Power System Technology
ISSN:1000-3673

Received: 16-08-2024 Revised: 05-09-2024 Accepted: 22-09-2024

The Historical Development of Nursing Practice: from Florence Nightingale to Diverse Roles

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Abstract

This essay aims to trace the development of nursing practice over the past 150 years, beginning with the work of Florence Nightingale in the 19th century. Nightingale's efforts to reform nursing education and practice initiated a process of professionalization for nurses. This process has led to the wide variety of nursing roles and responsibilities we see today. The variety of roles that nurses carry out can be explained in part as a result of the wide scope of society's perception and definition of nursing. The public and media often provide a holistic definition, including ethical values such as caring, intuition in practice, and a concern for the patient in the context of the family and society. There have been and continue to be significant social and economic influences that shape the role of nurses and how many are currently shaped today. For example, changes in admission rules and roles have contributed to a reduction in the number of state-registered nurses and a significant increase in the number of assistant and junior nurses, currently in nursing associate positions. This essay argues that the historical context of nursing should be considered in the discussion of contemporary roles of nursing. This essay thus offers an analysis of several milestones at different historical epochs when nursing practice was transformed to respond to patient health needs and public perceptions. In the next section of this essay, the historical dimensions of the profession are used to inform several key reports on the development of nursing practice

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ISSN:1000-3673
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and build a base for a discussion of the diversity of nursing roles that currently exist today. In this essay, I argue that such professionalization and the diversity of nursing practice formed follow the patient health needs in the UK and public and media perceptions of what nurses have to offer. (Cindy et al.2020) (Cindy et al.2020)

Keywords: Nursing Practice | Florence Nightingale | Role Expansion | Contemporary Nursing | Advanced Practice | Leadership

Nowadays, contemporary nursing practice is characterized by extensive knowledge, high competence, and complex responsibilities. The reason why the present role is held in such high esteem is partly due to the historical foundation and development of nursing. A transcendent figure in the history of nursing is Florence Nightingale. Thanks to her influence, the significance and social status of nursing changed over time. The majority of U.S. nurses who participated in a survey conducted in the early 2000s agreed with the view that Florence Nightingale made an important contribution to the politicization of the profession as well. Since the year of Nightingale's death in 1910, she has been considered a significant and influential leader throughout the history of nursing. This is in no small part due to the documentation on nursing and the nurse, which her literature and research provided for future states.

The beginning of the 20th century and the end of the 19th century brought major changes in nursing practice in the United States and other countries. The most influential changes, prior to major healthcare reform and shift, were made during this time frame, focusing on developing healthcare administrative knowledge, which snowballed into further nurse leadership development. From 1965 in the U.S., further specific roles, characterized by unique expertise and advanced responsibility, emerged in nursing. As healthcare delivery systems changed from inpatient/hospital-based focuses to those offering the continuum of care to entire families and communities, the role expansion of nurses changed as well. The purpose of this paper is to provide an overview of the profession and the professional nursing transformation that has occurred over the last century.

1. Introduction

This chapter aims to introduce curricular contents related to the history of nursing. It has the general objectives of studying the origins of nursing and the contribution of key figures in the field. It also pursues examining the legal supervision of the profession and the diversified functions of nursing professionals in a contemporary way. The historical evolution of nursing is inserted into the evolution of humanity. As man evolved in relation to the various sectors of his life, with regard to health and illness, and in societies, changes also appeared. The answers that society gave in this developmental process are not static: they undergo changes

Power System Technology
ISSN:1000-3673
Received: 16-08-2024 Revised: 05-09-2024 Accepted: 22-09-2024

and developments closely linked to the historical context in which they develop. (Pérez-Escamilla et al.2023)

Nursing is thus a historical product formed from multiple influences. In this way, understanding the historical path of nursing serves as a way of understanding and reflecting on the present and planning for the future. The reflections of the present and the goals to be set are not extrapolations of the past, but it is up to the research and discovery of in-depth studies about complex historical connections, especially about the epistemology of nursing, because situations of yesterday could tend to reveal more difference than identity. The analysis of the evolution of nursing practice is presented below. Over the centuries, the profession has had to adapt its care to the new challenges put forward by the changes in society and the evolution of biomedical and other sciences. During this period, nurses were asked to evolve, both in terms of roles and in terms of care practices. (McEwan & Wills, 2021)(Feinberg and Zanardi2022)

