

Nightingale's Enduring Vision: Evidence-Based Practice and Compassionate Leadership in Nursing

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Abstract

Review Article

Evidence-based practice remains the strongest tool for improving health outcomes. It is a lifelong problem-solving approach to the delivery of healthcare that integrates the best evidence from a body of research with a clinician's expertise and a patient's preferences and values to make the best decisions about patient care. Florence Nightingale's work during the Crimean war in the 1950s established the historical foundation for evidence-based practice by illustrating how methodical data collection may enhance patients' outcome. Nightengale's compassionate leadership was demonstrated through direct patient care and presence during the Crimean war, providing comfort to wounded soldiers, advocating the treatment of the entire individual rather than just the illness, listening and learning from patients, systemic advocacy and reform using her observational abilities and statistical data to advocate for changes in healthcare. The aim of this study is to evaluate nightingales' evidence- based practice and compassionate leadership in view of present nursing practice. The study concluded that the nursing vision of Florence Nightingale, rooted in evidence-based and deep compassionate leadership, continues to resonate remarkably today. When combined, evidence-based practice and compassionate leadership in modern nursing demonstrate that scientific precision and human empathy are not competitors, but companions in excellence.

Keywords: Evidence-based, compassionate, leadership, nurses, practice.

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INTRODUCTION

More than 160 years ago, a young British woman entered the filthy military hospitals of the Crimean War and revolutionized healthcare forever. "With a lamp, a notebook, and an unwavering commitment to her patients, Florence Nightingale laid the groundwork for modern nursing practice. Her groundbreaking work indicated contemporary evidence-based practice, in which decisions are based on data, research, and clinical expertise, while her style of leadership was rooted in compassion, moral courage, and advocacy. Florence Nightingale (12 May 1820 – 13 August 1910) contributions revolutionized healthcare far beyond what society expected from a woman in her era.

She transformed nursing from an overlooked duty into a respected profession grounded in observation, reflection, structured care, and measurable outcomes. She studied patterns that others ignored, including mortality, sanitation, environment, and the effects of care (Gilbert, 2020). Modern nursing is anchored firmly on this foundation. Her statistical analysis yielded important

information about the effects of environmental factors on patient health and the efficacy of medical interventions. Florence Nightingale, a trailblazing figure in nursing throughout the 19th century, transformed nursing across all ages. The nursing profession known today was made possible by Nightingale's innovative use of data analysis in healthcare and her creation of nursing education standards (Turkowski & Turkowski, 2024). By combining evidence-based practice with compassionate leadership, modern nursing fulfills Florence Nightingale's enduring vision of excellence, showing that scientific rigour and human empathy are not opposing forces, but rather complementary components of exceptional patient care.

Evidence-Based Practice: The Pathway to Better Outcomes

Florence Nightingale's work during the Crimean war in the 1950s established the historical foundation for evidence-based practice by illustrating how methodical data collection may enhance patients' outcome. She used statistics to demonstrate that poor sanitation was the cause of a high death rate during the

Crimean war (American Nurses Association, n.d.). Using a polar area diagram (also known as a coxcomb chart), she illustrated that the majority of soldier fatalities in the Crimean War was due to preventable diseases rather than combat injuries. Additionally, she devised standardized statistical forms to enhance data collection in hospitals and produced a bar chart illustrating that peacetime military mortality rates were higher than those of civilians, which catalyzed sanitation reforms (Domondon, 2025). She researched patient outcomes, hospital designs and the battlefields of the Crimean war, documenting her findings in her 1859 book, *Notes on Hospitals*, leading to the observation and conclusions on the impact of light, ventilation, hygiene, diet and cleanliness on a patient's health (Nightingale, 1959). She was the first nurse to use evidence-based practice.

One of Nightingale's enduring contributions and lasting legacies is the emphasis on hand hygiene, which has spread throughout most of the world today. In her book titled *Notes on Nursing: What It Is, and What It Is Not*, published first in 1859, Nightingale gives the timeless advice, Every nurse ought to be careful to wash her hands very frequently during the day (Nightingale, 1958, p. 53). The danger of infectious diseases in daily activities is significantly reduced by this now-common practice, and its significance in the hospital sector is growing dramatically at present. Her groundbreaking research demonstrated the value of data-driven decision-making in enhancing patient outcomes and established the basis for evidence-based nursing. Overholt (2019) defined evidence-based practice as, A lifelong problem-solving approach to the delivery of healthcare that integrates the best evidence from a body of research with a clinician's expertise and a patient's preferences and values to make the best decisions about patient care (Melnyk & Fineout-Overholt, 2019). This definition highlights the three components of evidence-based practice; the best research evidence typically comes from pertinent studies that were conducted with good methods, a clinician's experience, training, and clinical abilities all contribute to their clinical expertise.

Today, evidence-based practice remains the strongest tool for improving health outcomes. A routine may be adhered to by one nurse while another completely avoids it. Evidence-based practice addresses this issue by providing a standardized, organized route for all parties concerned. This leads to patients receiving consistent, high-quality care no matter who their provider is. These frameworks foster equity while maintaining professional flexibility. In the same way, they offer a shared language for teams across different shifts and departments. It appears when nurses adopt new infection control guidelines, when midwives apply updated postpartum haemorrhage protocols, when community health nurses structure immunization campaigns based on research, when paediatric nurses use validated screening tools, and when mental health nurses implement trauma informed care. Every time a nurse

pauses to ask what the evidence says, the profession evolves.

