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| RESEARCH ARTICLE

Reappraising the Value of Rufaidah Al-Aslamia, first Muslim nurse and pioneer of Islamic nursing, in the context of modern professional nursing, reflexiveness, self-leadership, and women empowerment

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| ABSTRACT

Rufaidah Al-Aslamia, who was born around 597AD and is recognized as the first female Muslim nurse, established the foundations for nursing in Islam from the year 620AD onwards during the time of Prophet Mohammed (Peace and Blessings Upon Him). Authentic hadith by Bukhari and Muslim confirm Rufaidah as providing a location for injured Muslim soldiers, and that the Prophet visited some of the wounded patients twice daily at her location. A recent historical qualitative research study on Rufaidah Al-Aslamia reported caring activities from the perspectives of the nurse, patient, and system. Arising from this study, five emerging themes were identified, namely efficient organizer, effective communication, clinical practice teacher, community care, and spiritual care. This review uses these primary historical qualitative research findings, incorporates the Islamic humanistic perspective, and synthesizes the contemporary nursing literature to reappraise the value of these emerging historical themes within the context of a modern professional nursing framework. The latter includes the themes of person-centered nursing, people-centered primary healthcare, preceptorships and clinical education, nursing leadership and organizing, cultural and religious competence, and code of ethics. Parallel important aspects evaluated include how Rufaidah's contributions reflect reflexivity, self-leadership, and women empowerment. It is asserted that such historical nursing themes are relevant to contemporary professional nursing practice, enrich the values and philosophy of Muslim nursing, and advance culturally and spiritually congruent care provided by non-Muslim nurses to Muslim patients. Evidence shows positive patient and system outcomes ensue through better historically informed communication, leadership, preceptorship, community outreach, and spiritual care. The contention is that Rufaidah Al-Aslamia's tradition-rooted practice is thus connected to present-day international standards of the Joint Commission International and Saudi Central Board for Accreditation of Healthcare Institutions. The analysis supports reciprocal exchange between Islamic humanism and contemporary nursing practices to enhance person-centered frameworks and provide equitable, dignified care for the Muslim patient population.

| KEYWORDS

Rufaidah Al-Aslamia, Islamic nursing, person-centered nursing, spiritual care, preceptorship, Muslim patients, cultural competence

| ARTICLE INFORMATION

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Introductory Overview

The reappraisal and revaluing of the contributions of Rufaidah Al-Aslamia within the context of contemporary nursing was triggered by the confirmation of reference to her in an authentic hadith attributed to Prophet Mohammed [Peace and Blessings Upon Him (PBUH)] with an authentic chain of evidence of narrators confirmed by Al-Bukhari (n.d.) and Muslim (Al-Numay, 2020).

Given that patient care is foundational to nursing practice and is becoming increasingly framed through person-centered models that unite clinical excellence with cultural, ethical, and spiritual responsiveness, it is postulated that historical practice during the period of Rufaidah Al-Aslamia coheres meaningfully with such values in contemporary nursing. Modern-day frameworks, such as the person-centered nursing practice framework, and the World Health Organization's (WHO's) people-centered framework, emphasize the prerequisites that nursing establish care environments, processes of engagement, and outcomes that matter to persons and communities (McCance & McCormack, 2025). However, the contribution of Islamic care referenced in the current nursing literature, which would further that objective, is limited, despite the observation of Islamic nursing practices more than 1400 years ago (Bodrick et al., 2022; Bodrick et al., 2023). Early Islamic exemplars offer insight into a historically grounded, humanistic pattern of practice. Essentially, rediscovery of Rufaidah Al-Aslamia's life work offers a fertile case for reappraisal against the modern professional nursing framework. The analysis of Rufaidah Al-Aslamia's life work suggests a continuum insofar as these historical themes hold significance for nursing practice today and are central to the values and philosophy of Muslim nurses, which is culturally and spiritually relevant to caring for Muslim patients. Therein lies the rationale for reappraising and revaluing the contributions of Rufaidah Al-Aslamia from the time of the Prophet (PBUH) as it relates to nursing practice in modern times.

Historical Recognition of Rufaidah Al-Aslamia in Hadith

Sahih Al-Bukhari (n.d.) recorded in Hadith 1129, in the collection by Al-Adab Al-Mufrad, and it was reported by Al-Numay (2020), based on the original work of Sahih Muslim (published ca. 875), that Mahmud ibn Labid related that when the eye of Sa'd ibn Mu'adh (leader of the Banu Aws tribe, and prominent companion of Prophet Mohammed, PBUH) was gravely wounded in the Battle of the Khandaq (also known as Battle of Trench), they moved him to the house tent (in Arabic referred to as "khaimah") of a woman called Rufaidah who used to treat the wounded. It is narrated that Prophet Mohammed (PBUH) visited him at Rufaidah's house twice a day to inquire on his condition. Khalil (2022), an expert in 'Aqidah' (Islamic Theology), 'Hanafi Fiqh' (Islamic jurisprudence according to Imam Hanafi) and Islamic bioethics, confirmed in her findings that 'Rufaida bint Sa'd al-Aslamiyyah' (daughter of Saad from the Aslam tribe) nursed Sa'd ibn Mu'adh in her house tent that was situated beside the mosque of the Prophet (Masjid Al-Nabawi) from the time of his injuries in the Battle of Khandaq until his death.

