**The Struggle for Academicization**

**An historical overview of the nursing profession in Israel**

**1918–2020**

**Introduction**

“Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people” (International Council of Nurses). It is among the most dynamic and rapidly developing professions in healthcare systems throughout the world, often changing in response to major events such as wars or economic and demographic fluctuations.

Modern nursing meets the criteria of a profession – having a systematic body of knowledge that provides the framework for the profession’s practice, standardized formal higher education, a commitment to providing a service that benefits individuals and the community, maintenance of a unique role that recognizes autonomy, responsibility and accountability, control of practice responsibility of the profession through standards and a code of ethics, evidence-based practice, and commitment to members of the profession through professional organizations and activities (<https://nursing.cmb.ac.lk/nursing-as-a-profession/2018> ).Following a transition from an intuition-based nursing that was provided in the past, mainly by religious women, to a knowledge-based and academic profession, its practices today are determined by professional, educational, and clinical knowledge. This change was accompanied by efforts to improve the image and role of nursing in the healthcare system.

Every scholar who deals with the history of modern nursing mentions a few women who are considered the founders of the profession. The most prominent is the British Florence Nightingale (1829–1910) who worked as a nurse during the Crimean War (1853–1856), and is credited with founding secular, professional training for nurses. Joining her in the history of the struggle for the status of nursing as a profession is Clara Barton (the American founder of the American Red Cross), and Henrietta Szold in Eretz Israel (Israel),[[1]](#footnote-1) who founded Hadassah’s first nursing school (1918), and led reforms in health and social work as well.

Until 1918, there were no registered nurses in Israel (which was then part of the Ottoman Empire). The current article examines the struggle for academicization of the nursing profession in Israel in the context of the distinctive challenges the profession faced in the early years of the new nation. It argues that among the most significant source of strength and inspiration influencing the development of nursing in Israel was the distant land of the United States – which itself adopted Florence Nightingale’s vision for the nursing profession (Bartal, 2015). In addition, but to a lesser extent, the British model also influenced its development during the British Mandate period (1918 – 1948).

This article asks two research questions: First, what led to the characteristics of current nursing in Israel, a century after its formative years, as a pioneering profession aspiring to professional independence and committed excellence and academicization? Second, why did this take so long – or, what delayed the realization of the dream of academicization? In order to examine these questions, a historical-descriptive research methodology was employed, spanning the period from the opening of the first nursing school by the American women’s organization, Hadassah in 1918 through 2020.

**Historical Background on Nursing in Israel**

The history of the academicization of nursing in Israel is largely attributable to the inspiration from Israel’s early connections with U.S. nursing leaders including Henrietta Szold, Amelia Greenwald, Rachel Landy and Rose Kaplan, all of whom came to work in Israel on behalf of Hadassah, the Women’s Zionist Organization of America (De Laune & Ladner, 2002; Harris, 2021; Oliver, 2018). These nurses were also independent women who fought for equality and rights in their profession. The Hadassah organization considered the training of a generation of leaders to be an integral part of its mission and no less important than training nurses.

To trace the roots from which the Hadassah schools in the Land of Israel were “emerged,” one must go back to 19th century America, a time when women’s struggles for equal rights, women’s status, and the right to vote were a source of inspiration for the nursing profession. Nursing leadership saw the development of the profession as a way to exercise influence and equal rights.

Jewish American women who sought to train themselves as nurses had to face many challenges both as Jews and as women. As Jews, they confronted admissions quotas in nursing schools and employment discrimination at hospitals. They also had to deal with parental bias against women’s higher education and the fact that lengthy training would prevent getting married and starting a family at a customary young age. Despite such obstacles, many Jewish women developed a career in nursing. Ellen Lagman called them the “progressive generation,” because they were a generation of pioneers (Mayer, 2023).

The Zionist women in the United States, like their counterparts in various Christian churches and women's associations, were looking for a platform for public-social action. Most of them were middle class and highly educated. Hadassah was founded in New York with the aim of operating on two fronts: (1) promoting medical and welfare institutions in Israel, and (2) fostering Zionist ideals throughout the United States. To implement the first goal, three nurses were sent to Jerusalem to provide medical help. Szold was intimately familiar with the new ideas of nursing leadership at the beginning of the 20th century, which mainly emerged at Columbia University. Consequently, she advocated for increasing the role of the registered (certified) nurses. A further influence was the work of Lillian Wald, which she admired (Weiss, 2023).

