Appraising Rufaidah Al-Aslamia, First Muslim Nurse and Pioneer of Islamic Nursing: Contributions and Legacy

Mustafa M. Bodrick[1,2,3,4*], Mutlaq B. Almutairi[2,5], Fatma S. Alsolamy[6], Hisham M. Alfayyadh[2]

1. Saudi Commission for Health Specialties, Riyadh, Saudi Arabia
2. King Saud University, Riyadh, Saudi Arabia
3. MAHSA University, Kuala Lumpur, Malaysia
4. Johns Hopkins University, Baltimore, United State
5. King Fahad Medical City, Ministry of Health, Riyadh, Saudi Arabia
6. Islamic Sciences and Literature, Jeddah University, Jeddah, Saudi Arabia

*E-mail: mustafabodrick@gmail.com

Abstract

Global advancement in nursing is attributed mainly to western pioneers with negligible recognition of Rufaidah Al-Aslamia, who was the first Muslim nurse, and pioneer in Islamic nursing more than 1,400 years ago in Madinah (Medina, Saudi Arabia). She responded to the need for the provision of organized nursing care to injured soldiers in the Islamic battles during the time of Prophet Mohammed (Peace & Blessings Upon Him). The paucity of focus on Rufaidah Al-Aslamia triggered this scientific study to appraise her contributions and legacy as the pioneer of Islamic nursing. A qualitative, historical research inquiry was conducted using a research design that was exploratory, descriptive, explanatory, interpretive, and contextual within the constructivist paradigm. Data collection of literature was conducted by purposive sampling. Data analysis was conducted in two parts, which is document analysis, and thematic and content analysis with the use of deductive, inductive and abductive logical reasoning. The results of topic themes related to nurse-, patient-, and system-focused activities are provided with the emerging themes including efficient organizer, effective communication, clinical practice teacher, community care, and spiritual care. The historical narrative is reconstructed using empirical data sources as part of the discussion that includes the biography of Rufaidah Al-Aslamia and a vivid comprehensive portrayal of the contributions and legacy of Rufaidah Al-Aslamia as the first Muslim nurse and the pioneer of Islamic nursing.

Keywords: first muslim nurse, pioneer Islamic nursing, Prophet Mohammed, Rufaidah Al-Aslamia

Abstrak

Rufaidah Al-Aslamia, Perawat Muslim Pertama dan Pelopor Keperawatan Islam: Kontribusi dan Legasi. *Kemajuan global di bidang keperawatan seringkali dikaitkan terutama dengan perintis barat dengan sedikit pengakuan terhadap Rufaidah Al-Aslamia, yang merupakan perawat Muslim pertama, dan pelopor dalam keperawatan Islam lebih dari 1.400 tahun yang lalu di Madinah (Arab Saudi). Rufaidah Al-Aslamia menanggapi kebutuhan penyediaan asuhan keperawatan yang terorganisir untuk tentara yang terluka dalam pertempuran Islam pada masa Nabi Muhammad (SAW). Kurangnya fokus pada Rufaidah Al-Aslamia memicu studi ilmiah ini untuk menilai kontribusi dan warisannya sebagai pelopor keperawatan Islam. Penelusuran sejarah dengan pendekatan kualitatif dilakukan dengan menggunakan desain penelitian yang bersifat eksploratif, deskriptif, eksplanatif, interpretif, dan kontekstual dalam paradigma konstruktivis. Pengumpulan data literatur dilakukan dengan* purposive sampling. *Analisis data dilakukan dalam dua bagian, yaitu analisis dokumen, dan analisis tematik dan isi dengan menggunakan penalaran logis deduktif, induktif dan abduktif. Hasil dari topik yang berkaitan dengan kegiatan yang berfokus pada perawat, pasien, dan sistem disajikan dengan tema-tema yang muncul termasuk penyelenggara yang efisien, komunikasi yang efektif, guru praktik klinis, perawatan komunitas, dan perawatan spiritual. Narasi sejarah direkonstruksi menggunakan sumber data empiris sebagai bagian dari diskusi yang mencakup biografi Rufaidah Al-Aslamia dan penggambaran komprehensif yang jelas tentang kontribusi dan warisan Rufaidah Al-Aslamia sebagai perawat Muslim pertama dan pelopor keperawatan Islam.*