Contextual Significance of the Hadith and Sunnah

The hadith are recorded accounts of the teachings of Prophet Mohammed (PBUH) that reflect traditions, sayings, explanations of Quranic content, and guidance, and contain sunnah that were his normative practices, beneficial lifestyle habits, and way of life (Hayitovna, 2022; Agha, et al., 2023). According to Hayitovna (2022), the significance of hadith lie in the conveyance of Islamic value systems, with Agha et al. (2023), based on their investigative analysis of the hadith, asserting that it is inseparable from and complementary to the Quranic verses. It is agreed that the hadiths provide context, clarification, and elaboration on the cultural situation during the life of Prophet Mohammed (PBUH) and necessary elucidation of the content of the noble Quran which retains significance, purpose, meaning, and relevance to contemporary Muslim life (Hayitovna, 2022; Agha et al., 2023). The significance of the link between Rufaidah Al-Aslamia's historic practice, considering it was favorably recognized by Prophet Muhammed, and nursing in modern times, is therefore apparent.

Synopsis of Historical Qualitative Research Findings

Recent historical qualitative research inquiry, using document, thematic, and content analysis within a constructivist paradigm, reconstructed Rufaidah Al-Aslamia's nursing during the era of Prophet Muhammad (PBUH). Bodrick et al. (2022) provide a thematically organized dataset on Rufaidah Al-Aslamia's contribution that is shown in table 1.0 below. This includes nurse-, patient-, and system-focused activities, from battlefield first response and emergency care to rehabilitation and community services in the city of Madinah. Furthermore, from the analysis, five themes emerge that characterize her practice: efficient organizer, effective communication, clinical practice teacher, community care, and spiritual care. These themes encompass her overall historical contribution to the nursing profession. As an efficient organizer (system-focused, with nurse/patient effects), Rufaidah is known to have established "Khaimah Rufaidah" as a specific field tent for injured soldiers, and organized a permanent tent next to the Prophet's Mosque to care for children and adults, including less privileged people. Additionally, she systematized hydration, ventilation, and hygiene, and ensured the availability of materials and workflows necessary for safe care (Bodrick et al., 2022).

Table1.0
Synopsis of historical qualitative research findings on the nursing contributions of Rufaidah Al-Aslamia *(Bodrick et al., 2022)*

Synopsis of Nursing Contributions of Rufaidah Al-Aslamia	Topic Themes of Activities	Emergent Nursing Action Themes
	• *Nurse-Focused* • *Patient-Focused* • *System-Focused*	▪ *Efficient Organizer* ▪ *Effective Communication* ▪ *Clinical Practice Teacher* ▪ *Community Care* ▪ *Spiritual Care*

These actions earned her recognition equivalent to a frontline soldier of Prophet Mohammed (PBUH) in that she was given the same bounty of war received by the Muslim soldiers (Ibn Saad, 1968; Saputra et al., 2020; Bodrick et al., 2022). Regarding the theme of effective communication with a focus on nurse, patient, and system, Rufaidah practiced and taught respectful, truthful, and compassionate communication, and was also known to have formulated an early code of nursing conduct to guide volunteers in times of battle and during peacetime. The findings show Rufaidah was both an efficient organizer and an effective communicator. Rufaidah was also found to offer clinical practice training, community care, and spiritual care, all of which are important contributions to nurses, patients, and the patient care system. As a clinical practice teacher (nurse/system), she organized nursing education, including recruiting and training Ansar women. She evolved informal bedside instruction into what is described as the first "nursing school" that served both military and community needs. The initiative linked teaching to the anticipated output of competent carers (Bodrick et al., 2022). As a community carer (patient/system), she adapted mobile units for outreach, studied patterns of prevalent infectious diseases, and created accessible points of care extending beyond the battlefield to the wider community. Finally, as a spiritual carer, Rufaidah practiced compassion by incorporating the spiritual domain, accommodating worship, modesty, and end-of-life practices. The practices reflected a holistic view of suffering and healing, aligning with Islamic humanism's ethics of dignity, mercy, and justice. Therein, the themes portray an historically grounded framework.

Literature-Based Reappraisal and Revaluing Within Modern Professional Nursing Frameworks: Topic Themes Related to Nurse-, Patient-, and System-Focused Activities

Nurse-Focused Activities

Nurse-focused activities relate to prerequisite, capability, and identity. The modern person-centered frameworks emphasize the importance of nurse attributes that include professional competence, interpersonal skills, clarity of beliefs, and values critical for person-centered processes (McCance & McCormack, 2025). Rufaidah's communication demonstrated her characteristic respect, integrity, veracity, and sincerity. Modern nursing literature on leadership also shows the importance of leadership by showing a link between supportive and transformational leadership styles and better nurse outcomes (retention, engagement), and patient safety culture (Hult et al., 2023). These aspects are emphasized in Rufaidah's management and leadership skills, where she efficiently organized the Ansar women as a nursing team, and set up a field tent that was known as "Khaimah Rufaidah". Relatedly, the nursing code of ethics that she implemented articulates that moral accountability and respect for persons are the professional's backbone (International Council of Nurses, 2021). Therefore, contemporary literature aligns with Rufaidah's nurse-focused activities.

