**The Struggle for Academization of Nursing in Israel:**

**A Historical Overview**

**1918–2020**

This article presents the special case of the historical course taken by the nursing profession in Israel.[[1]](#footnote-1)

**Introduction**

Nursing is among the most dynamic and rapidly-developing professions in the healthcare system, often changing in response to major events such as wars or economic and demographic fluctuations. Nursing practices are determined by professional education and clinical knowledge, following a transition from the intuition-based nursing that was provided in the past, mainly by religious women, to a knowledge-based and academic profession. This change was accompanied by efforts to improve the image and role of nursing in the healthcare system.

The British nurse Florence Nightingale (1829–1910) is often credited with founding secular, professional training for nurses. However, the a major turning point in advancing academic education for nursing took place during the American Civil War. Prior to the Civil War, the United States itself was undergoing changes. How did the U.S. perception of nursing influence the profession in Israel,[[2]](#footnote-2) when it was still the British Mandate for Palestine and under the administration of the United Kingdom? How did a distant land, which itself changed Florence Nightingale’s vision for the nursing profession, become a source of strength and inspiration for the academicization of nursing in Israel? The answer is that the pioneering leaders of nursing in Israel were strongly influenced by their U.S. counterparts.

The current article presents how the U.S. influenced affected the development and academization of nursing in Israel in the context of the distinctive challenges the profession faced in the new nation. Today, 91% of all nurses working in Israel are certified and hold an academic degree. According to data from the Nursing Administration in Israel, all training programs for nurses are academic in nature. Since 2017, an academic degree from an accredited university or college has been required in order to practice nursing, (Israel Ministry of Health, 2023).[[3]](#footnote-3) This has largely been attributed to the inspiration from early connections with U.S. nursing leaders, including Lilian Wald, Amelia Greenwald, Rachel Landy and Rose Kaplan, who came to work in Israel on behalf of Hadassah, the Women’s Zionist Organization of America (DeLaune & Ladner, 2002; Harris & Lindsey, 2021; Oliver, 2018).[[4]](#footnote-4) These nurses were also independent women who fought for equality and rights in their profession. The Hadassah organization considered training a generation of leaders as part of their mission, no less important than training nurses. Israel’s first nursing leaders were influenced by Hadassah and, consequently by trends in the U.S. feminist movement and the struggle for equal rights for women. In contrast, nurses from the United Kingdom who supervised nursing during the British Mandate period had quite different views of the profession (Bartal, XXX?).[[5]](#footnote-5)

Prior to the establishment of the State of Israel, nursing, while regulated by the British Mandate authorities, was influenced and inspired by the U.S. model from which its first leaders emerged. The situation changed in the late 1960s, when the first university nursing department in Israel opened. At this time, there was a conflict between the desire to develop the profession and the needs of the healthcare system. It should be noted that the newly-established nation had absorbed thousands of immigrants in its first years, creating a need to train a large number of professional personnel in a short time.

Israel has 4.97 nurses per 1000 population, compared to the average of 8.4 nurses per 1000 among the member countries of the Organization for Economic Co-operation and Development (OECD). Israel was one of only two OECD countries to experience an average negative annual growth rate in nurses between 2000 and 2009. It is also noteworthy, but not often mentioned in the context of the nursing shortage, that Israel has a ratio of only 1.3 nurses per physician, in comparison to the OECD average of 2.8 nurses per physician, and the World Health Organization’s recommended ratio of 3–4 nurses per physician in developed countries.[[6]](#footnote-6) Israel is overproducing physicians relative to its supply of nurses, although the ratio of physicians per capita has been declining in Israel, both in absolute terms and relative to the OECD average.

The roles of physicians and nurses overlap to some extent, and nurses have safely taken on some roles provided previously by physicians. However, it is rare for qualified physicians to provide nursing care; nor is this desirable since physicians and nurses have different education, knowledge, and expertise. Thus, the imbalance in the ratio of nurses-to- physicians may exacerbate the shortage of nurses by diminishing the potential applicant pool for nursing, if there is a perceived shortage of primary care physicians. Expanding opportunities for nurses might stimulate more interest in nursing as a career choice.[[7]](#footnote-7)

Until 1918, there were no registered nurses in Israel (then part of the Ottoman Empire). Following the establishment of the British Mandatory government in 1918, there was a dramatic improvement in healthcare. A major turning point was the arrival of a medical delegation that included 20 nurses from the United States.

