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LEGACY FOR MODERN NURSING

Carrying the torch of Nightingale's legacy into health reform: A nursing perspective

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Abstract
Florence Nightingale transformed nursing by combining empirical observation with deep compassion that laying the groundwork for what is now recognized as evidence-based practice (EBP). Transcending the duties as a caregiver, Florence was a pioneer of health system reform that using data to challenge inequities and influence policy. This article revisits Florence's enduring legacy and examines how it continues to shape the evolving role of nurses as both clinicians and change agents. From a nursing perspective, the article explores how EBP has become a cornerstone of modern clinical decision-making and health advocacy. It traces the historical development of EBP in nursing, its influence on patient care, safety, and system-level transformation. The article illustrates how nurses in diverse settings have successfully applied research evidence to drive meaningful reforms, improve outcomes, and advocate for human being populations. However, the integration of EBP into everyday practice is not without challenges. Barriers such as limited access to research, insufficient training, and organizational resistance remain significant. To address these issues, the article proposes strategic solutions—ranging from enhanced education and leadership development to stronger interdisciplinary collaboration. In reflecting on Nightingale's visionary leadership, nursing practice now encompasses more than just bedside care. Nurses are uniquely positioned to use evidence in guiding interventions, influence policy and advance health equity through systemic change. In doing so, nurses continue to carry forward Nightingale's mission by transforming healthcare through knowledge, compassion, and courage.

Keywords: Advocacy in nursing, Evidence-Based Practice, Florence Nightingale, health reform, nursing care

Introducing the concept of carrying the torch

In an era of rapid healthcare transformation, the role of nurses has expanded not only on bedside care to encompass leadership, advocacy, and reform (Flaubert et al., 2021). One of the most powerful tools nurses possess today is evidence-based practice (EBP) which enables them to deliver high-quality care and influences health policy along with its reform (Dusin et al., 2023; Degu et al., 2022). The integration of best research evidence with clinical expertise and patient preferences ensures that healthcare decisions are both effective and person-centered (Tringale et al., 2022; Kim, 2023; Atalla et al., 2025). Though EBP may seem like a modern concept, its roots can be traced back to Florence Nightingale, a visionary nurse who revolutionized healthcare in the 19th century (Aravind & Chang, 2009). Based on data-driven findings and observations, Florence Nightingale laid the groundwork for what the thing called evidence-based reform (Turkowski & Turkowski., 2024). The phrase "Carrying the Torch" was carried out to symbolizes the continuation of Florence's enduring legacy in modern nursing. Moreover, the phrase means upholding foundational principles of compassionate and patient-centered care with EBP (McGaffigan, 2023). The phrase itself is commonly understood as maintaining a sustained commitment or passion toward a person, idea, or cause. Within scholarly and literary contexts, the metaphor has been employed to describe an enduring devotion, the transfer of responsibility from one leader to another, or the symbolic honor conferred when a figure entrusts their role to a successor who will continue the endeavor (Gutkin, 2010). Moreover, the phrase also reflects a commitment to advocacy and reform, as Nightingale tirelessly campaigned for hospital sanitation, improved living conditions of communities, and professional nursing education (Turkowski & Turkowski, 2024). This article, therefore, explores how EBP empowers nurses to advocate for health reform that drawing inspiration from Florence Nightingale. With examining Florence's work, the article establishes the historical

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mandate for nurses to engage in systemic change. Integrating EBP, leadership development, and policy advocacy are essential steps for modern nurses to fulfill Nightingale's vision. This article paper posits that the nursing profession holds the key to make a change in global healthcare systems.

Florence Nightingale and EBP

Florence Nightingale is acknowledged as the founder of modern nursing, but Florence was also one of the earliest proponents of evidence-based health reform (Barritt, 1973; Reinking, 2020). During the Crimean War (1853–1856), Florence observed appalling conditions in military hospitals, where infectious diseases claimed more lives than battlefield injuries. Rather than relying on assumptions or tradition, Florence collected and analyzed data on patient outcomes, sanitation practices, and environmental factors (Turkowski & Turkowski, 2024). One of Florence's most groundbreaking contributions was the use of statistical graphics, such as her famous "coxcomb" diagrams, to visually demonstrate the correlation between unsanitary conditions and high mortality rates (National Army Museum, 2019). These visual tools were powerful in persuading military and government officials to implement reforms in hygiene and hospital management (Brasseur, 2005). Florence's commitment to data-driven advocacy did not stop after the war. Upon returning to Britain, Florence continued to apply statistical analysis to public health issues that contributing to the improvement of sanitation systems, the establishment of nursing education, and the reform of healthcare institutions. Florence Nightingale's approach, using observation, systematic data collection, and analysis, embodies the principles of EBP long before the term existed (National Army Museum, 2019). The legacy serves as a compelling model for modern nurses seeking to bring about meaningful change in health systems (Riegel et al., 2021). In the present time, Florence's principle is reflected in nursing practices that not only focused on physiological treatment but to include psychological support, social engagement, family education, and patient's self-care (Riegel et al., 2021). Moreover, Florence's advocacy for environmental health and community sanitation continues to shape contemporary standards of infection control and wound management for example clean water, proper waste disposal, and adequate ventilation (Turkowski & Turkowski, 2024). The holistic and patient-centered paradigm has been shown to improve adherence to treatment, accelerate healing, and optimize patient satisfaction (Adeogun & Faezipour, 2025).