Patient-Focused Activities

Patient-focused activities that contemporary nursing literature emphasizes, such as process, communication, dignity, and cultural and spiritual needs, correspond to Rufaidah's historical attention to environment, privacy, and daily living human routines. Current evidence shows that better communication quality improves patient-centered outcomes, teamwork, and safety (Sharkiya, 2023). For Muslim patients, among whom unmet religious and cultural needs are common, addressing modesty, fasting, diet, prayers, and gender concordance is associated with increased trust and satisfaction among patients (Zagloul et al., 2024). The patient-centered practice firmly calls for dignity, compassion, and partnership in nursing, which mirrors the historical attention to environment, privacy, and human routines (Crombie, 2025). Hence, evidence shows close alignment between Rufaidah's nursing practice and contemporary practice related to a humanitarian ethos as regards patients.

System-Focused Activities

System-focused activities include initiatives introduced to promote the smooth operation of healthcare systems. The WHO is a well-known promoter of people-centered primary healthcare (PHC) and integrates service delivery models that deliver care that is as congruent as is feasible to the everyday environment (WHO, 2025). This contemporary emphasis parallels Rufaidah's innovative use of mobile care tents and community outreach. Additionally, the current literature on nurse-managers emphasizes the

organizing role, such as matching staff, supplies, and flows to achieve safe, efficient care (Alsadaan et al., 2023). In summary, these various aspects of Rufaidah's actions, embodied in organizing Ansar women nurses, decision-making and problem-solving, parallel those of the modern management of resources, which is a feature of system-focused activities.

Nurse-, Patient-, and System-Focused Activities' Relatedness to Accreditation of Healthcare Facilities

Nurse-, patient-, and system-focused activities are of importance to accrediting organizations such as the Joint Commission International (JCI), and the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI). The accreditation process offers a structured mechanism to validate and sustain quality, safety, and person-centered care within healthcare facilities. At a high level, both JCI and CBAHI encourage organizational leadership and operational excellence, which healthcare organizations must demonstrate through effective coordination, resource management, and continuous improvement. These dimensions fully align in modern professional nursing frameworks with the theme of efficient organization. For example, JCI standards align with the efficient organizer theme because they help organizations to measure and improve performance by focusing on systems that support safe, high-quality care delivery, and quality risk management processes (JCI, 2025; JCI, 2026) helping healthcare organizations measure and improve performance in care delivery. JCI's accreditation framework also aligns with the theme of effective communication because it has standards for improving the communication process among caregivers. This aspect is also a priority identified in the current nursing evidence and is essential for patient safety and teamwork (JCI, 2017; JCI, 2025). Further, CBAHI standards emphasize that health organizations should have structured communication and documentation to ensure continuity of care and respect for patients (Cirrus, 2023; CBAHI, 2016). Both accreditation systems reinforce clinical teaching and competence by expecting professional development, evidence-based practice adherence, and education of staff and patients. Finally, the standards' expectation that community care and spiritual care be part of culturally respectful and patient-centered practice aligns with the modern framework that emphasizes holistic and dignity-affirming care. Thus, JCI and CBAHI accreditation standards correspond with the current themes of efficient organizer, effective communication, community care, and spiritual care (JCI, 2025; CBAHI, 2016). In essence, it shows that nursing-, patient-, and system-focused activities are firmly supported by accrediting bodies and align with the emerging themes of effective organizer and communication. Table 2.0 below shows the outline of the three topic themes, namely nurse-, patient-, and system-focused activities, their summary descriptions, and their high-level connection to JCI and CBAHI.

Table 2.0

A high-level linkage of nurse-, patient-, and system-focused activities of Rufaidah Al-Aslamia with JCI and CBAHI accreditation standards.

Topic Theme	Practice Description by Rufaidah	High-Level Alignment to JCI & CBAHI (Quality & Safety)
Nurse-Focused Activities	Rufaidah's nurse-focused activities demonstrated: • professional identity • competence • ethics • leadership behaviors • interpersonal skills. These interpersonal skills included respectful communication and guiding volunteers through a moral code of nursing conduct.	The nurse-focused activities *(professional identity, competence, ethics, leadership behaviors, and interpersonal skills)* align with: • staff competence • ethical practice • leadership accountability • continuous professional development expectations outlined in accreditation standards. Therefore, the two accreditation frameworks, JCI and CBAHI, reflect as foundational elements for quality care by nurses: • enhancing workforce capability • promoting safe practice behaviors and improving staff readiness.
Patient-Focused Activities	Patient-focused activities involve: • providing patients with person-centered and culturally-sensitive care • responding to patients' needs through compassion, privacy, culturally and spiritually congruent support • communication that promotes trust and adherence.	Patient-focused activities connect at a high level with JCI and CBAHI because they align with: • patient-centered care • patient rights • communication • continuity of care • culturally appropriate services.