Kata kunci: *Nabi Muhammad, pelopor keperawatan islam, perawat muslim pertama, Rufaidah Al-Aslamia*

Introduction

Global advancement in nursing is attributed mainly to western pioneers; however, more than 1,400 years ago in Madinah, Rufaidah Al-Aslamia practiced as the first Muslim nurse, which is the root of Islamic nursing (Hussain, 1981; Jan, 1996; Meleis, 2007; Nurse Recruiter, 2017). She provided care to injured soldiers in the Islamic battles at the time of Prophet Mohammed [Peace & Blessings Upon Him (PBUH)]. Written accounts of Rufaidah Al-Aslamia's contribution are sparse with negligible recognition in nursing and healthcare literature. It was therefore not surprising that when 2020 was designated the 'Year of the Nurse and Midwife' in honor of Florence Nightingale (World Health Organization [WHO], 2019) Rufaidah Al-Aslamia's historical contributions and legacy were omitted. The WHO Eastern Mediterranean regional office released a 580-word statement in which a sum-total of 25 words hinted at the contribution of Rufaidah Al-Aslamia: 'In our Region, the history of nursing goes back to earlier days; there is a reference to Rufaidah Al-Aslamia as the first female Muslim nurse, …' (Al-Mandhari, 2020). This paucity of focus triggered the conduct of a scientific study to appraise Rufaidah Al-Aslamia as the pioneer of Islamic nursing.

Methods

Initially, the integrative literature review framework by Whittemore and Knafl (2005), which consists of five phases - problem identification, literature search, data evaluation, data analysis, and data presentation - was used similar to the nursing education historical study by Aljohani (2020). The paucity of results turned up using bibliographic databases such as EBSCO-CINAHL, PubMed, Ovid, Google Scholar, and Web of Science reinforced that scientific publications on Rufaidah Al-Aslamia were scarce, as the results were initially 13 publications. Therefore, the search expanded into grey literature and information, which are resources not produced by academic publishers and consider-

ed hard-to-find, including research theses, conference proceedings, social media, blogs, and archival materials that are not necessarily available or part of systematic literature reviews (Adams et al., 2016; Durai, 2022). Given the wider focus, the literature study evolved into a qualitative research project in December 2020 as a response to the research problem. The project period was 17 months up to April 2022 and yielded a total of 32 items that consisted of 21 scientific articles and 11 grey literature resource items relevant to the research inquiry. The final resource items were 24 in total with direct reference to Rufaidah Al-Aslamia's contributions and legacy after excluding items that lacked adequate or verifiable referencing of sources.

The research problem was identified as the deficient recognition of Rufaidah Al-Aslamia as the first Muslim nurse and pioneer of Islamic nursing. It was acknowledged that a modicum of customary informal recognition existed in Muslim countries where Rufaidah Al-Aslamia is celebrated as a historical nursing figure as borne out by three relatively well-known references, namely Hussain (1981), Jan (1996), and Meleis (2007). However, the noted insufficiency of coverage propelled the formal scientific historical inquiry. The generated research objectives included: (i) explore literature for evidence of Rufaidah Al-Aslamia's nursing contributions; (ii) describe Rufaidah Al-Aslamia's pioneering legacy, (iii) explain the scope of Rufaidah Al-Aslamia's nursing contributions, (iv) interpret the extent of Rufaidah Al-Aslamia's involvement in the Islamic battles, and (v) provide the nursing care context of the Islamic battles, and Madinah community care. The research design was a qualitative research historical inquiry that was exploratory, descriptive, explanatory, interpretive, and contextual. This method of qualitative historical inquiry is supported by Wilson (2007), who illustrates how the narrative history of the state librarians in Idaho, USA from 1901 to 2005 was reconstructed using stories in academic and grey literature resulting in vivid narratives spanning the 104-

year-old history despite 13 of the 15 state librarians being deceased. Brinkmann et al. (2014) indicate that qualitative research captures historical 'voices' that include conceptual, internal, and repressed history to represent vibrant, integrated perspectives that are rich and diverse from evolved social history. Langtree et al. (2019) advocate separating fact from fiction by employing strategies for improving the rigor of data trustworthiness that include checking credibility, confirmability, dependability, and transferability. These relate to investigative sources of historical information to collate data, identify sources of criticism and analysis, prolonged engagement, reflexive bracketing, and historical dissemination patterns (Korstjens & Moser, 2017; Korstjens & Moser, 2018). Ethical considerations were not required in this study as there were no human subjects, and there is an absence of personal identification of any current research study participant (Hamilton, 2005).

