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## LEGACY FOR MODERN NURSING

# Islamic principles in nursing leadership: Lesson learned from Rufaida Al-Aslami's lens and legacy

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**Abstract**
Across global nursing perspectives, Non-Western contributions have been overlooked in favour of Western-centric views. A lesser-known yet influential figure, Rufaida Al-Aslami, laid the groundwork for a nursing model that emphasized both physical and spiritual well-being in the 7th century. As a leader and visionary, Rufaida embodied the principles of transformational nursing as inspiration future generations. However, limited attention has been given to the legacy in the context of nursing leadership in existing research. This perspective article re-examines Rufaida's legacy through the lens of decolonizing nursing historiography, outlining the Islamic-Informed Transformational Nursing Framework (IITNF) derived from her core principles such as *rahmah* (spiritual compassion), *amanah* and *ihsan* (ethical accountability), *khidmah* (community service), female collaborative leadership, and the integration in the daily nursing practice. These values challenge dominant epistemologies in nursing education that proposing an inclusive model rooted in social justice and spirituality. Reflecting on Rufaida's legacy highlights the importance of reclaiming non-Western narratives in global nursing. This article advocates for the strategic integration of faith-based and contextual care models into nursing practice and policy.

**Keywords:** Decolonizing nursing history, female leadership, Islamic nursing, Islamic-informed nursing framework, Rufaida Al-Aslami, value-based clinical practice

## A brief overview

The nursing profession currently faces challenges that encompassing more than clinical proficiency such as the erosion of empathy in practice, the diminishing visibility of value-based care, and entrenched gender disparities in healthcare leadership (Hurissa et al., 2023; Lewis, 2022; Woo et al., 2022). If neglected, these issues threaten the integrity of patient care and the professional standing of nurses in daily practice. In spite of critical discourse on these issues continues to evolve, historical perspectives within nursing scholarship often remain static and disproportionately Western-centric (Kimani, 2023). The dominant historiography continues to position Florence Nightingale as the singular archetype of professional nursing, often to the systematic exclusion of equally significant contributions from non-Western civilizations (Turkowski & Turkowski, 2024). Among the overlooked pioneers is Rufaida Al-Aslami, a 7th-century Muslim nurse from Medina whose groundbreaking contributions to nursing practice, education, and leadership predate Florence Nightingale's work by over 1,200 years. Rufaida Al-Aslami's nursing and leadership model was shaped by classical Islamic ethical values that resulting in a form of care that was inherently community-based, spiritually grounded, and socially responsive. Rufaida's pioneering role is well-documented across various sources, including classical biographies, Islamic medical texts, and contemporary historiographies (Jan, 1996). However, Rufaida's name remains absent from major global nursing documents such as the World Health Organization's (WHO) State of the World's Nursing Report in 2020 (Bodrick et al., 2022). This absence points to a deeper epistemological issue such as the marginalization of Islamic intellectual and ethical traditions that have historically been excluded from the global knowledge of nursing. To effectively decolonize nursing education and history, it is important to include diverse figures then integrate alternative worldviews and value systems into core theoretical frameworks.

For these reasons, this perspective article revisits and reclaims the legacy of Rufaida Al-Aslami as a foundational figure in Islamic nursing history. The article argue that Rufaida's practice and leadership represent an early articulation

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of what is now conceptualized as transformational nursing. More importantly, the article proposes the Islamic-Informed Transformational Nursing Framework (IITNF) as a theoretical and practical model derived from Rufaida's legacy—an epistemic contribution that is both restorative and forward-looking. The framework presented a decolonial, value-based lens through which nursing can be reimagined in multicultural and interfaith contexts. This perspective serves the dual purpose of both recognizing a neglected historical figure and addressing the structural biases that define nursing history's construction and dissemination. In effect, this work contributes to the ongoing global movement aimed at integrating spiritual, ethical, and community-centered principles within modern nursing curricula and clinical practice.

**Reclaiming Rufaida's Legacy: Transformational values in Islamic nursing**

The legacy of Rufaida presents a compelling counter-narrative to dominant nursing historiography. Far from being a symbolic figure, Rufaida served at the intersection of community care, spiritual healing, and female leadership during a period of Islamic civilization. Rufaida's work challenges the reduction of nursing history to secular, Western-originating practices and instead opens pathways for spiritually grounded and socially engaged care models. Lived in 7th century in Medina, Rufaida developed a pioneering model of mobile clinical care that operated near the Prophet's Mosque and on the battlefield (el-Sanabary, 1993). Rufaida trained other women in caregiving, organized field-based health response units, and integrated emotional, physical, and spiritual support in crisis settings (Jan, 1996; Saputra et al., 2020). These practices reflect the foundation of what contemporary nursing theorists have termed "transformational leadership" and "whole-person care" (Pesut et al., 2008; Doody & Doody, 2012).