From the outset, the leaders of the nursing community in Israel sought professional independence and championed academization. This article asks the research question: “What led to the current nursing crisis nursing in Israel, a century after its formative years as a pioneering vocation that aspired towards professional independence and academization?” To examine this question, a historical-theoretical research methodology was chosen that spans the time period from the opening of the first nursing school by the Hadassah American women’s organization in 1918 through 2020.

The origins of nursing are as old as human history, an outgrowth of traditional feminine caregiving roles. It is customary to view Florence Nightingale, considered the “mother of modern nursing,” as the first to advance science-based nursing to the days of Nightingale introduced modern methods for training nurses in the framework of higher education, and a scientific approach to nursing practices, such as collecting and analyzing data to improve patient care.[[8]](#footnote-8)

Between 1860–1900, the first nursing schools were established in Europe and the United States. They shared a basic perspective, although subsequently their development took different paths. Thus, two different streams of nursing in America and Europe affected nursing’s philosophy in Israel in its formative years. American nurses were sent to Israel under the auspices of Hadassah after World War I. At the same time, British Mandatory authorities introduced an advanced healthcare system withtraining and certification based on the European tradition. With the establishment of the State of Israel, the Ministry of Health assumed authority for training and licensing nurses.

 Clearly, both the American and British perspectives extensively influenced nursing in Israel. The British nursing model had an impact within the framework of the British Mandatory government and health department, while the American model inspired the Hadassah women’s organization that established the first nursing school in Jerusalem, whose curriculum was based on that of American nursing schools.[[9]](#footnote-9) Bartel noted a significant difference between the American nursing model, which advocated a professional, academic approach with equal rights for women, while the British model tended to view nursing as a mission, reflecting Florence Nightingale’s post-colonial secular approach, compared to the services traditionally provided by religious women. Nightingale did not compete with physicians, and designed the nurse’s role as a physician’s assistant, thus converting the religious role into a secular one without breaking conventions. Nurses provided inexpensive and available labor for hospitals.

In 1921, three years after the establishment of the first nursing school in Israel, the Ministry of Health approved its first syllabus, based on the model of the nursing school at the St. Thomas Hospital, founded by Nightingale. The syllabus was not mandatory, as there was no way to ensure compliance with it. Only in 1948, when a national health law was approved in the United Kingdom, was the responsibility for managing nursing transferred to the General Nursing Council. It should be noted that licensing and educational regulations established by the British Mandatory government were influenced by the regulations in the United Kingdom, and licensing procedures for the British colonies.[[10]](#footnote-10) The pioneering leaders of nursing who came to the region from the United States oversaw the transformation of nursing into a profession, while the British oversaw working conditions and licensing. Differences in nursing at the micro level were influenced by policy differences at the macro level between the United Kingdom, which promoted social legislation, and capitalism-based America. In addition, in the United States, the healthcare and nursing professions were based on academic studies in universities, while in the United Kingdom, education was conducted at patients’ bedside and graduates often worked in the same hospitals where they studied. Another difference was that in the United States, following the economic depression, nurses worked independently in the private market, while British nurses worked in the public sector.

Nursing in Israel has long reflected these contrasting models, and these differences still exist today. All major hospitals have a medical school that is affiliated with a university, and most graduates prefer to begin their careers there, but there are also universities and colleges unaffiliated with any hospital that offer medical education. Historical documents from Israel indicate that nurses’ aspirations for academic training dates back to Hadassah’s academization of the profession. However, the healthcare system administrators, most of them physicians, tended to prefer apprenticeship training and employing students in the workforce.[[11]](#footnote-11)

Segev has noted that the Hadassah nurses were educated and worked in the spirit of both American and British nursing traditions. These nurses influenced the development of the healthcare system in of Israel during this period, reflecting the American perception that nursing and nursing education were tools for social change and professional advancement. In this spirit, the graduates of the Hadassah school were dedicated to promoting public health and treating patients in hospitals and clinics.[[12]](#footnote-12)

Today, Israel’s healthcare system is seen as technologically advanced. However, Rosenfeld has pointed out that, historically, it was the ideologically-educated “nurses in green” (Hadassah nurses working in public healthcare) who originally shaped the healthcare system, observing that Hadassah’s success may be attributed to its willingness to incorporate the influences of American culture and educational experience. (Henrietta Szold was greatly influenced by Lillian Wald’s activity in the Henry Street Settlement, and brought this approach to Jerusalem.) Hadassah sent delegations of highly motivated, educated, and ideological nurses, but it quickly became apparent that it would not be possible to rely on this temporary workforce long term, and that local nurses had to be trained.