The fundamental aspect of EBP in nursing

EBP in nursing is a problem-solving approach to clinical care that incorporates the best available evidence, clinical expertise, and patient values (Brunt & Morris, 2023). It is more than a process; it is a mindset that challenges nurses to question traditional practices and seek better ways to provide care (Connor et al., 2023). The foundation of EBP rests on three key pillars such as best available evidence, clinical expertise, and patient preferences and values (Brunt & Morris, 2023). Best available evidences include high-quality research studies, clinical guidelines, and data from systematic reviews and meta-analyses (Wallace et al., 2022; Vatkar et al., 2025; Slater & Hasson, 2025). The evidence must have been appraised for validity and applicability to nursing practice. Clinical expertise refers to the nurses apply their professional judgment, experience, and skills to interpret the evidence and adapt it to specific patient situations. Patient preferences and values respect the individual's beliefs, values, needs, and circumstances. The implementation of EBP requires five steps including ask a clinical question, acquire the best evidence, appraise the evidence critically, apply the evidence to practice, and assess the outcomes and refine the process (Dusin et al., 2023). In nursing, EBP empowers nurses to become active contributors to the development of healthcare policies and protocols, increases efficiency of care, reduces errors, and promote a lifelong learning (Connor et al., 2023). Even with its established benefits, the integration of EBP into routine nursing practice can be challenging. The common barriers are time constraints, lack of access to research resources, and limited training in critical appraisal are (Pitsillidou et al., 2023). However, with appropriate support, education, and leadership, nurses can overcome these barriers that experienced during practice (Engle et al., 2021). The values embodied in EBP are rooted in the legacy of Florence Nightingale. Florence's scientific rigor and reformist spirit laid the groundwork for what modern nurses now recognize as their ethical and professional duty to provide care (Riegel et al., 2021).

Florence Nightingale and modern EBP

Although Florence Nightingale lived more than a century ago, the methods used to solve problems in line with the principles of modern evidence-based practice. The legacy presented historical significance and practical guidance for contemporary nursing such as use of observation and data collection, analytical thinking and statistical application, advocacy through evidence, education and capacity building. In the course of use of observation and data collection, Florence's meticulous approach to data involved observing patterns of illness and death among soldiers during the

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Crimean War, thus identifying the critical link between poor sanitation and high mortality. Modern nurses are trained to collect clinical data, conduct assessments, and use outcome indicators to evaluate care effectiveness. This includes utilizing tools like electronic health records, audits, and patient feedback (Titler, 2008). Analytical thinking and statistical application refer to use of statistical diagrams like polar area charts that transformed abstract numbers into visual presentation. In today's healthcare systems, nurses engage in quality improvement projects, utilize dashboards, and interpret research findings. Florence Nightingale emphasizes that presenting evidence in a clear and compelling way could drive policy change (Titler, 2008). Nurse should also provide advocacy through EBP to influence government decisions like Florence that improved conditions in military and civilian hospitals alike (Dumitrascu et al., 2020). Just as it is today, nurses use EBP to deal with infection prevention program, nurse staffing ratios, discharge planning, chronic disease management, and more (McHugh et al., 2021). Florence believed in the power of education to advance the nursing profession and increase nurse's capacity in care. For instance, Florence established training schools and emphasized the need for theoretical and practical learning (Karimi & Alavi, 2015). Continuing this tradition, today's emphasis on EBP in nursing curricula equips nurses with the skills to question practice, evaluate research, and participate in clinical inquiry (Heo et al., 2025). Florence Nightingale's work reminds modern nurses that they are not just caregivers, but also scientists, educators, and reformers.

