce their ideas (Remmel 2020). Continuous self-improvement and international training, which had been possible since the end of the 1980s, ensured success for Remmel in various positions: feldsher, nurse, head nurse, and leading specialist in the field of nursing (THCC n.d.; Fig. 6).



Figure 6. Ilve-Teisi Remmel in the role of Soviet-period superior in 1979. Photograph from the private collection of I.-T. Remmel.

Remmel consistently supported the idea of bringing the training of nurses to the level of higher education. The renewal of the nursing system, especially the training of nurses, became her life's work (Talvik & Tulva & Ernits 2020a). Being an active developer of nursing, Remmel was a member of the board of the Estonian Nurses Association (ENA) from 1967, and in 1988–2002 she was the chairwoman of the ENA. In 1990–1993 she was the president of the Baltic Nurses Association, in 1999–2015 a member of the board of the Estonian Council of Health Care Managers, in 1998–2002 the chairman of the Health and Social Work Professional Council, and since 2003 a member of the Tallinn School Health Council.

Ilve-Teisi Remmel achieved the most that could be achieved in the field of nursing. Since the beginning of the 1990s, when there was a difficult transition period in Estonia, Remmel helped many people in need, participating in charity events through a Christian organization (Remmel 2008). Faith and commitment have played an important role in Remmel's life and her contribution to the development of Estonian nursing is meaningful. Like the aforementioned queens, Ilve-Teisi Remmel has received national recognition and her diverse activities have been widely noticed. The Order of the Red Cross was conferred upon her in 1999, and in 2006 she was awarded the Order of Honorary Citizen of the City of Tallinn for organizing nursing care in Tallinn.

DISCUSSION AND CONCLUSIONS

The main goal of this article was to compile a study of the queens in nursing and to place the course of their lives in a socio-cultural context. Biographies offer opportunities to discuss the historical and cultural peculiarities (Renders & Haan & Harmsma 2017) of the story of Estonian nursing against the background of the queen archetype. In the study, the archetype of the nursing queen was opened against the personal background of the charismatic pioneers of nursing.

It is very difficult to answer the question of why one or another person chose a particular path, but given the person's life trajectory, relationships, affiliation, and position in the social field (Bourdieu 2003) and the choices that life could offer at any given time, it is more or less possible to construct an overview of the development of nursing in Europe, including Estonia. The preserved historical memory often reaches us in the form of historical photographs and texts that allow us to represent the past (Frank & Lange 2015).

Florence Nightingale became the leader and reformer of nursing because of the many prerequisites given by nature and the environment, including religion, origin, and a very thorough and versatile education. Secondly, the time when she was born required the emergence of a person with such qualities, as well as created the preconditions for her to achieve her goals. She fought to free herself from the restrictions imposed on women by Victorian society, and she carried out a complete revolution in nursing. In many ways, nursing care has evolved, but the principles of nursing founded by Nightingale are still alive.

Florence Nightingale's ideas were represented all over the world. Nightingale created a school that carried a whole system of values as a symbolic capital (Bourdieu 2003), which combined the upbringing, education, and behavioural culture that nursing school students had to embrace and follow. Equally strong was the nursing culture in Estonia created by Anna Erma and Anette Massov, which also included, in addition to nursing activities, norms of behaviour, attitudes, principles of being a nurse and a responsible person. This nursing culture developed constantly until the Soviet period degraded and ruined it. During the Soviet regime, the previously built training system for nurses was demolished. In the 1980s, a gradual liberation began, the ideas of the Western world penetrated through the Iron Curtain, and this gave the opportunity to act and created a fertile soil for the third Estonian nursing queen, Ilve-Teisi Remmel. It was possible to start changing the status of the nurses again.

Florence Nightingale lived in Victorian England, where women's roles were strictly defined by society, and despite the limitations of her status, she carried out a revolution in health care. The queens of Estonian nursing, Anna Erma and Anette Massov, began to build up nursing during the young Republic of Estonia, when the wars revealed an increased need for nursing care and Estonia was open to Europe, which made it possible to learn from colleagues in neighbouring countries. Ilve-Teisi Remmel started developing nursing during the Soviet period, when the range of possibilities was limited, and continued in re-independent Estonia, where the opportunities were diverse again.

In 1875, as an elderly and experienced advisor, Nightingale wrote to her graduates the following lines that became an important credo of her life's work:

A woman with a healthy, active tone of mind, plenty of work in her, and some enthusiasm, who makes the best of everything, and, above all, does not think herself better than other people because she is a "Nightingale Nurse", that is the woman we want. (Nightingale & Nash 2007 [1914]: 108).

During changes, societies create a need for symbolic figures, strong personalities, whose behaviour is exemplified and whose activities become archetypal. Nightingale's ideas about patient-centred care were represented in the winds of change in Estonian society and achieved sustainable development under the leadership of the queens of Estonian nurses.

The awakening of new potential leaders in nursing, health care, and other areas of society is relevant and very possible in the current context of a pandemic, when we as a society are facing numerous new challenges. The pandemic and other global issues have reminded us that there are limits to the global economy and the growth of human well-being. Soon the questions of how to tolerate the inevitable change ahead so that during the change foundations of people's orderly coexistence would not be destroyed, will become topical. There is always a part of the past in the future, and so present and future leaders need a legacy from the past leaders to induce a different kind of change in society.

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Folklore 85

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