2. Florence Nightingale: The Founder of Modern Nursing

Florence Nightingale in Nursing

Florence Nightingale, a staunch advocate for social and health care reform, is frequently regarded as the founder of modern nursing. Throughout her life, she was dedicated to medical care and nursing education. Nightingale was born on May 12, 1820, and was reared in Derbyshire, England. Her familial support, combined with her religious upbringing and educational tutelage, fostered her interest in helping the sick and maintaining society. Nightingale believed it was her calling to alleviate the suffering of the sick, and as a result of her work, she sought to institute reforms for the benefit of all humanity. After receiving a classical education abroad in Greece and Germany, she traveled to London to study nursing at the Deaconess Hospital in Kaiserswerth, Germany. (Turkowski & Turkowski, 2024)

During the Crimean War, Nightingale was elected to lead a group of British nurses to Scutari, Turkey, where she established a hospital and responded to the casualties of war. As a direct result of Nightingale's efforts, the death rate at Scutari was reduced from 42% to 2% following the establishment of several reforms, especially those designed to improve sanitation and decrease the spread of disease. Nightingale's Crimean activities attracted widespread attention, and she quickly garnered public support, particularly in light of her perceived role in preventing disease in the war zone and, on a broader scale, her work ushering in the modern era of nursing. Nightingale supported nursing education being available to all, with the bulk of training occurring in teaching facilities as opposed to learning on the job. She also proposed that nursing should have a regulatory body. Many of the principles espoused by Nightingale are still practiced today, particularly her belief that nurses should possess high moral character, show kindness, learn the proper manner in which

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ISSN:1000-3673
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to deal with life and death, be educated in the principles and practices of nursing, and keep up to date with medical advances and scientific findings. (Pritchard)

2.1. Early Life and Background

Florence Nightingale was born in Florence, Italy, on May 12, 1820. She was the second of two daughters of recently wealthy parents, William Shore and Frances Nightingale. Her parents named her after the city of her birth, which they happened to visit. The family, who expected her father to pursue a career in the Unitarian church, moved to Derbyshire after her birth. William Shore Nightingale was a partner in the lending bank of Nightingale, Hunting and Company. His work often took him up to London, and the rest of the family would occasionally go with him. From a very young age, Nightingale was exposed to the world of business and finance. (Pelicic, 2020)

During these trips to London, she encountered various humanitarian activities, such as medical suites for the poor in poorhouses and dispensaries. This encouraged the development of her philanthropic care. Her very early education was based on her desire to care for others. At age twelve, she had a calling. She wanted to be a nurse and considered her mother to be her first patient. She received further exposure to healthcare and its practitioners when her family moved to Embley Park after the death of her grandfather, Peter Nightingale. During her adolescence, she worked with a governess to study a variety of subjects, including history, literature, grammar, theology, and geography, as well as natural science and nursing. Nightingale was not raised to care for hundreds of sick people. In fact, her class upbringing in a well-off family would isolate her from the common nurse in the minds of the public. It wasn’t until the age of 25 that she began to completely devote herself to nursing. But she continued her healthcare efforts and continued her education for the next several years. She had no money and no healthcare qualifications. She struggled to defend her decision to her family, who were concerned about what others would think. Her father and sister offered to intervene. She could not refuse. They relented when they found that she was sincere in her efforts to improve the lives of the neglected sisters. (Robinson & Stinson, 2021)

2.2. Work during the Crimean War

Nightingale was 31 years old, an independent woman in every sense of the word. Appalled by the conditions suffered by the injured men in the military hospitals in Turkey, she arranged to take a team of 34 nurses on the train, then on to the boat, and still further on a thirty-hour journey in open carriages in freezing rain, arriving at Scutari on 5th November at 3:00 a.m. The work facing Nightingale in this new job was, to say the least, daunting. The death rates in the VA hospitals, set up in the former Turkish barracks in Scutari, were 40%. Nightingale wondered, 'Can it be otherwise than fatal for the sick without ready means; walls

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ISSN:1000-3673
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bare, beds ditto, always of hot damp clay, no tables, few chairs, few utensils, and as many fireplaces as can be counted on the fingers of a single hand?' (King et al.2020)

One demand, however, sounded constantly through her mind and prayers, and through everyone who knew her. And that was her worry and concern, not for the dangers and the illness, the suffering and the discomfort of the soldiers, but for their nursing. The freshness of their wounds contained the seeds of infection which started typhoid, and this was the deadly man's grave of Scutari. A hospital, to Scutari, was a place where they went to die, and every official, even to the oldest and most experienced, was apparently standing with his eyes shut, because to open them would have meant that they saw a series of mountains back to back at every six paces away. One of the bacteria not yet discovered that changed Nightingale's whole life was the one discovered years later, after her death, in the scullery of a hospital that eventually caused her own illness and death. (Gilbert, 2020)