After World War I, Szold and Nathan Strauss (a philanthropist and pioneer for milk pasteurization in Israel), initiated projects to advance the public’s healthcare. It soon became clear that nurses would need to do more than deal with crises and emergencies and that there was a need to develop the infrastructure for a healthcare system for the population. Establishing a nursing school was a crucial response to this need. In addition to the Hadassah organization’s goal of creating a medical infrastructure, it also saw the nurses as representatives of Hadassah’s ideology of public activism and influence. Graduates of the Hadassah nursing school were recognized as leaders, especially in the field of offering and supervising healthcare in rural areas.

In 1936, the Clalit Health Services fund established a nursing school associated with the Beilenson Hospital. A nursing school was established in the religious Sha’arei Zedek hospital, and several others were founded shortly before or after the establishment of the state, were aimed primarily at fulfilling the nursing needs of the hospitals with which they were affiliated. In contrast, Hadassah’s school was designed to develop a healthcare system for the Jewish community during the British Mandate period.[[13]](#footnote-13) Hadassah’s decision to found a nursing school, and the American influence on it, are important in serving as the basis for nursing leadership in Israel in its early and formative years.

Hadassah’s nursing school’s curriculum and its first teachers (Kaplan and Landy) promoted a progressive model according to which nurses should be advocates for public health, personal hygiene, and community sanitation. However, after graduating, these students faced resistance from local physicians, who did not look kindly on young women trying to change society. The school’s first graduates tended to be patriotic and saw becoming a Hadassah nurse as an ideological and nationalist goal.[[14]](#footnote-14)

**(1918–1948): From the End of the World War I through Israel’s War of Independence**

The first nursing school was established in Jerusalem in 1918 by the American Zionist Women’s Organization Hadassah.[[15]](#footnote-15) Hadassah was founded in 1912 to assist in the Jewish community’s nation-building efforts in Palestine, with an emphasis on promoting healthcare. In the late 1930s, Hadassah had built a hospital adjacent to the newly-established Hebrew University in Jerusalem, which included academic studies in nursing. This followed the findings of an investigatory committee that had been established “to examine the services at Hadassah Hospital” (Bartel, 2005, p. 37). In its recommendations, the committee wrote:

All of us hope that with the end of the war, the Land of Israel will absorb tens of thousands and hundreds of thousands of tortured and suffering brethren, fugitives from a hell, among them sick and elderly, frail and broken, and the country has the duty [to cause] a metamorphosis of these shattered persons into a healthy People, valiant and free in its land. The health institutions in general, and Hadassah in particular will have a great part in this tremendous task (Central Zionist Archives J117/187, n.d.).

In addition, a committee investigated nurses’ training in the universities in preparation for their integration into workforce, and found that training in comfortable and orderly conditions would not prepare the nurses for providing treatment under the actual conditions prevailing in hospitals and clinics. They recommended that the nurses have opportunities to experience firsthand the arduous working conditions they would face (Central Zionist Archives J117/ 282, n.d.-a).

At the time, the primary concerns of nursing leadership worldwide were the shortage of nurses, and the role of licensed practical nurses (LPNs). In 1943, there was a decision in the United Kingdom to register nurse assistants as members of a separate division within the Nurses Federation. In the United States, practical nurses provided direct treatment to patients. Those enrolling in nursing school in Israel were required to have a minimum of seven years of education. The nursing school provided for all the students’ needs. Some new immigrants enrolled in the nursing curriculum had no family and were unfamiliar with the country and the language. Thus, the schools also served asa supportive space where they could acclimate. The curriculum included subjects such as first aid, sanitation, and cooking, and studies in biostatistics and budgeting (Central Zionist Archives J117/ 139, n.d.).