Nurse as a catalyst for health reform

Drawing inspiration from Florence Nightingale's, nurses occupy a critical role at the intersection of patient care and healthcare delivery. The close relationship with patients places them in an ideal role to identify inefficiencies, advocate for improvements, and lead health reform initiatives (Flaubert et al., 2021). Nurses have a role in identify gaps in care such as lack of access to care, poorly coordinated services, and inequitable treatment outcomes. Through the analysis of clinical data, it is essential that nurses document these gaps and articulate them in ways that policymakers and administrators can comprehend and act upon. For example, tracking the rates of hospital-acquired infections or patient readmissions can effectively highlight the need for changes in protocols or resource allocation (Tagney & Haines, 2009). Florence Nightingale's use of statistics to influence government decisions in particular cases. Modern nurse leaders use research findings and quality improvement data for better staffing models, patient safety policies, health equity initiatives, and access to preventive care. In keeping with Florence Nightingale's legacy, nurses' contributions are essential in the community, not just in hospital care. For instance, school nurses, nurse practitioners, and community health nurses. Nurses can implement evidence-based interventions for promoting vaccination, maternal-child health, mental health care, and disease screening (Carron et al., 2023). In the course of leadership among interdisciplinary teams, nurses can collaborate with physicians, pharmacists, social workers, and administrators to design and evaluate health interventions (Kobrai-Abkenar et al., 2024). Nurses are also recommended to provide advocacy at the Institutional and national Levels. For example, nursing organizations like the American Nurses Association (ANA) and the International Council of Nurses (ICN) use their policy and advocacy arms to translate frontline experience into national and global reform efforts. The actions above demonstrate a clear continuation of Nightingale's mission to improve health through systemic change (Turkowski & Turkowski, 2024). Nurses today act as innovators and agents of transformation, not just policy implementers. When practice is grounded in EBP, their advocacy gains power that leading to a healthcare system that is safer, more equitable, and more effective (Engle et al., 2019).

Modern health reforms driven by nursing evidence

To illustrate how nurses are implementing EBP, this can be looked at examples where nursing leadership and advocacy led to a change. For example, in many healthcare systems, nurses have taken the lead in implementing EBP bundles to reduce catheter-associated urinary tract infections (CAUTIs) and central line-associated bloodstream infections (CLABSIs) (Atkins et al., 2020). Nurse-led teams can reduce infection rates by hand hygiene, sterile insertion techniques, and daily assessments for catheter removal. Therefore, the benefits are decreased infection rates, shorter hospital stays, cost savings for hospitals, and improved patient safety (Mistri et al., 2023). Another example when nurses provided care in rural areas. Nurse practitioners should implement evidence-based programs to monitor and manage hypertension. These programs include patient education, regular follow-up, and home monitoring (Abdalla et al., 2023). Through this program, several key outcomes were achieved, including increased blood pressure control rates, a reduction in emergency visits, empowered patients in self-care, and the successful replication of the model in national chronic disease prevention strategies. One more instance is implementation of trauma-informed care (TIC) in mental health nursing. Evidence supported TIC as an effective approach to mental health treatment (Goldstein et al., 2024). Psychiatric nurses have led the integration of TIC principles, such as safety, trust, and empowerment, into clinical protocols and

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institutional culture. The expected impact is reduction in recurrent trauma, improved therapeutic relationships, improved staff awareness and communication, and influenced training standards and mental health policies. This reform demonstrates how nursing knowledge and sensitivity to vulnerable populations can transform mental healthcare delivery (Flaubert et al., 2021).

Barriers to the Implementation of EBP in nursing practice and health reform

Recognizing and addressing these barriers is important to strengthening the role of nurses in health reform. The following is the common barriers such as limited time and workload pressures. Nurses often work in high-demand wards with limited time for non-clinical activities such as literature reviews, quality improvement projects, or policy advocacy (White & Hill, 2023). This workload burden makes it difficult to consistently integrate EBP into practice or engage in reform efforts. Another barrier is insufficient access to research resources. Many nurses do not have easy access to scientific journals, databases, or institutional support for continuing education. Consequently, it becomes difficult to locate and evaluate the high-quality evidence needed for EBP. Lack of confidence or training in EBP skills were also known as barrier. A significant number of nurses report deficits in their ability to formulate clinical questions, appraise research, and interpret statistics. These issues can lead directly to the underutilization of available evidence in practice (Wang et al., 2023). The common barrier is organizational culture and resistance to change. Healthcare institutions may be slow to adopt new practices, especially if leadership is not fully invested in EBP or if there is resistance to disrupting established routines. For instance, a nurse-led initiative to improve pain assessment might be ignored by management if it is not seen as a priority or if it challenges physician-driven clinical practices. Policy and bureaucratic barriers were known to be concern in EBP implementation. Translating evidence into policy often involves navigating complex regulatory systems. Nurses may not have the training, connections, or authority to influence health policies at national or institutional levels (Hajizadeh et al., 2021). Although nurse practitioners may identify a need for expanded telehealth services, existing licensure laws or funding structures might limit their ability to act on that evidence (Gajarawala & Pelkowski, 2020). The last barrier is inequities in global and regional support for EBP particularly in low-and middle-income countries. Nurses in these settings may lack basic training, mentorship, or policy platforms to promote reform based on evidence (Carbonell et al., 2024). Even in some regions, Florence Nightingale's foundational principles of hygiene and infection control remain inconsistently applied due to resource constraints.