At the core of Rufaida's model were values rooted in Islamic ethics **(Figure 1)**, including spiritual compassion (*rahmah*) which reflects deep empathy and spiritual connection in care for others. Rufaida exemplified that Islamic caregiving integrates clinical expertise with devotional care, a perspective supported by contemporary literature on spiritual care in nursing (Nolan, 2012; Papadopoulos, 2006). Another core aspect of Rufaida's model is ethical integrity that embodied in the Islamic principles of *amanah* (trustworthiness) and *ihsan* (excellence). Both principles reflected moral commitment to trust, excellence in care, and serve with dignity (Muhsin, 2022). The next principle is community-centered service (*Khidmah*). This concept is governed by the Islamic principles of justice (*'Adl*) and communal benefit (*Maṣlaḥah*) that positioning it as a foundational model for community-oriented primary care (Ghasemzadeh et al., 2018). Another key aspect of Rufaida's legacy is emphasis on collaborative female leadership, a principle that enacted through mentorship, ethical empowerment, and operational courage rather than bureaucratic hierarchy.Rufaida's pioneering work in training women for battlefield nursing exemplifies transformational leadership, emphasizing inclusivity and moral authority (Jan, 1996). The final principle involves integrating sacred space into care delivery. Rufaida's clinics, situated near the Prophet's Mosque, exemplified a combination of spiritual and medical care. This approach mirrors modern biopsychosocial-spiritual healing frameworks of integrative nursing (Dossey & Keegan, 2008; Sulmasy, 2002; Umberger & Wilson, 2024).


**Figure 1.** The IITNF (Generated by authors from literatures).

**Conceptual and practical implications of the IITNF**

The IITNF drawn from the ethical and operational legacy of Rufaida Al-Aslami presents a fundamental view of Islamic nursing practice. Furthermore, it serves as a contemporary response to pressing challenges in global nursing, particularly the need for ethical integrity, inclusive leadership, community-rooted care, and spiritual sensitivity (Bodrick et al., 2022; Makhene, 2023; WHO, 2020; ICN, 2020). The IITNF proposes a recalibration of nursing practice toward value-based care in an era when healthcare systems are burdened by mechanistic protocols, emotional fatigue, and spiritual detachment.

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Moreover, the model reinforces the essence of caregiving, which lies in human connection, ethical accountability, and the moral duty to serve others—dimensions that are deeply embedded in Islamic nursing ethics.

**Nursing education and curriculum reform**

The IITNF propose a foundation for integrating Islamic spiritual values and female leadership narratives into nursing curricula. With introducing historical figures like Rufaida and its principles, nurse educators can promote empathy, literacy, and moral reflexivity among nursing students. However, integrating the IITNF challenges the prevailing secular homogeneity in nursing education thus improving its diversity and relevance, particularly in Muslim-majority or religiously pluralistic healthcare settings. As emphasized by studies, cultural competence and spiritual sensitivity in education is key to addressing healthcare inequities and workforce diversification (Stubbe, 2020; Nair & Adetayo, 2019; Vaziri et al., 2019).

**Leadership development and female empowerment**

As a visionary in Islamic nursing, Rufaida's legacy inspires gender-transformative leadership that promoting inclusivity and equality. Rufaida embodied a form of ethical and participatory leadership through mentorship of women, crisis coordination, and value-driven services. Embedding the IITNF into leadership development programs can support the empowerment of Muslim women in healthcare—countering systemic underrepresentation and reinforcing identity-aligned pathways for leadership. This also contributes to broader health system goals for gender equity and inclusive governance (WHO, 2020; Kaihlanen et al., 2019).

**Community-based nursing practice**

The field clinics established by Rufaida serve as early prototypes of mobile health units and nurse-led community interventions at the time. These remain relevant in conflict zones, disaster responses, and underserved areas where proximity, trust, and spiritual support are vital. In contemporary settings, Rufaida's legacy continues to inform community-based nursing models that integrate ethical, spiritual, and gender-sensitive care. For example, Shariah-compliant hospitals in Malaysia have implemented Islamic values in daily care (Jamaludin et al., 2023). The hospitals emphasize respectful care, promote gender-inclusive leadership, and implement ethical decision-making processes rooted in Islamic jurisprudence. Moreover, discussions on confidentiality and transparency in Islamic nursing ethics highlight the role of trust and accountability in building holistic patient relationships. Contemporary Islamic perspectives on clinical ethics reinforce the significance of values-based care that support decision-making in critical situations. The IITNF is relevant in areas such as critical care, end-of-life treatment, and public health crises where Rufaida's spiritual and communal model remains applicable. These initiatives reflect the IITNF principles of *khidmah* and *rahmah*, as it aimed to treat and restore dignity and trust through integrated ethical care. Nurses applying the IITNF in practice are encouraged to engage with technical competencies and ethical presence in the community. Additionally, Rufaida's field leadership model promotes a framework for training nurses in humanitarian, care, and community engagement. Integrating Islamic ethical ideals into nursing education and clinical practice demonstrate how values like *rahmah* (compassion), *amanah* (trust), and *ikhlas* (sincerity) can shape nurse responsiveness across spiritual, emotional, and ethical dimensions of care. For effective policy translation, it is recommended that ministries of health in Muslim-majority nations integrate value-based Islamic frameworks like the IITNF into their accreditation and outreach models, especially when addressing regions that lack established hospital infrastructure. Incorporating principles such as *khidmah* (community service), *shura* (consultative decision-making), and *ruhiyah* (spiritual care) into national nursing strategies can advance health systems that are responsive to the community.