2.3. Impact on Nursing Education and Practice

Impact on Nursing Education and Practice. Looking back, we can see that Florence Nightingale’s influence on nursing practice has been immense. Her commitment to educational preparation for nursing would change the profession and serve as a framework for nursing education's development for more than a century. She believed that nurses should receive extended education and be given deep theoretical knowledge about individuals, their health, and their reactions to illness. Nightingale's visions for nursing education are particularly evident in her work with the Nightingale Training School for Nurses at St. Thomas Hospital in London. The fact that Nightingale relentlessly participated in outlining the curriculum and staffing patterns for this pioneering school is reflective of both the importance of this aspect of her work to the profession's future development and the extent of her influence within the domain of nursing education. One of the initial problems that arose as the school’s program was being developed in collaboration with St. Thomas Hospital was the existence of a paucity of prior experience to guide curriculum development for hospital-based nursing programs. A further issue was the lack of an appropriate text to support nursing education, which was why Nightingale was encouraged to write. The following summary of the nursing training program at St. Thomas Hospital in October 1861 reveals that the structure of the Nightingale School’s program provided a practical and balanced combination of theoretical and clinical experiences, indicative of the need to blend head and hand into nursing education that continues to this day. The foresight behind Nightingale's original ideas is reflected in them continuing to be influential in the twenty-first century, impacting educational and regulatory practices. In addition to addressing the educational and clinical experiences, the program identifies the importance of practical living areas. (Pattison et al.2022)

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3. Evolution of Nursing Practice in the 20th Century

One of the most significant accomplishments in the history of nursing practice in the early 20th century was the increased professionalization of nursing. As the cultural climate became more accepting of the expanding roles of women in society, advanced training and educational opportunities in the sciences were more readily available. The development of scientific practices led to a closer relationship with the medical profession and formed its practitioners' ways of thinking and acting in ways that mirrored the rigid structure of medical care. Postwar, the nursing profession advanced further because the schools were less dependent on hospital-based care and increasingly began offering practical nursing programs. This shift made the schools more inclusive career centers, reinventing the nurses' agenda as the schools began minting not just caregivers, but skilled professionals and even nurse specialists. (Abbott & Meerabeau, 2020)

The number of health care professionals willing to act as intermediaries to provide care to the general public has mushroomed. No longer is saving life simply about soothing, comforting, and providing basic care; it has become more about correcting deformities, addressing psychological issues, preventing illness, and employing curative measures derived from ever more sophisticated medical technology. This transformation over the past 70 years has been closely linked to two factors: the rapidly changing needs of society and the altering technological and scientific approach of hospitals. Wars and disease epidemics have consistently shown that societies demand skilled nurses to provide a breathing space for their militarized expeditions that aim to cripple a dangerous rival or for their citizens consumed in warfare to heal and return to normal. During the wars from the 20th century to the present, nurses have forever been at the heart of war strategies. At the turn of the century, science followed another crusade to formalize healthcare in a public health setting, and the leadership of nursing leaders who took an active role in crafting the future of public health nursing significantly reduced the number of full-fledged degree programs in public health nursing, which hospitals and other health care delivery systems had previously been running informally. (Duffy, 2022)

3.1. Professionalization of Nursing

The formalization of the educational preparation for the practice of nursing paved the way for the professionalization of nursing in the 20th century. The United States saw the establishment of state and local nursing associations beginning in 1911. Nurses' organizations worked to improve the working conditions of nurses and to advocate for an increase in nursing educational standards. One of the first legislative actions in 1903 was the passage of the Nurse Practice Act in North Carolina, which was followed by similar legislation in other states. Nurse Practice Acts mandated practitioners to pass an examination and be licensed for registration. In effect, nurses were sending a strong message to the public. These legislative

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initiatives suggested that nursing wished to be identified as a profession. (Ernst & Tatli, 2022)

In reality, the establishment of minimum education and licensure only formalized what had already emerged during the latter half of the 19th century. In a world that was becoming increasingly complex, it was no longer feasible for women to receive their "professional" training in the same site that "cared for" or "trained" the "poor, the sick, and the downtrodden." Associations, which had been set up as early as 1911, began to provide opportunities for "further education" in the form of courses and study groups. Nurses embraced the concept of nursing research, using studies to validate the link between nursing care and patient outcomes, thus shifting the focus from rounds of caring for the sick to a focus on nursing practice and outcomes. The ability of research findings to validate practice began to change the status of nurses. However, then and now, the quality of care delivered was laid at the feet of nursing staff. Nurse executives began to gain the respect and credibility of administrators and demonstrate the truth of what Florence Nightingale prophesied: the value, the art, and the science of nursing became integrated. The role of nursing as a "profession" went through a turn of development, yet it was not until the latter portion of the 20th century that society at large saw the propensity for a widely diverse role. The concept of nursing practice according to levels of "generalist" and "specialist" was first addressed, which was echoed by others outraged when nurse practitioners first emerged. Today's practice involves generalist, specialist, and advanced practice roles with the assumption that a generalist and specialist make up the interdisciplinary team. (Kristoffersen, 2021)