Facilitators that derived from Florence Nightingal's concept

Florence Nightingale's legacy provides facilitators for overcoming EBP barriers such as having a clear and strong vision in nursing. It is essential that modern nurses define and communicate the vision, specifically when advocating for patient safety, health equity, or quality care rooted in evidence (Alsadaan et al., 2023). Another facilitator or solution is to use data as a tool for change and reform. Florence did not rely on anecdotes alone; instead, the method used medical records and data visualization to demonstrate the urgent need for sanitation reform. Today, nurse leaders must become skilled consumers and communicators of data that translating clinical findings into clear and actionable strategies for stakeholders (Curtis et al., 2017). Advocate relentlessly for the under-served is another facilitator. Florence worked to improve the health of soldiers, the poor, and marginalized populations. Today's health disparities demand similar advocacy. Nursing associations and leaders should engage in health policy discussions and public education campaigns that focused on social determinants of health (Chiu et al., 2021). Invest in education and mentorship is also important in implementing EBP. For instance, Florence founded the first professional training school for nurses that reform begins with a well-prepared workforce. Modern nursing leaders must continue to prioritize lifelong learning, mentorship, and capacity-building to create a sustainable culture of EBP (Agnel et al., 2025). Moreover, clinical nurse leaders and educators should support EBP training, journal clubs, and research engagement among staff and students (Valizadeh et al., 2022). To deal with barriers, the nurse should have a willingness to confront outdated policies, unsafe practices, or hierarchical systems that hinder quality care (Greiner & Knebel, 2003). Connecting individual care to public health become fundamental in solving the barriers. Florence Nightingale understood that bedside care and public health were inseparable. Florence used her experiences in hospitals to inform sanitation policy and urban planning. Today's nurses should involve in community outreach, health promotion, and health policy for continuity care purposes (Flaubert et al., 2021). According to Florence Nightingale, nursing leaders must balance compassion with the determination to implement evidence and push for systemic improvements. This philosophy established a dual mandate for the profession such as providing humanistic care and acting as rational agents of change. Florence also demonstrated that true leadership requires not just kindness at the bedside, but the courage to challenge the status quo using verifiable

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data. Consequently, the legacy empowers modern nurses to integrate scientific rigor with empathetic patient advocacy. This unified approach remains the defining trait of influential nursing leadership today.

Conclusion

Florence's legacy is a powerful reminder that nursing is both a science and a mission-driven profession. The work during the Crimean War laid the foundation for EBP. This, coupled with Florence's fearless advocacy for health reform, showed the world that nurses could be agents of systemic change and not just caregivers at the bedside. The role of nurses continues to evolve within today's complex healthcare environment. Equipped with access to research, digital tools, and inter-professional collaboration, modern nurses are better positioned than ever to lead reform. Yet, current challenges like inequalities in care, bureaucratic resistance, and deficits in education or support continue to limit EBP implementation. To uphold Florence's legacy, the nursing profession is mandated to fully integrate EBP as a core responsibility. This requires developing skills in policy advocacy and leadership, intensifying engagement in education and research, and maintaining an unwavering voice for the most vulnerable populations. Contemporary nurses have the opportunity to move from individual excellence to collective impact by integrating Florence's foundational lessons with modern nursing practice. The profession remains vital to both direct patient care and the systemic transformation of health systems. With a strong commitment to EBP and a dedication to advocacy, nursing can shape a more just, effective, and compassionate future for healthcare.

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AI statements

The content of this perspective article is based purely on the original ideas and work of the authors. Furthermore, no AI tools were used in the generation of text or any other creative process.

Author's declaration

All authors contributed to the preparation of the perspective article, including the development of the central idea and the integration of Florence Nightingale's theory into health reform.

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The perspective piece explores and presents a crystal clear of life and legacy of Florence Nightingale as a true legend in nursing history. It highlights the transformative career which redefined the nursing profession and drove healthcare reform. Florence's legacy proved that women could pursue meaningful and world-changing careers that leave a significant in global society.

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Authors' insight

Key points

- Florence Nightingale institutionalized the nurse as a primary agent of public health, the basis for all community and global health interventions.
- Florence Nightingale's commitment to drive transformational reform and provide the philosophical justification for modern nurses in leading health policy development.
- EBP equipped nurses with a robust tool for policy advocacy in daily care that grounding reform in evidence rather than anecdote.

Emerging nursing avenues

- How do Florence Nightingale's foundational principles translate into the essential public health and infection control strategies of modern global health initiatives?
- In what ways did Florence Nightingale's pioneering use of statistical data and rigorous documentation establish the professional mandate for nurses?
- To what extent does Florence Nightingale's transformation of nursing education and the professional image of the nurse empower contemporary nurses to assume leadership roles?

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