**World War II.** The shortage of nurses in the Land of Israel increased sharply during World War II. Allowing women to enlist in the British Army as nurses led to a significant drop in the number of enrollees in nursing schools, and interest in academic nursing studies declined. For the first time, the number of candidates was lower than the number of places in nursing schools, and the situation worsened over time.

Registered nurses had no choice but to carry out a wide range of tasks without assistance, including patient maintenance and food distribution, leading to overwork and attrition among nurses (*Haboker*, 1943). Difficulties also arose from the curtailment of Jewish immigration by British authorities, which cut off the supply of potential new immigrant enrollees. During World War II, nursing students had to shoulder a considerable part of the work burden. The length of studies was shortened, and summer vacations abolished.

Most of the native-born students were young women who lacked any experience. By contrast, immigrants who were enrolled in nursing schools had gained experience in Europe, and many had even studied at universities in their countries of origin (Central Zionist Archives II165/5, n.d.-a).

Factors contributing to the shortage of nurses included low pay, few options for part-time positions, lack of job security after maternity leave, and insufficient emphasis on the nursing profession as a “calling.” Necessary steps were taken to improve the situation and create conditions that could encourage nurses who had left the profession to return, including reducing work days for mothers from eight hours to six hours, and providing six weeks paid maternity leave. To ease the lives of nurses with children, daycare and kindergartens were established at hospitals. It was also decided to embark on a recruitment campaign in high schools, and to offer monetary incentives to graduates who would enroll in nursing studies (Central Zionist Archives II165/5, n. d.-b).

Towards the end of 1943, the Jewish community in British Mandate Palestine began to grasp the magnitude of the catastrophe befalling the Jewish community in Europe. Veteran physicians and nurses came to understand the crucial role that nursing would have to play at the end of the war (Central Zionist Archives J117/ 282, n. d.-b). In 1944, there was increased discussion on nursing training as part of plans to absorb new immigrants. Already, it was clear that more nurses in public health needed to be trained (Central Zionist Archives II165/5, n. d.-c).

During the war years, the shortage of nurses was grave. While worldwide, the shortage of nurses was linked to enlistment of women in the army, few nurses were accepted into the British army in Mandatory Palestine. Jewish nursing schools continued to teach their curricula and probably (as Mrs. Cantor surmised), the reason for the shortage was tied to working conditions that did not enable married women to continue to work. In joint discussions among institutions on lowering minimum admission requirements, it was decided to accept applicants with six years schooling instead of seven and reduce studies from a three-year to a two-year course. Return to training practical nurses was also discussed (for work in hospitals, not in immigrant camps). The physicians on the committee opposed lowering the standard for registered nurses. It was suggested that three-month courses, similar in format to those of the Red Cross, be inaugurated as an alternative, mobilizing candidates from the Displaced Person’s (DP) camps in Europe. Another proposal was to shorten the course of studies to two years without lowering admissions requirements, and dropping the commitment to serve at least two years after graduation. At the close of deliberations, it was decided to have the school managements formulate a shorter training program (Central Zionist Archives J117/185, n.d.-a).

In subsequent deliberations, the same proposals were discussed, and there was agreement that training practical nurses should not be encouraged; rather, auxiliary staff should be trained in specific realms: mental healthcare, tuberculosis, the chronically ill, and hospital orderlies for operating theaters (Central Zionist Archives J117/185, n.d.-b).[[16]](#footnote-16) Up until the 1950s, practical nurses were not trained as a solution to staffing shortages, and there was opposition to such a move across the board. As an alternative, an effort was made to concentrate three years of study into two-and-a-half, without compromising standards.

It is important to place the deliberations that were taking place in Israel at the time in a global context. In the Western world, ancillary staff and volunteers replaced missing registered nurses in hospitals (Central Zionist Archives II165/5, n.d.-d). In America and in Europe, there was a grave shortage of nurses during the corresponding period. In America, for example, there were charges that registered nurses “never touched a patient” and hands-on nursing was provided by ancillary staff. It was suggested that senior nurses should be trained rather than inferior physicians, and that the number of nurse assistants and part-time nurses should be increased. Nurses increasingly became key personnel in the labor market worldwide. However, many women rejected this profession as a career choice, since many other career options had opened up to women after World War II. In some countries, the solution adopted was to improve nurses’ working conditions rather than lower standards. Nurses were offered better salaries, the option for part-time employment, and hospital nurses were able to live to live off-grounds (Central Zionist Archives 117/2237, n.d.). In 1943, a proposal was suggested that women who had served in health fields in the ATS be allowed to complete their studies as registered nurses in two years. The shortage of nurses led to nurses joining forces in 1947 to establish a Nurses Union (Adams-Stockler, R. Steiner-Freud, J. 1985).