3.2. Role Expansion and Specialization

In the 20th century, the changes that took place in healthcare and the accompanying shifts in patient populations and nursing care required nurses to specialize in taking care of certain populations who had different healthcare needs. As a result, pediatric and geriatric nursing specialties developed. Equal to this was the development of critical care nurses who specialized in the acute care of adult patients who generally had more than one body system affected. In the 1960s, nursing roles developed to complete the team model of nursing that enters the provision of care plans. Nurses were trained as health practitioners in the areas of primary care and developed complementary medicine. Examples of this include nurse midwives, nurse anesthetists, nurse practitioners, and clinical nurse specialists. In the early 21st century, the clinical nurse specialist is the only advanced education registered nurse who can care for individuals, organizations, and patient populations. (Fulmer, 2020)

Advancing education, nurses can develop a more specific area of expertise. As a result, they have a broader scope of nursing practice. The development of nursing practices has already begun in the first half of the 20th century with the founding of the Henry Street Settlement House. These activities have expanded the roles of nurses beyond hospital settings to

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ISSN:1000-3673
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embrace a holistic model of nursing care that extends into patients' living environments. The nature of professional nursing mandates nurses to form professional partnerships with individuals and the community. Thus, activities specific to this program are limited. The future holds the possibility that nursing will evolve into promoting healthy communities, and if funding is made available, there is even the possibility of providing medical care. Nurses do more: provide care, manage care, provide planning for care, teach, and all this in an effective manner, thus adding quality of care to society. There is the potential to become partners' biggest educated individuals. (Bullough & Bullough, 2021)

4. Contemporary Nursing Practice

Contemporary nursing practice encompasses a diverse range of roles. In response to an overall shortage of primary care providers, the role of the nurse practitioner has expanded to include initiation of diagnosis, direct treatment, health maintenance, and counseling across the lifespan. Clinical nurse specialists apply evidence-based knowledge to the care of individual patients and populations with whom they work; they develop and implement innovative care delivery models and systems. The core competencies of registered nurse integrated into advanced practice nursing are foundational to both nurse practitioners and clinical nurse specialists in the care they provide and the expertise competencies they develop. (Htay & Whitehead, 2021)

Nursing practice incorporates adaptation to change. Nurses are skilled in using technology, evidence-based practices, biopsychosocial research, surgical treatments and illnesses, and advanced pharmacology therapies. Nursing is currently found in acute care hospitals, communities across the lifespan, local, national, and international areas, performing telehealth, utilizing other advanced technologies for monitoring and preserving wellness, and intervening in illness across the lifespan. Two highlights of nursing include 1) providing care with cultural competency in health restoration and health maintenance and 2) offering an adaptable, holistic approach to care in any setting. The concept of wellness and holistic adaptation underlines the view that nursing takes into account settings, populations, patient problems and care needs, ethical principles such as autonomy, beneficence, non-maleficence, and justice, and health disparities. All of these contribute to addressing diverse populations' health needs and assessing care outcomes in those diverse populations. The future of nursing initiates with a new, wider focus on continuing education and growth. (White et al., 2024)

4.1. Advanced Practice Nursing

Advanced practice nursing (APN) applies the knowledge and skills of experienced nurses to improve health outcomes. Since its inception, APN has evolved to encompass an array of roles and populations. Specialized roles include, but are not limited to, clinical nurse specialist, nurse practitioner, nurse anesthetist, nurse midwife, or nurse executive. The

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ISSN:1000-3673
Received: 16-08-2024 Revised: 05-09-2024 Accepted: 22-09-2024

clinical nurse specialist functions as an expert in a specialized area of nursing. The nurse practitioner provides primary and chronic care for individuals across the lifespan. Nurse midwives provide primary care to women and their newborns. Nurse anesthetists and nurse executives counsel patients and their families on health maintenance. Regardless of the nurse's chosen role, advanced practice nurses (APN) require formal education that prepares them with the clinical expertise, scientific knowledge, and skills to effectively assess, diagnose, and manage patient care. The APN must also mentor students and staff, conduct and participate in research, quality improvement, and advocate for patients and the populations they serve. (Prajankett & Markaki, 2021)