Purposive sampling was employed to collect the information-rich historical literature (Etikan et al., 2016) on, specifically, Rufaidah Al-Aslamia's nursing contributions. At the outset of the study in December 2020, time was not determinant, but on later reflection, the prolonged engagement of 17 months until April 2022 serendipitously fulfilled the rigor criterion in respect of obtaining rich and thick descriptive data (Hamilton, 2020). Trustworthiness of data and scientific rigor were emphasized for credibility by triangulation (Stahl & King, 2020), namely data triangulation, in that historical literature could be sourced from scientific publications and grey literature that included Islamic publications, and investigator triangulation, through the use of multiple investigators, as described later, for obtaining data from varied historical materials. Prolonged engagement is regarded as a criterion of rigor (Hamilton, 2020), which Grant and Lincoln (2021) confirm, is established over time by contemplative qualitative researchers with a high recognition for trustworthiness and quality of data. Gill et al. (2018) link trustworthiness and rigor in historical qualitative research to the constructivist

paradigm that engages discursive historical narratives as conceptualizations that tell stories beyond a repository of facts to form interpretive narratives from naturalistic inquiry on past situations or existences. They indicate further that emergent historical research data are arranged to become a vivid and coherent reconstruction of a past reality in its complexity that is conveyed with authenticity, and an interpretive understanding of the components in a historical situation, activity, and/or context. They reflect on Lincoln and Guba's (1985) original credibility techniques of prolonged engagement and persistent observation where researchers engage with the content and context of a study, and its sources, for extended periods as sustained interaction with the ultimate goal to reconstruct a comprehensive picture of a historical event, person, and/or activities (Gill et al., 2018).

Constructivism in historical research is supported by Reus-Smit (2008) who regards it as a renaissance in approach after the Cold War, whereby a rediscovery of history occurred embracing past reality, involving historical identities, beliefs, values, incidents, and past experiences that are context-specific. Hong (2013) advocates the dynamic use of constructivism to surpass description by capturing culture in the uniqueness of persons or groups by refocusing the responses to past events or situations. Simon (2019) advocates social historical reconstruction by balancing scholarly constructivism with the historical sensibility for valuing historical representation of the past. Similarly, Sherif (2018) asserts that secondary analysis of qualitative research data has become prevalent in educational and social sciences for in-depth interpretations and understanding to gain comprehension of the lives, relationships, attitudes, adaptations, and social contexts of historical occurrences. Cypress (2017) advises that rigor be built into the data collection process proactively and not after the inquiry activities, and emphasizes reflexivity that involves critical self-reflection about potential bias and inclinations, for which bracketing is used by the re-

searcher to ensure objective inquiry in the data collection and data analysis processes. Exploratory research probes were used in rigorous data collection to describe, explain, and interpret historical data (Graham et al., 2007; Harrell & Bradley, 2009; Mason, 2018) on Rufaidah Al-Aslamia's existence and activities. Four levels of research probes were constructed (Brown, 2018; Celikoglu et al., 2017; Kassan et al., 2018, Mason, 2018), namely: (i) evidential probes by asking what is descriptive, relevant, and appropriate in the data; (ii) illustrative or evocative probes by asking what, where, who, and how to explain data to gain understanding, convey meaning, and/or portray a situation or event; (iii) interpretive or narrative probes by asking why and how for authentic and meaningful occurrences/nuances; and (iv) reflexive or multivocal probes by asking the combination of what, who, why, when, where, and how to capture meaningful experiences and/or perspectives in the historical data.