**Israel’s War of Independence**

Immediately after Israel declared independence and the gates for Jewish immigration were thrown open, the influx of immigrants further exacerbated the burden on nursing staff. Nurses and physicians were trained in first aid, and hospitals were put on an emergency footing.

The newly established Israel Ministry of Health appointed Shulamit Cantor as supervisor of the Nursing Division. She aspired to adopt American standards (with only small changes to reflect local needs and realities), in the hope that with the end of the war, nursing standards in Israel would rise to the level of those in other countries. She improved education, increased the number of enrollees, formulated a curriculum, and prepared certification exams for new immigrants (JDC Archives Geneva/279b/190, n.d.). Convinced of the overriding superiority of registered nurses, Cantor insisted that practical nurses should not be employed. In the 1930s, she supported hiring assistants for nurses, but declined to train them at Hadassah. In the 1940s, Cantor continued opposing training nurses’ assistants, claiming that it was imperative to safeguard the nursing profession in the country. In 1948, however, she surrendered to the emergency situation and developed training programs for nurses’ assistants and practical nurses, in the hope that this would be only a temporary measure (Bartel, 2005).

Plans to increase the number of hospital beds after establishment of the state failed, due to lack of professionals necessary to staff the hospitals. Eventually, it was decided to establish short courses for practical nurses. In an inter-office meeting between the Ministries of Labor, Health and Defense, it was decided to draft additional nurses and replace them in various institutions with unskilled staff (Israel State Archives 4230/171/2, n.d.).

Courses for ancillary staff and caretakers were opened across the country. As immigration grew, many of those arriving had serious health problems. Nursing schools strove to increase the number of students they certified in order to provide services in preventive medicine in immigrant neighborhoods. New immigrants were accepted in the various schools and even received study grants.

Grappling with these constraints did not change the professional outlook and the desire to raise professional standards. These aspirations drove initiatives to train teachers to achieve a high level of professionalism in education. In addition, it was decided to allow students to devote more time to their studies and mastery of the professional literature. At the same time, it was said this must “interface the spirit of mission of the profession, with promoting social and cultural action so that the students will be engaged in creative endeavors and building of the state.” (Central Zionist Archives J117/43, n.d.; Central Zionist Archives J117/244, n.d.). But these decisions did not survive in the face of immediate exigencies. Furthermore, many practical nurses were absorbed, including caregivers who were considered nurses. Most were Holocaust survivors who had practical experience working in the DP camps, where the shortage of registered nurses was even greater, sometimes with only one registered nurse working among 40 or 50 practical nurses. In addition, students who enrolled in the nursing schools that opened immediately after the war would graduate only in 1952, and the relatively small number of registered nurses in Israel could not meet immediate needs (Sternberg, 1973).

After 28 years of British rule, there were 1,335 registered nurses in Israel in 1948. Although during the first seven years after statehood 1,438 nurses completed their studies, this did not meet prevailing needs. The course for caregivers was extended and transformed into courses for practical nurses. Practical nurses performed registered nurses’ tasks. In fact, in certain hospitals, practical nurses given responsibility for wards. Mass immigration led to a situation where practical nurses and registered nurses served in identical capacities, with the assistance of unskilled assistants (Israel Ministry of Health, n. d.).

1948 marked the end of an era in the nursing profession: practices became institutionalized, and operations in the nursing division of the Ministry of Health took shape. More than any other period in the history Israeli medicine, it was precisely this chapter—the end of the War of Independence and the beginning of mass immigration–that shaped the face of nursing in Israel. Realities on the ground demanded immediate answers that were very different from the plans or the visions of the healthcare establishment.