**Epistemological contribution to global nursing theory**

The IITNF also makes a theoretical contribution to global nursing epistemology. Rather than borrowing exclusively from Euro-American paradigms, it foregrounds knowledge rooted in Islamic civilization, justice-oriented, and spiritually. A model of nursing care reinforces to pluralize the foundations of nursing theory and expand the scope of what constitutes credible knowledge in the discipline (Hansen & Dysvik, 2022). For instance, incorporating the IINTF invites nursing scholars to revisit neglected traditions, engage with sacred texts as epistemic sources, and restore the narratives of non-Western caregivers who have long been excluded from mainstream discourse. It opens a critical space for advancing inclusive, globally relevant, and ethically grounded models of care. The practical implications of Rufaida's legacy can be operationalized through the following framework which links classical Islamic ethical concepts with actionable strategies in modern nursing practice **(Table 1)**.

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**Table 1.** Implementation of the IITNF in modern nursing care.

| Principles | Islamic Term | Description | Implementation in modern nursing practice |
|---|---|---|---|
| Spiritual compassion | *Rahmah* | Emotional and spiritual sensitivity toward patients as an ethical duty. | Spiritual care plans, therapeutic communication, holistic pain and grief support. |
| Ethical commitment | *Amanah* & *Ihsan* | Moral accountability and striving for excellence in nursing service. | Professional code of conduct, ethical leadership, reflective nursing practice. |
| Community-centered service | *Khidmah* Maslahah | Serving the underserved with sincerity and equity that rooted in communal ethics. | Nurse-led mobile clinics, outreach programs, faith-based community health initiatives. |
| Collaborative female leadership | *Shura, Ta'awun* | Empowering women in nursing leadership and decision-making roles. | Inclusion in nurse leadership, mentorship programs, gender-sensitive leadership training. |
| Healing sanctuary integration | *Ruhiyah, Tazkiyah* | Integrating physical, emotional, and spiritual care in healing environments. | Spiritual spaces in hospitals, culturally adapted palliative and end-of-life care. |

**Expectations and facilitators for IITNF Integration**

Translating the IITNF into operational strategy requires clear expectations and commitment across multiple stakeholders such as clinical practitioners, educational institutions, and health policymakers. In clinical practice, nurses are expected to integrate the values of *rahmah* (compassion), *amanah* (trust), and *khidmah* (community service). As an illustration in spiritual care assessments, decision-making protocols, and communication strategies. In settings such as palliative care, disaster response, or maternal health, IITNF encourages nurses to engage with patients' spiritual and communal identities as holistic healing. Within nursing education, the integration of IITNF promotes a reorientation of curriculum design. Nurse educators should incorporate modules on Islamic nursing ethics, the biography of Rufaida Al-Aslami, and case-based learning that applies *ihsan* (excellence) and *shura* (collaborative decision-making) in clinical dilemmas. Through the integration of these components, the curriculum will improve students' ability to resolve ethical conundrums, demonstrate awareness, and build resilience in Muslim-majority or interfaith clinical settings. Institutions or universities are further encouraged to develop spiritual competence workshops, community service immersion programs, and mentoring systems grounded in female-inclusive leadership. For effective policy translation, it is recommended that ministries of health in Muslim-majority nations formally integrate value-based Islamic frameworks like the IITNF into their accreditation and outreach models, especially when addressing regions that lack established hospital infrastructure. The strategies include issuing ethical guidelines that reflect Islamic parameters in healthcare, endorsing community-based care initiatives, and promoting gender-equity leadership by historical Muslim female role models. To maximize impact and adoption, stakeholders at all levels must engage in collaborative policy dialogues, develop faith-sensitive care protocols, and invest in research to validate the outcomes of nursing interventions guided by the IITNF. The table maps IITNF core principles to practical strategies, serving as a resource for clinical nurses, educators, administrators, policymakers, and accreditation bodies **(Table 2)**.