It was at this point in the data collection process that two further coauthors were invited with expertise in Islamic Sciences, and Translation Studies, for verifying the authentic Arabic texts, and for English accuracy in translation. A key data source was a historiographical study by Saputra and Rahmatillah (2020) in the Malay language that was translated into English and verified for authenticity of content by a second Malay language education expert. Data analysis was conducted in two parts. The first part used qualitative document analysis (Bowen, 2009) for review of explicit meaning to gain an understanding and interpretation of the data. This included identifying descriptions, phrases, patterns of responses, references to cultural artefacts, and social facts (Bowen, 2009; Morgan, 2022). Using a combination of measures for trustworthiness and rigor, the following steps were used in the initial retrieval of documents: (i) employ purposive data sampling; (ii) review the document initially to confirm the content and context; (iii) read again for descriptive elements related to research inquiry; (iv) identify rich data aspects for interpretation; and (v) set aside for further thematic and content analysis (Bowen, 2009; Gill et al., 2018; Hamilton, 2020; Korstjens & Moser, 2017; Korstjens & Moser, 2018; Langtree et al., 2019; Morgan, 2022; Stahl & King, 2020).

The second part of data analysis entailed thematic analysis and content analysis which permits the researcher to discern the meanings within the data (Crowe et al., 2015) that portray narrative descriptions of the subjective experiences, content, or context related to the research inquiry, with thematic analysis being a procedure of interpretation aimed at finding meaning across the data, and content analysis depicting a range of data that represents clusters of responses and/or descriptions (Assarroudi et al., 2018; Nowell et al., 2017; Park et al., 2017; Vaismoradi et al., 2013; Vaismoradi & Snelgrove, 2019).

Integral to qualitative data analysis is the focus on deductive, inductive, and abductive logical reasoning for formulating arguments and generating supportive statements on the emerging results in qualitative inquiry (Aljaroodi et al., 2020; Heit & Rotello, 2010; Lipscomb, 2012). Deductive reasoning is intended to provide an assurance of the truth of the conclusions based on premises that are considered to be true, while inductive reasoning puts forward an argument that is verifiable that makes it less likely to be untrue by conclusion (Aljaroodi et al., 2020; Heit & Rotello, 2010), and abductive reasoning makes a probable conclusion from what is known from observations such that the plausible conclusions or inferences are based on the best available data or findings (Awuzie & McDermott, 2017; Conaty, 2021; Lipscomb, 2012).

Results

An overview of the results illustrates that Rufaidah Al-Aslamia's scope of evolving nursing practice followed an open systems approach in the organization of nursing care provision as she progressed with input, throughput, output,

and feedback elements (Luhmann et al., 2013; Zehetmeier et al., 2015), evidenced by the dynamics of activities that follow in the discussion. The multifaceted activities in the open systems were guided by data reduction to gain clarity and consistency within data analysis, mindful of retaining the textual data-rich content (Richards & Morse, 2012; Constantinou et al., 2017; Richards, 2020). Further, Richards (2020) refers to theme topics to capture the contextual meaning of related emergent themes that embrace the empirical data as the descriptions evolve for narrative reconstruction (Constantinou et al., 2017; Richards & Morse, 2012). The essential factors in reporting narrative results are the chronological and logical order and sequence as the story evolves in stages for graphic descriptiveness of historical reconstruction (Richards, 2020; Richards & Morse, 2012; Yin, 2009). Moreover, while flexibility is employed in the historical narrative reconstruction, Richards and Morse (2012) emphasize methodological congruence that is a logical alignment of the research problem with the research question, and in turn with research method that includes data collection, data analysis, and reporting of results for optimally harmonizing of all research activities (Richards, 2020; Yin, 2009). The three theme topics are: (i) nurse-focused activities; (ii) patient-focused activities; and (iii) system-focused activities. The five emergent themes in reconstructing the historical narrative on Rufaidah Al-Aslamia include efficient organizer, clinical practice teacher, effective communication, community care, and spiritual care. These emergent themes are considered as retrograde and transverse in relationship to the theme topics of nurse-focused, patient-focused, and system-focused that will be exemplified in the discussion (Callaghan, 2017; Longman, 2018; Vo & Desai, 2021). The discussion therefore is an integrated evidential, evocative, interpretive, reflexive, and historical narrative that is a comprehensive historical account of Rufaidah Al-Aslamia that combines results and findings to prevent fragmentation of the narrative (Brown, 2018; Celikoglu et al., 2017; Kassan et al., 2018; Mason, 2018). The