		Moreover, some of the observations made include JCI/CBAHI standards that: • support safe, respectful care and communication practices that reduce harm and improve patient experience.
System-Focused Activities	The system-focused activities involve implementing organized care delivery models, examples of which are: • mobile/community outreach • resource stewardship • hygiene/ventilation/hydration systems • coordinated workflows to support safe service delivery.	The activities align with JCI and CBAHI at a high level because they align with • accreditation's focus on safe systems • operational effectiveness • quality improvement • risk management. Notably, together, JCI and CBAHI ensure that nursing practice is structured to sustain safety, efficiency, and service continuity across settings.

The above analysis demonstrates that nurse-, patient-, and system-focused activities align with JCI and CBAHI accreditation.

Emerging Themes Contextualized within Current Literature Evidence

In healthcare, leadership is multidimensional, and it manifests in various aspects that include, but are not limited to, advanced administrative coordination, clinical credibility, caring relationships, spiritual sensitivity, and emotional intelligence. This conceptualization of healthcare leadership aligns with contemporary nursing literature, suggesting that effective leadership must be competent operationally and focus on person-centered values to enhance staff performance, staff culture, and patient outcomes (Hult et al., 2023; McCormack, 2025). Thus, against this background, it is clear that the emerging nursing action themes, namely efficient organizer, effective communication, clinical practice teacher, community care, and spiritual care, reflect coherent leadership competency that is congruent with modern nursing practice. The *theme of efficient organizer* aligns with administrative leadership because they both require competence in planning, resource allocation, and workflow coordination to sustain safe and efficient care delivery. Literature evidence shows that transformational and relational leadership are associated with enhanced organizational climate and improved nurse performance (Hult et al., 2023; Ystaas et al., 2023). Notably, both leadership theories demonstrate that an organization is both system-based and people-centered. Additionally, the *theme of effective communication* represents both clinical leadership and emotional intelligence because high-quality communication between leaders and staff, and among staff, improves teamwork, safety, and patient satisfaction. Empirical evidence shows that effective communication leads to improvements through clarity, respect, and closed-loop practices (Sharkiya, 2023; Kerr et al., 2022). However, in a culturally diverse environment, communication must go beyond being clear and also be responsive to religious and cultural expectations, which builds trust and adherence among patients. Hence, there is a strong alignment between the emerging themes and healthcare leadership and competencies. The *theme of clinical practice teacher* is similar to a form of leadership through competence development. Leadership through competence development is where preceptorship and structured mentorship are in place to improve nurse confidence and transition into practice (Griffiths et al., 2022). The *theme of community care* aligns with caring and population-oriented leadership because they both emphasize people-centered PHC priorities, such as prevention, continuity, participation, and governance. Finally, the *theme of spiritual care* emphasizes similar principles as value-based and spiritually competent leadership because it supports holistic care and respectful accommodation of beliefs, and strengthens coping and emotional support (Attar, 2024). Consequently, emerging themes are highly related to healthcare leadership and competencies necessary to improve health outcomes.

Efficient Organizer

The theme of efficient organizer is observed in the current literature, as well as being evident in Rufaidah's leadership characteristics. For instance, the current nursing leadership research has consistently associated transformation and relational leadership styles with improvement in organizational climate, higher nurse performance, and better patient outcomes (Hult et al., 2023; Ystaas et al., 2023) and these facets are visible in Rufaidah's systematic approach, evidenced by her management of tent layout, ventilation, hygiene, and hydration (Bodrick et al., 2022). Her activities reflect rudimentary forms of systems thinking and environmental control, which are currently recognized as essential precursors to safety principles (Kakemam et al., 2025). Moreover, people-centered PHC also supports decentralized, community-proximate services (WHO, 2025), which is conceptually congruent with Rufaidah's mobile clinic initiative. Leadership is advocated in the current literature, and is supported by Rufaidah's practice.

Effective Communication

The theme of effective communication is emphasized in the current nursing literature and also observed vividly in Rufaidah's nursing practice. Essentially, current literature (Sharkiya, 2023; Kerr et al., 2022) shows that verbal and non-verbal communication have a positive impact on nursing outcomes, including patient satisfaction, quality of care, quality of life, and physical and mental health, and interventions emphasize clarity, respect, and closed-loop practices. Zagloul et al.'s (2024) analysis of Muslim patients found that culturally responsive communication that acknowledges modesty, informed consent practices, family involvement, and prayer schedules is associated with a decrease in perceptions of disrespect, as well as enhanced treatment adherence. Characteristics of effective communication parallel the characteristic manner of respect, integrity, veracity, and sincerity demonstrated by Rufaidah. Therein, her emphasis on effective communication is a forerunner of the contemporary emphasis on effective communication.