Academic preparation for this role includes a Master of Science, Doctor of Nursing Practice, as well as diploma and non-degree enrollees' education in a specialized area of nursing. Certification for those preparing for APN must be from a recognized credentialing center, which legitimizes the nurse's advanced knowledge in a specialized practice area. The educational background and orientation are very much dependent on the patient population the nurse works with, as well as the facility of employment. Despite this variation, every graduate must have completed some form of advanced coursework in formal education and training, courses that consider a nursing theory base, research and statistics, health care economics, healthcare policy, professional role development, and courses that include clinical advances in diagnostics and therapeutics, and/or procedures and comprehensive care management across the lifespan. This education must include proficiencies in areas such as diagnostic reasoning, advanced clinical decision-making, education and teaching, interpretation of data on diagnostics and prognosis, physical examination and evaluation of patient symptoms or status, and accountability for advanced scope of practice in the care of a specific patient population. (Chappell et al.2021)

4.2. Nursing in Diverse Settings

Currently, nurses practice in many different settings. Nurses still work in hospitals, providing care to patients on inpatient units, in emergency departments and intensive care units, and in surgical and recovery rooms. They also work in outpatient clinics, treating patients with many different illnesses. Other nurses work for organizations and community health departments, providing care and service to people in their homes. Home health nurses may go to the homes of people who are recovering from surgery or who are ill in order to provide care. One type of nursing practice that has seen tremendous growth in the past couple of years is telehealth nursing. Telehealth nurses may provide care and counseling to patients in the community using video link or the telephone. They may monitor vital signs or other health status indicators for chronic disease patients and triage ill patients for appropriate levels of care. (Nazareno et al.2021)

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ISSN:1000-3673
Received: 16-08-2024 Revised: 05-09-2024 Accepted: 22-09-2024

In addition to direct care services, many nurses are also involved in public and community healthcare services and education. Some nurses are involved in public health and teach people in the community about staying well. They also teach people who are well how to stay well. Others may be involved in infectious disease control, wellness screening, or public health research. One of the key goals of these kinds of programs is to prevent disease and keep people in the community healthy so that they never need to use hospital services. This type of healthcare is called primary care or preventive care. Special knowledge and skills are needed to practice medicine or nursing in a community or public health setting. Cultural competence is necessary to care for individuals from diverse populations. Acute care, ambulatory care, and community health are distinct practice settings for medicine and nursing. Healthcare is delivered using a spectrum of practice settings—from an acute medical center to after-care ambulatory clinics. In addition, care may be offered in a variety of private, not-for-profit, federal, public, and community-based organizations and services, such as private doctor offices, volunteer clinics, community health centers, local public health departments, or in schools and universities. Disease, healthcare financing, practice setting characteristics, and health professional distribution are some of the curricular and discipline focuses that distinguish these ages and stages of expertise. (Halcomb et al.2020)

5. Conclusion and Future Trends

In conclusion, at the beginning of the 19th century, people viewed nursing as a low role in society. The work of nursing pioneers has led to a better future for all kinds of health care professionals. At first, there were few positions as nurses, but now nurses are in high demand. The theory has paralleled objective and social conditions, ultimately improving patient care. The development of regulations to govern nursing practice cannot be attributed to one individual alone. Many steps have led to the regulations that exist now. The many job titles nursing has specialized in have developed to meet the different environments of care. Today, critical care, palliative care, and case manager nurses all influence patient outcomes, but owe a lot to the early nurses who dedicated their time to making nursing a respected profession. Most importantly, the guidelines and thoughts established in the 19th century are still shaping our goals and ethics as nurses of the 21st century. The focus on nursing as a care profession and on the ethical care process was both timely and revolutionary and seems to have been prescient. (Chaney, 2021)

Throughout the twentieth century, nurses have achieved many milestones, the most significant of which has been the development of an education system for nurses. Even contributions to the overall advancement of the nursing profession have been made by various individuals. It was people who took direct care of soldiers during significant conflicts who influenced our practice today. The many current and future trends in healthcare and nursing have sprung from these individuals who have overcome adversity, held callings in

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ISSN:1000-3673
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their hearts, and recognized that we as a profession have the ability to create positive change and an impact on the lives of men and women, children, and their families around the world. Many challenges will continue to face our profession: activists looking for improved nurse-patient ratios, working conditions, and benefits; continuing to partner with health care systems to formulate and improve the management of chronic conditions; seeking partnerships for development in nurse research, developing and dictating policy; offering easy access and continuing education for nurses and health care professionals; and lastly, providing patient-centered care that nurses always respect, honor, and value. Always keep in mind that no matter how large the leaps you make, they will always be as important as the small steps you take. (Zhou et al., 2022)

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