discussion outcome that follows is a coherent narrative that provides a comprehensive and holistic perspective (Hill et al., 2005; Koch et al., 2014; Sandelowski & Barroso, 2002; Yin, 2009) that is methodologically congruent with the historical qualitative research design that was exploratory, descriptive, explanatory, interpretive, and contextual.

Discussion

The construction of the historical narrative in the discussion straddles narrative case reports (Hurwitz, 2017; Whiffin et al., 2021) using thematic synthesis for creating a holistic retrospective account of lived experiences, and storytelling that retains the integrity of the findings as the narrative is re-created. Cavazzino (2021) advocates that narrative reporting is the outcome of investigative exercises that dynamically reconstruct the history of persons, events, and situations that link contextualized structural style with interpretation for deepening the understanding of the main features as the story unfolds with consistency. McAlpine (2016) and Cavazzino (2021) concur that reconstruction overcomes the dichotomy of information versus opinion by endorsing the interpretive component in re-creating past realities and existences. The narrative discussion has a threefold emphasis that portrays the following historical components: (i) sociocultural, which focuses on cultural historical narratives and experiences of individuals and groups as the story unfolds; (ii) naturalist, which focus on rich descriptions on the content of stories, and related meanings of the experiences and events that occurred as reported; and (iii) literary, which may comprise either sociocultural and/or naturalist elements, contain discourse with powerful images and metaphors that influence the interpretive and contextual reconstructions, and provide historical texture while maintaining integrity of emerging themes (Cavazzino, 2021; McAlpine, 2016). The reconstructed empirical narrative of Rufaidah Al-Aslamia commences with her biography and an historical overview of the nursing contributions and legacy that position her as

a pioneer in Islamic history, followed by an integrated discussion that incorporates her skills, and the implied evidence from the data and findings using deductive, inductive, and abductive logical reasoning as applicable.

Biography and historical overview: Rufaidah Al-Aslamia of the Bani Aslam tribe was born around 597AD in the city of Yathrib before the arrival of Prophet Mohammed (PBUH) (Albukhari, 1989; Hussain, 1981; Saputra & Rahmatillah, 2020). Yathrib later became known as the city of Madinah. She was one of the first women to become Muslim, and was in her early twenties when the Prophet (PBUH) arrived to live in Madinah (Hussain, 1981; Jan, 1996; Saputra & Rahmatillah, 2020). She gained respect amongst the Ansar women as the daughter of a physician and surgeon, Sa'ad Al-Aslamia, for the clinical skills she gained as his medical and surgical assistant (Hussain, 1981; Jan, 1996; Muslim Heritage, 2020; Nataatmadja, 2015; Nordin, 2018). Her nursing role commenced around 620AD at the age of 23 – 25 years during the time of Prophet (PBUH) (Al-Asqalany, 1992; Albukhari, 1989; Al-Dossary et al., 2008; Al-Mahmoud et al., 2012; Al-Malki et al., 2011; Al Mutair & Redwan, 2016; Hussain, 1981; Islamic Board, 2018; Ibn Saad, 1968; Muslim Heritage, 2020; Saputra & Rahmatillah, 2020). Rufaidah Al-Aslamia's activities illustrate the open system approach of input, throughput, output, and feedback elements (Luhmann et al., 2013; Zehetmeier et al., 2015), evidenced by care provision approaches that include first responder on the battlefields for retrieval of injured soldiers, emergency care, acute care, quarantine by isolation nursing of injured soldiers on the battlefield, rehabilitation, and long-term care with a person-centered care attitude (Albukhari, 1989; Hussain, 1981; Ibn Saad, 1968; Meleis, 2007; Saputra & Rahmatillah, 2020). An overarching system that she put in place with consistency was her insistence on the hygiene and cleanliness of environments in the ventilated tents where shade was afforded patients from the harsh desert climate, as was a regular supply of clean drinking water (Hussain, 1981; Jan, 1996; Saputra & Rahmatillah, 2020). The feedback mechanism, that included assessment by the Prophet (PBUH), was that Rufaidah Al-Aslamia was a kind, empathic nurse, and an efficient organizer during times of the battles, while in peace times she was valuable in addressing social problems related to disease, and provided community care especially to children in need, orphans, and people who were handicapped and poor (Albukhari, 1989; Ibn Saad, 1968; Jan, 1996; Kasule, 2003; Muslim Heritage, 2020; Nataatmadja, 2015; Nurse Recruiter, 2017; Saputra & Rahmatillah, 2020). Further historical evidence of the open system approach used by Rufaidah Al-Aslamia is the establishment of the first nursing school in 622AD to train the women companion followers of the Prophet (PBUH) and some of his wives as nurses for the purpose of supporting him and the Muslim army during Islamic battles (623-630AD) by taking care of the wounded soldiers at the rear of the army at the battles of Badr, Uhud, Khandaq, and Khaibar (AlAsqalany, 1992; Albukhari, 1989; Ibn Saad, 1968; Jan, 1996; Kasule, 2003; Muslim Heritage, 2020; Nataatmadja, 2015; Nordin, 2018; Nurse Recruiter, 2017; Saputra & Rahmatillah, 2020). Likewise, during peace times, she focused on the education of young girls and women in response to the instructions of the Prophet (PBUH) to promote their ongoing education (Saputra & Rahmatillah, 2020), and eventually recruited them as nurses as part of the output element of her systems approach (Hussain, 1981; Jan, 1996; Muslim Heritage, 2020; Nataatmadja, 2015; Nordin, 2018).