Clinical Practice Teacher

The importance of preceptorship in nursing is demonstrated by Rufaidah as well as in the current literature. Essentially, studies like Griffiths et al. (2022) emphasize the importance of preceptors by showing that structured programs are integral to nursing education because they lead to significant improvement of novice nurses' competence, confidence, and transition into practice. Bartlett et al. (2020) go further to show that the key competencies for preceptorship are role-modelling, assessment, communication, and instructional guidance. Rufaidah's training of early nurses and codification of ethical conduct can be observed as pioneering for modern frameworks and ethics-informed curricula. Hence, the evidence shows her enduring legacy in clinical education.

Community Care

The emphasis on community care is highly emphasized in modern times. Notably, modern people-centered PHC frameworks encourage prevention, continuity of care, community participation, and the integration of social and environmental determinants of health. For instance, Khatri et al. (2023) noted that these people-centered PHC frameworks exist in different models and are mostly practiced in high-income countries. The study found several themes that emerged under each component of the people-centered PHC framework: engaging and empowering people and communities, strengthening governance and accountability, reorienting the model of care (residential care, care for multimorbidity, participatory care), coordinating services, and creating enabling support. These themes mirror Rufaidah's community-based outreach and hub-style service delivery. Current literature shows that people-centered PHC promotes both equity and efficiency and aligns with faith-sensitive service designs that accommodate Muslim practices, like flexible scheduling, Ramadan, and wudu-friendly sanitary facilities (Allen et al., 2025; Zagloul et al., 2024). Therefore, the community care emphasized by Rufaidah aligns to modern nursing literature.

Spiritual Care

Currently, spiritual care is an essential part of holistic nursing. Research links spiritual sensitivity and competence with improved patient support, coping, and decision-making, while education interventions are effective in strengthening these competencies (Dewi et al., 2025). The reviews, for example, have also shown the need for structured spiritual assessment and respectful accommodation of diverse beliefs, as demonstrated by Attar (2024). It is evident in the role of spiritual nursing, which supports a person's spiritual health, encourages inner serenity, offers emotional support, and assists them in utilizing spiritual resources to overcome challenging times. Regarding Muslim patients, this may include facilitating prayers, Quran recitation, fasting observance, and culturally appropriate end-of-life rituals (Attar, 2024). The practices align closely with Islamic humanism's foundational principle of dignity and justice, central to both Rufaidah's historical practice and contemporary spiritual nursing care. Such spiritual care was supported by Rufaidah and is still soundly supported by modern literature. Table 3.0 below offers a summarized version of the emergent themes, their brief description, how they appear in practice today, and resources that support them.

Table 3.0

The description of the five emergent themes related to Rufaidah Al-Aslamia, contextualized aspects in contemporary practice, and supporting literature evidence

Emergent Theme	Brief Description	Contemporary Practice	Supporting Literature Evidence
Efficient Organizer	• Rufaidah shown to be an efficient organizer by establishing care environments. • She developed field tents for the wounded, and ensured that hygiene, ventilation, hydration, staffing, and workflows were well maintained to provide the needed care for patients.	Currently, the theme of efficient organizer appears in different forms: • As systems thinking and safety-oriented environmental organizations. • Current nursing leadership's emphasis on workflow coordination and resource allocation. • Support for safe, efficient, people-centred service delivery.	*Bodrick et al. (2022); Alsadaan et al. (2023); Hult et al. (2023); Ystaas et al. (2023); Kakemam et al. (2025); World Health Organization (2025).*
Effective Communication	• Rufaidah demonstrated to be an efficient communicator by practicing and teaching respectful, truthful, compassionate communication and guiding volunteers through ethical conduct and clear coordination.	Currently, effective communication is responsible for many benefits in healthcare organizations. For instance, it: • Improves teamwork, safety culture, and patient satisfaction by making instructions and communication clear and respectful. • Supports closed-loop communication and trust-building in clinical contexts and provides culturally responsive care to Muslim patients that supports dignity, modesty, and adherence.	*Noviyanti et al. (2021); Bodrick et al. (2022); Kerr et al. (2022); Sharkiya (2023); Zagloul et al. (2024).*
Clinical Practice Teacher	• The clinical practice teacher theme is observed in Rufaidah through activities such as recruiting and training Ansar women and evolving bedside teaching into structured preparation of competent carers (an early model of nursing education).	• In the current nursing environment, the clinical practice teachers theme appears as modern preceptorship and mentorship models, strengthening of competence, confidence, and transitioning into practice, and reinforcing professional identity formation and ethically-informed training.	*Bartlett et al. (2020); Bodrick et al. (2022); Griffiths et al. (2022); Liu et al. (2024); Vellem & Jooste (2025).*
Community Care	• The theme of community care was observed in Rufaidah's provision of extended care beyond	• In the current nursing field, the theme of community care is represented by people-centred primary healthcare (PHC).	*Bodrick et al. (2022); Khatri et al. (2023); King et al. (2023); Zagloul et al. (2024); Allen et al. (2025);*

	battlefields to a community hub and outreach model. • She served soldiers, women, children, and underserved groups.	• People-centred PHC prioritizes prevention, continuity, access, and participation. • It is also represented by support for equity through care delivered in daily life settings, and encouraging culturally competent service design for diverse Muslim populations.	*World Health Organization (2025).*
Spiritual Care	• Rufaidah demonstrated the theme of spiritual care because of her integrating spiritual sensitivity into nursing care. • Essentially, she focused on facilitation, modesty, dignity, and end-of-life practices. • These activities reflect Islamic humanism and holistic healing.	• Currently, the spiritual care theme is represented by the operationalization of holistic nursing through spiritual assessment and accommodation, strengthening of coping, emotional support, meaning-making for patients, and building culturally congruent care for Muslim patients. • Congruent care for Muslim patients incorporates prayer, Quran recitation, and fasting observance in the treatment plan.	*Bodrick et al. (2023); Attar (2024); Zagloul et al. (2024); Dewi et al. (2025).*