**The Second Crisis (1948–1968): The Years of Mass Immigration**

In the years 1948**–**1952, the population of Israel doubled, and by 1963, the country had absorbed more than a million new citizens. Health problems became more severe; diseases that had been eradicated returned and spread. The newly established Nursing Division dealt primarily with opening new nursing schools and expanding training. The 1950s were characterized by two major problems. First, enrollment in nursing schools dropped. Second, there was an immediate need to recruit more nurses into the Israeli Defense Forces. Again, there was a proposal was to reduce the burden on nurses and improve their working conditions and salaries. In July 1949, a struggle by the Nurses’ Union resulted in a significant pay increase and eligibility for a seven-hour working day in the summer for nurses who had children and with more than five years working in recognized institutions, and a seven-hour working day for nurses over the age of 48. There was considerable press coverage of the plight of the nurses—their falling numbers and difficult working conditions, in a profession that required long training. Most criticism was leveled at the army, which decided to draft nursing cadets for two years military service before they began their studies. The graveness of the situation—with patients in need of hospitalization being turned away and scheduled surgeries being cancelled—prompted the Ministry of Health to initiate a meeting with the heads of the hospitals, but it ended without any agreement. The army announced it would continue to draft the nurses, and the situation worsened, until Prime Minister David Ben-Gurion intervened. In the first two years following statehood, the Jewish community had grown by 40%, but the number of medical professionals had not kept pace. This dissonance brought things to a head (AT”H,b A78, n.d.; Central Zionist Archives S71/404, n.d.).

Despite these hardships, Shulamit Cantor, the supervisor of the nursing schools, refused to compromise, and stood firm on her educational standards. Deliberations began in 1947 and were finalized in 1952 (although a decision was postponed until 1954) that included plans to run nursing schools within an academic framework. In a counter move, the heads of the IDF’s Medical Corps decided to establish a military nursing school that would accept candidates who had not been accepted by the other schools. The minimum for eligibility was only five years of prior schooling and included a two-year course for practical nurses who had served in military hospitals in the War of Independence, to certify them as registered nurses. The school received students who had work experience of at least two years. They studied the theoretical curriculum, and their prior practical experience was considered part of their practical studies. Parallel to this, nursing leadership in Israel formulated a new study curriculum that required ten years of prior schooling. Special effort was made to absorb immigrant nurses, by training them at the same time as they took intensive Hebrew language courses. Nevertheless, their absorption was difficult due to the conditions in the new nation. All these steps postponed the vision for academizing the nursing profession.

During the period of mass immigration (1949**–**1956), nurses played a prominent role in public health. The Ministry of Health considered establishing special schools of public health, an idea first raised for discussion in 1951. Nurses in their third year of study specialized in public health nursing, and made a commitment to work wherever they were needed. Cantor sought to establish a school of public nursing that would attract those who had studied sociology, psychology, and preventive medicine (Israel State Archives C127/9/6/2, n.d.-a). This recommendation was formulated later when a joint school for doctors and nurses was opened (Israel State Archives C127/9/6/2, n.d.-b).

The pressing needs during the establishment of the state and the foundation of the healthcare system led to a clash between decision-makers. Some of them, primarily the heads of the Ministry of Health, sought quick solutions by loweringstandards. The head nurses, first and foremost Shulamit Cantor, opposed compromise and stood firmly behind raising professional standards. While 71% of the nurses in 1949 were registered nurses, by 1963 that had dropped to 41%, while 59% were practical nurses. The growth in ancillary staff was pronounced in hospitals, but also in community clinics where requirements were curtailed to allow transition of hospital nurses to clinics (Israel Ministry of Health, 1963).

Nurses were involved in healthcare guidance and education for thousands of new immigrants. Hundreds of workers were mobilized for work in immigrant camps for short periods, without any prior experience (Israel State Archives C1387/295/2, n.d.). This intense three-year period following statehood impacted the character of nursing for many years to come.

**Years of Transition: (1968–1995) Academization and work force shortage**

During this transition period, Israel emerged from the grave crisis in staffing, largely due to the influx of Jewish immigrants from the Soviet Union, which in effect, solved the staffing shortage. This made it possible to refocus attention on the academization of nursing. The first class of nursing students at Tel Aviv University was launched in 1968, with the support of the Ministry of Health. The Director General (Professor Dan Michaeli) was a proponent of academization and viewed it crucial in light of the nurses’ aspirations to upgrade their education in order to treat patients “while taking overall responsibility and more collaboration in treatment of the patient, detached from technological aspects.” The Head of the Nursing Division at this time was Nurit Ben-Dov, who recommended the changes be implemented over a period of ten to fifteen years (The Council for Higher Education Committee for Planning and Budgeting, 1985).