The threefold activity-based narrative of Rufaidah Al-Aslamia is captured by the topic themes whereby an exemplary illustration of nurse-, patient-, and system-focused activities by Rufaidah was her distinguished leadership of the volunteer nurses who approached the Prophet (PBUH) for permission to join the Muslim army at the various battles to treat the injured men aimed at organizing a care provision system for wounded soldiers (Al-Asqalany, 1992; Albukhari, 1989; Ibn Saad,

1968; Jan, 1996; Lovering, 2008; Muslim Heritage, 2020; Nataatmadja, 2015; Saputra & Rahmatillah, 2020). Rufaidah Al-Aslamia and her team of standby nurses at the back of the Muslim army represents the throughput and output elements of the established early nursing care system (AlAsqalany, 1992; Albukhari, 1989; Hamisan, 2020; Ibn Saad, 1968; Jan, 1996; Nataatmadja, 2015; Nordin, 2018; Nurse Recruiter, 2017; Saputra & Rahmatillah, 2020). The feedback element of Rufaidah Al-Aslamia's open system is reinforced by the Prophet (PBUH) who is reported to have been so highly impressed with the nursing care provided by Rufaidah and the Ansar nurses that he gave Rufaidah and her team a share of the war bounty equivalent to that of soldiers who had fought at the frontlines (AlAsqalany, 1992; Albukhari, 1989; Ibn Saad, 1968; Kasule, 2003; Muslim Heritage, 2020; Nataatmadja, 2015; Nurse Recruiter, 2017; Saputra & Rahmatillah, 2020), which was regarded as recognition of her outstanding nursing organization and care delivery. Much of this extraordinary legacy of Rufaidah Al-Aslamia is believed to have been passed down probably in oral history only, and therefore was possibly forgotten until 1981 when Dr. Soad Hussein Hassan, the first Arab PhD nurse, published her classical work on Rufaidah Al-Aslamia that is regarded as the resurgence on the appraisal of Rufaidah Al-Aslamia (Hussain, 1981, Jan, 1996; Meleis, 2007; Saputra & Rahmatillah, 2020).

The discussion of the five emergent themes that follow includes efficient organizer, clinical practice teacher, effective communication, community care, and spiritual care with accompanying descriptions and explanations from the data yield from the literature combined with interpretative and contextual perspectives. Each of the five emergent themes is discussed in relation to the theme topics of nurse-, patient-, and/or system-focused according to the focus of the empirical data, that is retrograde and transverse in nature when reconstructing the historical narrative (Callaghan, 2017; Longman, 2018; Vo & Desai, 2021).