The above analysis reveals a compelling relationship between emergent themes from Rufaidah's practice and contemporary nursing practice.

Rufaidah Al-Aslamia: From Reflection to Practical Reflexivity, and the Emergence of Self-Leadership

Recently, reflexivity has become an important and recognized concept that surpasses regular reflection because it requires practitioners or researchers to critically examine the actions, outcomes, assumptions, values, and relational positioning that shape those facets of knowing at a higher level. Against this backdrop, reflexivity can be seen as 'reflection upon reflection' because individuals interrogate further to understand 'how they know what they know', and why they respond in a particular way, as well as the impact of power, culture, and context within practice (Cunliffe, 2016). Essentially, reflexivity does not treat reflection as a retrospective exercise, but it positions learning as an ongoing ethical and epistemic responsibility that calls for openness to uncertainty and willingness to revise one's interpretations in light of new understanding. Reflexivity in qualitative studies is an active process of surfacing and scrutinizing one's own influence on decisions, interactions, and meaning. This ongoing process helps to strengthen credibility, accountability, and professional integrity, especially in research (Barrett et al., 2020). Reflection and reflexivity are two different concepts. Essentially, reflection is viewed as a lived and in-action orientation process where the practitioners continually evaluate their role in shaping situations, relationships, and outcomes. Meanwhile, reflexivity is a disciplined practice of self-questioning possibly based on earlier reflection that supports ethical judgment, adaptive decision-making, and intentional leadership in settings like healthcare, where actions impact human dignity, safety, and trust. Rufaidah's pioneering work embodies practical reflexivity and, to an extent, epitomizes self-leadership, because her practice emerged without any historical figure or institutional blueprint to follow. Her work reflects a self-directed and value-grounded orientation because her leadership emerged internally through judgment, responsibility, and purposeful actions. The current self-leadership literature argues that healthcare leaders need to be self-aware, goal-oriented, and influence their actions and standards without external influence or supervision to demonstrate their effectiveness (Browning, 2018; Pursio et al., 2025). This understanding emphasizes creating an internal space of self-awareness and reflective consciousness that guides actions, accountability, and professional meaning-making (Ntshingila et al., 2021; Pursio et al., 2025). Therefore, Rufaidah's work reflects reflexivity and self-leadership because it emerged without following previous guidelines or a blueprint. Rufaidah's work can be seen as more than "doing good work" when viewed through the lens of reflexivity. Her work is seen as a continuous process of internal calibration of purpose, ethics, and context,

which is a hallmark of reflexivity (Cunliffe, 2016). Through reflexivity, she started care structures, guided other workers, and sustained compassion in her practice. This example shows that reflexivity works as a "leadership engine" because it produces clarity about values, discipline in decision-making, critical thinking, and responsiveness to real-time needs (Ay et al., 2015). The findings align with modern evidence that self-leadership is not just motivational, but linked to performance and adaptive outcomes because individuals actively regulate behaviors and thinking patterns (Knotts et al., 2022). Finally, Rufaidah's reflexivity is of importance for Muslim and non-Muslim nurses providing care to Muslim patients. Essentially, Rufaidah's reflexivity and self-leadership emphasize the importance of Muslim and non-Muslim nurses continuously engaging in self-leadership to provide culturally appropriate and responsive care.