Compassionate Leadership: The Strength That Holds the System Together

Compassionate leadership encompasses various practices rooted in altruism and emotional intelligence, thriving on the acknowledgment and application of employees' strengths (Salminen-Tuomaala & Seppälä, 2022). In nursing context compassionate leadership is defined as leadership which encourages responding with kindness and sensitivity to the suffering and vulnerability of patients and their relatives—an altruistic concern for suffering coupled with the desire or motivation to alleviate it. Florence Nightingale is seen as a model of a compassionate leader due to her ability to merge profound empathy for patients' suffering with robust analytical abilities and a determination to enact systemic changes that benefited innumerable individuals. A compassionate leader is someone who demonstrates care, kindness, thoughtfulness, wisdom, and integrity in how they treat themselves and those around them. This reflects in the work of Florence Nightingale's compassionate leadership was demonstrated through direct patient care and presence during the Crimean war, providing comfort to wounded soldiers in the Scutari barracks hospital, holistic view of health, advocating the treatment of the entire individual rather than just the illness, listening and learning from patients, systemic advocacy and reform using her observational abilities and statistical data to advocate for changes in healthcare.

Nightingale's leadership model integrated compassion and empathy with data analysis and strategic action to bring about real, lasting change in healthcare, establishing her as a lasting symbol of compassionate leadership. Florence Nightingale led by example, quietly and consistently, with deep respect for human dignity. In nursing, compassionate leadership is essential for developing supportive environments, enhancing staff morale, improving the quality of patient care, and increasing retention rates. This is achieved through the cultivation of trust, empathy, and open communication, which directly addresses burnout and improves health outcomes by means of leaders who respond to staff needs while also managing service demands. It transcends mere regulations by putting human welfare first, resulting in nurses who are more involved and content, and who consequently offer improved, more empathetic care to at-risk patients (Royal College of Nursing Foundation, n.d.).

Compassionate leadership is seen today when senior nurses guide new staff with patience, when colleagues support one another, when midwives stay with frightened mothers, and when public health nurses listen to communities before recommending interventions.

Advancement of Nursing Excellence through Evidence-Based Practice and Compassionate Leadership for Excellence in Nursing

In the dynamic landscape of healthcare, integrating evidence-based practice with compassionate leadership emerges as a transformative approach to achieving excellence in nursing care. Evidence-based practice involves the conscientious use of the best available evidence, combined with clinical expertise and patient values, to inform decision-making and improve outcomes (American Nurses Association, n.d.). Compassionate leadership, on the other hand, emphasizes empathy, relational support, and a commitment to human-centered values, fostering environments where nurses feel valued and empowered (Collins *et al.*, 2024).

Together, these paradigms complement each other by bridging the gap between rigorous scientific inquiry and the emotional intelligence required for holistic care. Evidence-based practice provides the empirical foundation for effective interventions, while compassionate leadership ensures these interventions are applied with sensitivity to individual patient needs and staff well-being, mitigating burnout and enhancing retention (Robinson, 2024). This synergy not only optimizes patient safety and satisfaction but also cultivates resilient teams capable of navigating complex challenges, such as resource constraints or pandemics, ultimately driving organizational excellence. During the COVID-19 pandemic, a Finnish study of 192 intensive care and emergency nurses revealed that compassionate leadership characterized by empathetic support and recognition of strengths buffered stress and promoted the adherence of evidence-based practice, leading to sustained quality care despite acute pressures (Salminen-Tuomaala & Seppälä, 2022). Nurses reported higher morale when leaders demonstrated approachability and appreciation, enabling timely implementation of evidence-based protocols like infection control measures.

Similarly, in a United States comprehensive cancer center, a randomized controlled trial of evidence-based practice leadership training for 50 nurse managers resulted in improved competencies and organizational readiness, with compassionate elements like mentoring fostering a culture where evidence-informed symptom management protocols were adopted, reducing patient distress by 20% (Tucker *et al.*, 2022).

Strategies for integration require deliberate, multi-level actions. Nurse managers can prioritize adaptive leadership by allocating dedicated time for evidence-based practice rounds; weekly sessions where teams review research while incorporating compassionate debriefs to address emotional barriers (Omiyi *et al.*, 2025).

Organizations should invest in hybrid training programs that blend evidence-based practice skills with compassionate leadership workshops, ensuring leaders role-model integration to discourage isolation and promote psychological safety (de Zulueta *et al.*, 2018). Nursing education plays a pivotal role in embedding these principles. Curricula must evolve to include mandatory modules on evidence-based practice competencies, such as critical appraisal and implementation science, alongside compassionate leadership simulations, like reflective storytelling to build empathy (Elsheikh *et al.*, 2023).

The fusion of evidence-based practice and compassionate leadership not only elevates patient outcomes but also nurtures thriving nursing workforces. Through targeted strategies and robust education, healthcare systems can realize true excellence, where science and humanity converge.”

CONCLUSION

The nursing vision of Florence Nightingale, rooted in solid evidence and deep humanity, continues to resonate remarkably today. When combined, evidence-based practice and compassionate leadership in modern nursing demonstrate that scientific precision and human empathy are not competitors, but companions in excellence. True excellence in nursing does not come from choosing knowledge or kindness, but embracing both. This reflects Nightingale’s legacy of systematic reform and ceaseless advocacy so that patients will receive treatment that heals both body and spirit. Incorporating evidence-based practice and compassionate leadership in nursing guarantees nursing developing into a dynamic, effective, and patient-centered profession. As nurses carry the lamp of Nightingale onward, they affirm the enduring truth of her evidence-based practice and compassionate leadership. By embracing evidence-based practice, nurses extend the life of knowledge. By practicing compassionate leadership, they extend the life of the profession.

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