Efficient organizer: Rufaidah Al-Aslamia demonstrated management and leadership skills as an efficient organizer in several activities with the Ansar nursing team (Jan, 1996; Hamisan, 2020; Nataatmadja, 2015; Nordin, 2018; Nurse Recruiter, 2017; Saputra & Rahmatillah, 2020). She set up a field tent hospital known as 'Khaimah Rufaidah' for treating injured soldiers on the battlefield, and a tent hospital for people of Madinah at the site of the existing Prophet's (PBUH) grand mosque in Madinah for attending to sick children and adults (Albukhari, 1989; AlAsqalany, 1992; AlMalki et al., 2011; Al Mutair & Redwan, 2016; Ibn Saad, 1968; Islamic Board, 2018; Jan, 1996; Kasule, 2003; Lovering, 2008; Meleis, 2007; Miller-Rosser et al., 2006). She demonstrated decision-making and problem-solving skills, and managed the material resources required by nurses to provide patient care (Al Mutair & Redwan, 2016; Islamic Board, 2018; Jan, 1996; Miller-Rosser et al., 2006). Evidence of nurse-, patient-, and system-focused approaches by Rufaidah Al-Aslamia include the action of ensuring that patients were nursed in the shade with adequate ventilation, and her consistency in ensuring sites were clean, hygienic, and comfortable with the availability of clean drinking water for patient hydration (Al-Asqalany, 1992; Albukhari, 1989; Ibn Saad, 1968; Jan, 1996; Muslim Heritage, 2020; Saputra & Rahmatillah, 2020). Her organizational efficiency was endorsed by the Prophet (PBUH) who reportedly was impressed by the efficient provision of care in that he gave instructions for specific injured companions to be taken directly to Rufaidah Al-Aslamia especially at the sites of the battles of Badr, Uhud, Khandaq, and Khaibar (AlAsqalany, 1992; Albukhari, 1989; Ibn Saad, 1968; Muslim Heritage, 2020; Nataatmadja, 2015; Nurse Recruiter, 2017; Saputra & Rahmatillah, 2020).

Clinical practice teacher: Rufaidah Al-Aslamia, based on the experience gained from assisting her physician-surgeon father Sa'ad Al-Aslamia, recognized that women were required as nurses to care for injured Muslim army members. This insight resulted in her starting a clinical teach-

ing program for volunteer Ansar women to teach provision of care to the sick, which evolved and was established as the first nursing school, which was integral to her system-focused approach (AlAsqalany, 1992; Albukhari, 1989; Hussain, 1981; Ibn Saad, 1968; Jan, 1996; Miller-Rosser et al., 2006; Nataatmadja, 2015; Nordin, 2018; Nurse Recruiter, 2017; Saputra & Rahmatillah, 2020). Rufaidah Al-Aslamia was commended by the Ansar women for instilling confidence in the volunteer nurses while she taught them the scope of nursing skills to provide needed care (Jan, 1996; Saputra & Rahmatillah, 2020). This nurse-focused approach is recognized in the reports from the wives of the Prophet (PBUH) who respected the clinical abilities of Rufaidah Al-Aslamia (Al-Asqalany, 1992; Albukhari, 1989; Allatifi, 2017; Ibn Saad, 1968; Jan, 1996; Muslim Heritage, 2020; Nataatmadja, 2015; Nordin, 2018; Saputra & Rahmatillah, 2020).