Rufaidah: Exemplar of Women's Empowerment and Agency

Through a women's leadership empowerment lens, Rufaidah further shows her significance. She appears as someone with the ability to exercise control over her decisions and actions. Empowerment in the context of leadership is conceptualized as the process of enabling individuals to exercise control over their decisions and actions, and this quest for autonomy occurs in a context where systemic barriers limit voice and authority (Couva et al., 2024). Women's empowerment in healthcare involves equipping them with knowledge, resources, and decision-making power to control their health while also ensuring equal opportunities as leaders and professionals (Daraz et al., 2023). Research in both healthcare and other sectors reveals that empowering leaders is associated with improved innovation, decision-making, and ethical responsiveness (Batson et al., 2021). These positive outcomes occur because women are known to adopt inclusive and transformative leadership practices that positively impact organizational culture and outcomes. Empowerment also involves having agency. Notably, agency is the ability of a person to make purposeful choices and act on them. Research demonstrates that empowered individuals have control over their lives and positively impact their environment (Batson et al., 2021). These impacts are observed through Rufaidah's work, which exemplifies agency and empowerment. Her work of organizing care structure, guiding and training others on principles, and creating sustainable practices without waiting for formal titles, clearly reflects empowerment and agency. Her work also mirrors that of contemporary women leaders who are observed to go beyond occupational roles to shape practices, norms, and structures (Batson et al., 2021). Additionally, Rufaidah's work reflects the interplay between empowerment and self-leadership. Empowered individuals demonstrate a higher awareness of self and context. Her work confirms that supporting and mentoring women is the solution to sustaining their participation in leadership and innovation which is epitomized in her role in engaging the Ansar women (Bodrick et al., 2022; Bodrick et al., 2023). From the lens of reflexivity and empowerment, her work is more than altruistic and encompasses a continuous process of internal calibration of purpose, ethics, and context. Current research shows that reflexivity can make women leaders aware of how power, gender norms, culture, and hierarchy influence what is allowed or expected of them (Anderson-Butcher et al., 2025). It provides an identity because it helps women to clarify who they are, what they stand for, and what voice they want to use in practice. Finally, when reflexivity connects with empowerment, agency through choice is established (Anderson-Butcher et al., 2025). The outcome is possible because reflexive leaders follow and evaluate the systems and choose actions that align with ethics and purpose. Rufaidah demonstrates these critical aspects through her critical awareness of needs and context, including recognizing community health needs such as those of the wounded and vulnerable, as well as making ethical decisions and taking responsibility. Table 4.0 below offers a summary of the key concepts of reflexivity and self-leadership as a descriptive portrait of Rufaidah, what it looks like in modern-day nursing practice, and the evidence that supports the description.

Table 4.0

Reflexive perspectives and self-leadership as a descriptive portrait of Rufaidah Al-Aslamia

Key Concept	Descriptive Portrait of Rufaidah Al-Aslamia	Modern Nursing Practice Perspectives	Supporting Evidence
Reflexivity *('Reflection Upon Reflection')*	• In the context of Rufaidah's practice, reflexivity is seen in how she continuously undertook internal calibration of purpose, ethics, and context. • It is observed that she always learned while performing, and after, an action. • As a result, care emerges as humane, culturally responsive, and ethically grounded.	• In nursing, reflexivity is seen as ongoing self-questioning. Some of the key considerations include asking oneself why this action, for whom, and with what impact? • Additionally, it also appears as responsiveness to context (war/community needs, vulnerability, resources), and ethical accountability and relational awareness when making decisions.	Cunliffe (2016); Barrett et al. (2020).

Self-Leadership	• Rufaidah shows the characteristics of self-leadership because her work emerges without a guiding formal blueprint. • Her only guides are values, judgment, responsibilities, and purposeful actions. • These principles demonstrate leadership from "inside-out".	In practice, self-leadership appears as being internally driven by standards. • Some key perspectives are being disciplined, taking the initiative, and having moral courage. • Additionally, it means being goal-oriented when it comes to organizing care structures. • The key essentials are facilities, teams, and training. • Finally, self-leadership appears as having sustained influence through ethical role-modelling and competence development.	Ay et al. (2015); Browning (2018); Ntshingila et al. (2021); Knotts et al. (2022); Pursio et al. 2025.
Empowerment and Agency	• Rufaidah demonstrates empowerment by showing that she had agency, exemplified by the ability to make purposeful choices and act on them. • She introduced new knowledge, worked without a formal title, guided others through her principles, and created sustainable practices. • Her works demonstrate the principle of empowerment and agency.	• In the nursing context, empowerment and agency are observed as equipping women with knowledge, resources, and decision-making power to control their health while also ensuring equal opportunities as leaders and professionals within the medical field.	Batson et al. (2021); Daraz et al. (2023).
The Link Between Reflexivity and Self-Leadership ***(Reflexivity is taken to be an Engine of Self-Leadership)***	• For Rufaidah, reflexivity appeared as the mechanism that produced clarity, adaptive judgment, and intentional leadership. • As a result, it enabled her to build sustainable care systems and guide others ethically.	• In practice, reflexive awareness provides several benefits to healthcare professionals. • It supports ethical leadership and credibility, encourages adaptive decision-making under uncertainty and high stakes, and ensures there is a continuous improvement mindset that supports safe, compassionate care. • Therefore, some of the key features are the presence of ethical leadership, adaptive leadership, and continuous improvement.	Ay et al. (2015); Cunliffe (2016); Knotts et al. (2022); Pursio et al. (2025).

The summary shows reflexivity as an engine of self-leadership because it helps nurses to reflect on their work continuously, learn, and change based on the new knowledge that has emerged, with meaningful and purposeful action as the outcome.