**Reflection, conclusion, and future directions**

Revisiting the legacy of Rufaida Al-Aslami through a decolonial lens is not simply an exercise in historical recovery, but it is a necessary epistemological nursing perspective. Her concept of spiritually, ethical lessons, and community practice serves as a model for contemporary health systems that seeking to restore humanity, dignity, and justice (Makhene, 2023; Papadopoulos, 2006). As nursing practice becomes more driven by efficiency metrics and technological advancements, Rufaida's vision highlights the enduring importance of caregiving's moral core. This approach challenges the false binary between science and spirituality, and between professionalism and compassion. It exemplifies how ethical nursing practice can be rooted in theological anthropology—viewing the patient not merely as a clinical subject but as a sacred trust (*amanah*) whose care requires emotional presence, spiritual attentiveness, and social responsibility (Ibn Qayyim, 2003). The IITNF is thus more than a theoretical model; it is a value-based orientation to clinical practice, nursing education, and leadership development. Furthermore, the IITNF's principles possess universal moral logic while being contextually specific in application. This duality makes them particularly relevant in Muslim-majority societies,

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faith-sensitive healthcare systems, and transcultural settings where the integration of spirituality and care is often overlooked (Nolan, 2012).

**Table 2.** Integration of the IITNF to stakeholders.

| Stakeholders | Principles | Strategies |
|---|---|---|
| Clinical nurses | *Rahmah*, *amanah*, *Ihsan* | Conduct spiritual and ethical care assessments, integrate *rahmah* in communication and palliative care, apply *amanah* in informed consent and confidentiality |
| Nurse educators | *Shura*, *ihsan*, *khidmah* | Include Rufaida's legacy in nursing history modules, use value-based clinical scenarios in ethics courses, promote *shura*-based classroom discussion and leadership development |
| Hospital administrators | *Ruhiyah*, *ta'awun*, Collaborative Leadership | Establish prayer-friendly healing environments, create protocols for spiritual care referral, promote inclusive leadership for female nurses |
| Health policy makers | *Khidmah*, Justice-Oriented Leadership, *Maslahah* | Integrate IITNF into national ethical nursing guidelines, endorse community-based care initiatives, recognize female Islamic figures in health policy narratives |
| Accreditation bodies | *Amanah*, *Ruhiyah*, *Ethical Commitment* | Evaluate cultural and spiritual competence in institutional standards, require faith-sensitive care training for licensure renewal |

As nurse scholars and educators, Rufaida's legacy challenges nurse scholars and educators to redefine their roles, moving beyond mere treatment to holistic healing, administration to compassionate accompaniment, and leadership to selfless service. Embedding this framework into curricula, policy, and practice can help optimize a holistic nursing identity in educational development. Future research should operationalize the IITNF across various contexts such as application in trauma care, maternal health, community nursing, and leadership development. Meanwhile, nursing education should actively work to decolonize its historical narratives by reclaiming figures like Rufaida as foundational contributors to the global nursing development. At last, the revival of Rufaida Al-Aslami's legacy is not a nostalgic look backward, but rather a strategic leap forward to establish a foundation for inclusive, dignified, and justice-oriented nursing practice.

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**Author's declaration**
This article is an original scholarly work that reflects the author's critical engagement with the historical and ethical foundations of nursing in Islamic civilization. The IITNF as conceptual framework is developed based on classical Islamic sources and contemporary nursing literature. All views, interpretations, and theoretical contributions are the responsibility of the authors and not influenced by any institution or funding body.

**Availability of data and materials**
No empirical data were collected or analyzed for this perspective article. All literature and historical sources are publicly available or accessible through academic databases.

**Competing interests**
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This article discusses a nursing legacy that has been almost forgotten among contemporary nurses. It is an interesting perspective that explores nursing leadership from the lens and legacy of Rufaida Al Aslami.

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**Authors' insight**

**Key points**

- Rufaida's leadership exemplifies true nursing leadership that prioritizing the well-being and dignity of all patients regardless of their status as a core principle of Islamic healthcare ethics.
- Rufaida practiced nursing, trained and mentored other women to establish the first nursing school in the Islamic world.
- Rufaida was an exceptional organizer, setting up structured care units and leading volunteer teams in crisis (battles) and peacetime.

**Emerging nursing avenues**

- How can contemporary nursing leadership curricula integrate Rufaida's model to enhance disaster preparedness and community health outreach particularly in conflict or resource-limited settings?
- In what specific ways does the Islamic principle of *Raḥmah* (compassion) inform a distinct and measurable model of transformational nursing leadership?
- Given Rufaida's pioneering role in nursing, how can her legacy be leveraged today to advocate for gender equity and greater professional autonomy for nurses in Muslim-majority and non-Muslim contexts alike?

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