Effective communication: Rufaidah Al-Aslamia was particularly noted for her ability to communicate effectively, which was learnt during her time as medical-surgical assistant to her physician-surgeon father while he treated patients, reflecting a combined patient- and system-focused approach, which was capped by follow-up to ensure that the treatment of patients was carried out competently, aimed at rapid recovery (Al-Asqalany, 1992; Albukhari, 1989; Al-Dossary et al., 2008; AlMahmoud et al., 2012; Al Mutair & Redwan, 2016; Ibn Saad, 1968; Islamic Board, 2018; Jan, 1996; Miller-Rosser et al., 2006; Muslim Heritage, 2020; Nataatmadja, 2015; Saputra & Rahmatillah, 2020). The skill of effective communication was conveyed by her characteristic manner of respect, integrity, veracity, and sincerity to the extent that Rufaida established the first code of nursing ethics to communicate standards for guiding volunteer nurses in conduct during the Islamic battles that embodied a nurse-focused approach (AlAsqalany, 1992; Albukhari, 1989; Hussain, 1981; Ibn Saad, 1968; Jan, 1996; Meleis, 2007; Saputra & Rahmatillah, 2020).

Community care: Rufaidah Al-Aslamia readily adapted the system of nursing care provision during peace times evidenced by her determination to provide care in diverse settings and by her sustained community outreach in promoting the recovery of patients and their restoration of health (AlAsqalany, 1992; Albukhari, 1989; Al-Malki et al., 2011; Hussain, 1981; Ibn Saad, 1968; Jan, 1996; Saputra & Rahmatillah, 2020). She was the first in documented history to provide community care in mobile care units across the Madinah community in response to the identified healthcare needs (Saputra & Rahmatillah, 2020; Yahya, 2017). During the Battle of the Trench, that is also known as the Battle of Khandaq, Prophet Muhammad (PBUH) referred injured soldiers and companions to the mobile care units and field tent hospital that was set up in the vicinity of the current Madinah site of the Mosque of the companion Salman al-Farisi (Al-Asqalany, 1992; Albukhari, 1989; Ibn Saad, 1968; Saputra & Rahmatillah, 2020; Yahya, 2017). The input by Rufaidah Al-Aslamia distinguished her as an empowered and visionary woman who in turn empowered other Ansar women to become volunteer nurses with essential clinical nursing skills that were required for provision of patient and community care, which were the fundamentals of establishing a reliable system for care provision (AlAsqalany, 1992; Albukhari, 1989; Al-Malki et al., 2011; Ibn Saad, 1968; Jan, 1996; Saputra & Rahmatillah, 2020; Yahya, 2017). These triple features of Rufaidah Al-Aslamia's commitment embody the three topic themes of nurse-, patient-, and system-focused activities.

Spiritual care: Prophet Mohammed (PBUH) acknowledged the compassion in the provision of nursing care by Rufaidah Al-Aslamia, and particularly her distinct inclusion of Islamic spiritual care for Muslim patients who had come close to possible death in their experiences of suffering (AlAsqalany, 1992; Saputra & Rahmatillah, 2020) to the extent that he referred injured companions and soldiers by name specifically to her for nursing and spiritual care

(AlAsqalany, 1992; Albukhari, 1989; Hussain, 1981; Ibn Saad, 1968; Jan, 1996; Saputra & Rahmatillah, 2020). Rufaidah Al-Aslamia laid the foundations for acute care provision combined with compassionate nursing care beyond the physical to incorporate the emotional, mental, and spiritual domains in the experience of health, illness, healing and dying across the milestones from birth to death (AlAsqalany, 1992; Albukhari, 1989; Alshmemri & Ramaiah, 2021; Azim & Islam, 2017; Hussain, 1981; Ibn Saad, 1968; Jan, 1996; Meleis, 2007; Saputra & Rahmatillah, 2020).

Limitations in this study apply to the timeline and possible access to primary archival sources of historical data with Saudi Arabia having only recently commenced the heritage commission in March 2019, in the Ministry of Culture, with a strategic roadmap on the rich historical heritage to champion this sector as part of Saudi Vision 2030 (Ministry of Culture, 2021). Therefore, it is hoped that future historical research on Rufaidah Al-Aslamia, and other historical nursing figures in Islamic history will be funded and supported to enrich and enhance the recognition of more Islamic pioneers.

Conclusion

The life, contributions and legacy of Rufaidah Al-Aslamia as the first Muslim nurse and pioneer in Islamic nursing remain relevant and applicable for all nurses at various levels in modern day nursing because the values that underpin nurse-, patient-, and system-focused activities from the time of Rufaidah Al-Aslamia are foundational in contemporary nursing care provision locally and globally.

Acknowledgements

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