Contemporary Relevance for Muslim and Non-Muslim Nurses and Reciprocal Learning *Care of Muslim Patients*

The emergent historical themes, namely efficient organizing, effective communication, clinical practice teacher, community care, and spiritual care, are relevant to the modern nursing and healthcare environment, enriching the nursing values and philosophy of Muslim nurses and non-Muslim nurses, as well as nursing care for Muslim patients. In most healthcare organizations, non-

Muslim nurses provide care to Muslim patients. However, for them to be effective, they would need to understand that Muslim patients require a culturally safe environment that considers dignity, modesty, family roles, and religious routines as a legitimate part of person-centered care. Conversely, a significant part of the training of Muslim nurses is on contemporary bioethics and professional standards that mostly come from Judeo-Christian moral traditions. The integration of these teachings and practices reveals that contemporary nursing practice is a form of reciprocal learning exchange where ethical nursing is strengthened through cross-cultural competence rather than being confined to a single tradition. Specifically, the organizing function is a vital contemporary leadership quality that is responsible for the provision of a safe environment (ventilation, hygiene) and resource stewardship. Ferramosca et al. (2023) found that nurses' organization of work is influenced by patient, nurse, and workflow aspects; and workload organization is related to physical, mental, and emotional nursing workload. Thus, the study shows that leadership has an impact on nurse practice. Its quality enriches Muslim and non-Muslim nursing with credible evidence of a link between nursing leadership and nurse and patient outcomes (Hult et al., 2023). Moreover, when organizing is applied to people-centered PHC, studies show that, like flexible, community-proximate services such as Rufaida's historic tent clinics, community outreach and mobile clinics now advance access and equity of patient care (WHO, 2024). Hence, organizing enriches Muslim and non-Muslim nursing alike, and nursing care activities. Effective communication is emphasized in the current literature and is essential for contemporary nursing practice because it is expressly connected to safety and person-centeredness. For example, contemporary studies, like Noviyanti et al. (2021), have shown robust evidence of the relationship between nurse communication satisfaction and the quality of patient safety culture. For Muslim patients, Sharkiya (2023) reveals, failure to recognize religious needs undermines trust and safety, and culturally humble and structured communication restores partnership. Hence, effective communication remains relevant to contemporary nursing and supports Muslim nursing. Clinical teaching has become an essential aspect of modern nursing and is seen as inseparable from professional identity formation. Liu et al. (2024) show that the role of preceptors is to teach nursing skills to students in real medical scenarios and develop their professionalism. The roles of historical schools parallel those of the current roles of modern preceptorship, which is to reduce transition shock and sustain standards, which is a key requirement for workforce stability in a diverse system (Liu et al., 2024; Vellem & Jooste, 2025). Moreover, the community care theme also aligns with integrated, people-centered services and social accountability in healthcare systems. According to King et al. (2023), given the growing number of Muslims and increasing level of diversity in non-Muslim PHC, the only way to partially reduce patient care inequality in these areas is by improving cultural competency in non-Muslim clinicians. Therefore, improvement in community care enhances Muslim nursing practice. Finally, spiritual care operationalizes holistic nursing. For Muslim nurses, Islamic humanism harmonizes with professional codes and supports ethical practice that honors autonomy, dignity, and meaning. For Muslim patients, a structured spiritual assessment and resultant accommodation translate into improved experiences and potentially better outcomes (Bodrick et al., 2023). Essentially, these are not antiquated but enduring over time; they enrich the philosophy and everyday practice of Muslim nurses and guide all nurses in delivering respectful, person-centered care to Muslim patients.

Conclusion

The historical qualitative research evidence regarding Rufaidah Al-Aslamia reveals a coherent approach to organization, communication, education, community-embeddedness, and spiritually grounded nursing. The approach aligns with standards and principles advocated by JCI and CBAHI. The review of themes emerging from historical empirical analysis of Rufaidah's nursing practices shows they cohere with current frameworks, corroborating the efficacy and ethics of those practices. Further analytical review of Rufaidah's works shows an alignment with current leadership practices and contemporary concepts such as reflexivity, self-leadership, and women's empowerment. Furthermore, credible evidence supports not only its applicability to current nursing practice, but also its role in enriching Muslim and non-Muslim nursing practice directed to Muslim patients. Embedding Islamic humanism into person-centered, people-centered structures provides a practical route to culturally and spiritually congruent care that benefits Muslim patients and strengthens professional identity for Muslim and non-Muslim nurses while aligning with universal nursing codes and quality goals. Rufaidah's work goes beyond relevance to Muslim nurses because non-Muslim nurses frequently provide care for Muslim patients within a multicultural system, as Muslim nurses do for non-Muslim patients. Therefore, Rufaidah's legacy supports a reciprocal learning exchange between contemporary nursing and her Islamic humanism, mutually reinforcing one another to advance equity, trust, and holistic quality of care that is the ultimate underpinning of humanity. Given this reappraisal and revaluing of the contributions of Rufaidah Al-Aslamia, it is imperative that as the first Muslim nurse and pioneer of Islamic nursing, she is embraced avidly as a paragon of professional nursing, self-leadership, and women's empowerment.

Disclaimer:

The views expressed are entirely those of the coauthors, and therefore are not necessarily perspectives of the institutions associated with the coauthors. It is declared that there are no conflicts of interest. Furthermore, the coauthors are not responsible for any errors or omissions, and/or for the results obtained from the sources used to generate this review publication. The coauthors therefore bear no liability to any person for any loss or damage arising out of the inaccurate use of the information provided in the review.

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