Studies were initially directed towards upgrading the nursing leadership and senior educators. The objective was to enhance academic education in nursing. In the first years, some 60% of the students were working in hospitals and 20% in education (Committee for Economic Development at the Technion, 1983).

The Ministry of Health’s policy was directed towards expanding training for nurses and making academically trained nurses the standard. To do so, all tracks for training practical nurses were abolished, and nursing schools were downsized, but this move encountered unexpected delays (due to failure to follow through) that led to shortages of nurses despite government financial support for academicians and tracks for retraining university graduates for nursing careers.

In 1995, passage of a National Health Insurance Law assured medical coverage for a broad range of services for all Israeli residents. The reform led to fundamental changes in the structure of the healthcare system as a whole, including nursing in Israel. In preparation for passage of the law, a national commission on healthcare was established headed by Supreme Court judgeShoshana Netanyahu (the Netanyahu Commission). Among its conclusions were a recommendation that the scope of registered nurses be curtailed.[[17]](#footnote-17) The number of suchnurses indeed dropped, while the number of physicians rose. The influx of immigrants from the Soviet Union doubled the number of physicians in the country, so physicians in the community came to carry out roles that in the past had been fulfilled by nurses.

In 1995, a national health insurance law was enacted in Israel. This year also saw a record number of physicians and nurses immigrating from the Soviet Union. In 1968, the first nursing department was opened at a university in Israel. Of its graduates, there were 61% certified nurses and 39% practical nurses, compared to 67% certified nurses and 33% practical nurses who graduated from foreign medical schools. In 1995, there were the same rates among nursing school graduates from Israel, but 57% of graduates abroad were practical nurses, and there was a large increase in their proportion in the workforce. The situation among immigrant physicians was similar. Due to their large numbers, they took on positions that were previously performed by nurses.[[18]](#footnote-18)

The scope of the workforce in the healthcare system overall changed within a few years, creating an illusion that there were enough nurses. In addition, immigrant physicians could not find work in their field often chose to work in similar healthcare fields but not to move to other professions. Recruiting students thus became easier, and this led the head nurse to promote a transition to full academicization of nursing. Administrators did not have to raise the level of expertise and independence for nurses.

Contrary to predictions, precisely at this juncture, nurses were given roles that they had not performed previously, including care management, disease management, and case management. (This paralleled similar reforms globally, driven by budgetary considerations.) It was in these realms that nurses found full expression and utilization of their skills. Nurses excelled in introducing advances and efficiency to health management in terms of cost-benefit analysis and achieving optimalclinical outcomes. These trends were embraced and expanded further throughout the world. In Israel, the most prominent change was in the role of nurses in the community. Healthcare costs continued to rise and care for the chronically ill constitutes 70–80% of all expenditures; therefore, optimal utilization of resources is indispensable. Managed care provides advantages in the organizational, clinical, and economic domains, alike. Most programs in which nurses were appointed to manage patient/clientcare were successful. It was found that nurses with suitable training bring improvement in clinical measurements and lower costs.[[19]](#footnote-19)

Encouraged by these trends, senior nursing staff promoted a plan for specialization in nursing and courses in relevant fields, such as care management for heart failure, palliative care, and prescription management, as complementary services offered by nurses in the community. The Ministry of Health’s Nursing Authority operated in a number of directions to bring about full academization and to increase the number of nurses:

1. *Closure of all training programs for practical nurses*.

2. *Curtailment of non-academic channels for registered nurses*, including opening nursing programs at regional colleges. Between 1995–2010 eight nursing study programs in colleges were opened, some based on amalgamation of existing non-academic nursing schools.

3. *Retraining university graduates for careers in nursing* with study grants and shortened study programs.

Today, a severe shortage of nursing staff makes it difficult to implement these aspirations, but expanding academic institutions and government support is helping to close the gap.

The year that closes the period covered in this article, 2020, was declared by the WHO as the Year of the Nurse and the Midwife to mark the bicentenary of the birth of Florence Nightingale. Such universal esteem and appreciation for nurses and their role worldwide is rooted in Florence Nightingale’s original vision. But unexpectedly, at the outset of 2020, this was sidelined by the coronavirus pandemic. The importance of the nursing profession and the ramifications of staffing shortages were thrown into sharp relief by the crisis. It is still hard to assess how the pandemic will affect the nursing profession. For example, it could raise the prestige of nursing. Or it could delay the goal of certification and academization. In Israel, where already prevalent staffing shortages were exacerbated by the pandemic, there has been no change in policy. Moreover, an effort has been made to increase the number of academically trained nurses.

**Conclusion**

In this research, I covered the stages that the nursing profession has undergone in Israel, dictated by changing realities from pre-state times of nation-building through establishment of the state and mass immigration, to professionalization and growing academization in recent decades. At each stage, the nursing leadership in Israel has sought to achieve greater academization, and make it a norm for *all* nurses as a foundation to enhance nursing’s status within the medical community, and as an incentive to fill the ranks. Solutions to staffing problems have forged a host of sub-categories, from academically trained nurses to medical aides and ancillary caregivers. In recent years, the number of persons enrolling in nursing studies has gradually risen, reflecting the improvement of nursing’s image and status driven by academization and specialization championed by the leadership.[[20]](#footnote-20) While understanding the past won’t change current realities, it can assist in decision-making for the future.

The primary lesson that can be learned is that one should not waive clinical development and extension of authority of academic nurses in attempts to improve the quality of care, to bring in more enrollees, and to raise the prestige of the profession. Based on all the documents and research covered, it appears imperative that the three aspects (academization, legislation, and autonomy) should not be waived or sidelined. All three must be promoted and advanced in order to attract people to the nursing profession and to improve nurses’ legal status, along with enhancing their public image among their colleagues and coworkers in the health system. The work plan of the national head nurse at the Ministry of Health for 2021 includes the goal of increasing the number of nurses.[[21]](#footnote-21)

The crises that for decades set the trajectory of nursing in Israel were, for the most part external factors. These dictated priorities,despite the ongoingchallenge to maintaining high and unified standards and the need to academize nursing training. Emerging from this extended period of crisis after crisis began only in the 21st century. Today, there are nursing programs in universities and colleges throughout the country.

The programs have had a positive influence on the return of former nurses to the profession and on working nurses’ decisions to take on fuller positions, and their willingness to assume more responsibility and occupy senior job positions. Surveys show advanced studies have positively affected nurses’ engagement at work and serve as an incentive to remain on the job.[[22]](#footnote-22) These changes indicate the century-long struggle was worthwhile, although the same quandaries are likely to reemerge in any future crises.

An historical study, by nature, considers longitudinal trends and changes over time. An in-depth analysis of trends in Israel and in the world raises questions about future directions that should be promoted based on what can be learned from the past, and analysis of the decisions taken at key junctures, as discussed in the research.

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1. This article is based on previous research dealing with the shortage of nurses in Israel. (Authors’ IDs deleted). [↑](#footnote-ref-1)
2. The region variously known as Israel or Palestine was under Ottoman Turkish rule from 1516–1917, and British rule as the British Mandate for Palestine from World War I through World War II (1918–1945). The State of Israel was established in 1948. For the sake of simplicity, the region is referred to as “Israel” throughout this article. [Is this revision ok?] [↑](#footnote-ref-2)
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14. Ibid p. 108 [↑](#footnote-ref-14)
15. [↑](#footnote-ref-15)
16. At the time, Dr. Ben Zion Hershkovitz was among the heads of the self-governing body of the Jewish community [*Vaad HaLeumi*], responsible for establishing special hospitals, and one of the founding members of the organization of hospital administrators, following statehood. [↑](#footnote-ref-16)
17. *Doch Va’adat Natanyahu* (Netanyahu Commision Report), p. 248. [↑](#footnote-ref-17)
18. Nirel et al., 2003 [↑](#footnote-ref-18)
19. Magnezi et al., 2010 [↑](#footnote-ref-19)
20. *Doch Minhal ha-Seʻud 2019* (2019 Nursing Authority Report), p. 85. [↑](#footnote-ref-20)
21. *Minhal ha-Seʻud 2021 (Work Plan for 2021* *Nursing Authority)* [↑](#footnote-ref-21)
22. (Shatzman et al., 1981) [↑](#footnote-ref-22)