Lillian Wald (1867 –1940) spent her life providing nursing care to indigent populations in the United States. As the first community health nurse, she modeled the idea of public health nursing with the establishment of the Henry Street Settlement in New York City in 1893. She was a tireless reformer who improved housing conditions in tenement districts, supported education for the mentally challenged, advocated for passage of more lenient immigration regulations, initiated changes in child labor laws, and founded the Children’s Bureau of the U.S. Department of Labor. In addition to initiating public health nursing, Wald also established a school of nursing (DeLaune, 2011). Szold was familiar with this initiative and, before sending nursing delegations to Jerusalem, she would send them first to study with Wald. Hadassah sent delegations of highly motivated, educated, and ideologically-motivated nurses to Israel, 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 of milk pasteurization in Israel) initiated projects to advance the public’s health care in Israel. 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 whole population. Establishing a nursing school was a crucial response to this need. The Hadassah organization, in addition to its goal of creating a medical infrastructure and in keeping with the influence of American nurses like Wald, also saw its nurses as representatives of Hadassah’s ideology of public activism and influence. Graduates of its nursing school were recognized as leaders, especially as supervisors of health care in rural areas.

In 1936, the Clalit Health Services, the first health insurance fund in Israel, established a nursing school associated with the Beilinson Hospital. Others founded shortly before or after the establishment of the state, including a school at the Shaare Zedek Hospital in Jerusalem, 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 larger Jewish community during the British Mandate period (Rosenfeld, 2005).

Hadassah’s nursing school curriculum and its first teachers (such as Rose Kaplan and Rachel Landy) promoted a progressive model according to which nurses should be advocates for public health, personal hygiene, and community sanitation. However, after graduating, Hadassah nurses 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 (Rosenfeld, 2005).

Thus, Israel’s first nursing leaders were influenced by Hadassah and, consequently, by trends in the U.S. feminist movement and its struggle for equal rights for women. In contrast, according to Bartel (2005), nurses from the United Kingdom, who supervised nursing during the British Mandate period (1920 – 1948) and provided the legal basis for the nurse's work in Israel, had quite different views of the profession. The European school, dominated by the British, emphasized the training of nurses to be doctors’ assistants, while the American school encouraged the perception of nursing as a profession. Not only did these differences result in a power struggle between those aligned with each, but practical differences emerged in training. The European approach focused on the technical aspects of treating the sick, and the American school focused on the importance of theoretical knowledge in a wide range of relevant subjects as a basis for activity. It focused, in other words, on the academicization of nursing.

Prior to the establishment of the State of Israel, even though nursing was regulated by the British Mandate authorities, it was far more influenced and inspired by the U.S. model from which its first leaders were drawn. Most were Hadassah nurses who acted under the leadership of Shulamit Cantor in connection with the International Nurses Organization, among other prominent nurses.

After the establishment of the state in 1948, and despite the desire for academicization, immediate constraints arose due to pressing demands on the new state that contributed to a shortage of nursing personnel. As a result, nursing in Israel began to develop independent of the international models to which it aspired as it focused on establishing medical institutions in a short time and with manpower constraints in order to address the immediate necessity of treating immigrants, addressing chronic medical needs, and eradicating epidemics. These demands created a conflict between the desire to develop the profession academically and the need to train a large number of healthcare personnel in a short time. Thus, despite the aspiration for academicization, 20 years would pass before the first class would open in 1968.

**Understanding the Development of Modern Nursing in Israel**

Below we consider our two primary research questions. The first section details the forces that led to the current emphasis of nursing as a professional and academic occupation. We show that nursing leadership in Israel favored the academic and professional approach to nursing that was dominant in the United States. However, it took many years for that approach to be adopted officially in Israel. The reason for this delay is the subject of the second section.

***What Factors Influenced Today’s Emphasis on Professional and Academic Nursing?***

Florence Nightingale introduced modern methods to training nurses in the framework of higher education, along with a scientific approach to nursing practices, such as collecting and analyzing data to improve patient care (Weiss, 2002).

Between 1860 and 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 (primarily British) affected nursing’s philosophy in Israel in its formative years. Clearly, both the American and British perspectives extensively influenced nursing in Israel. An example of this can be seen in the definition of nursing. While nursing had been defined as a profession in Britain, the United States, it was defined as a profession only since the 1960s. Israel appears to have adopted the British definition since all the occupational definitions are based on British Mandate laws.

On the other hand, the nursing leaders drew their *inspiration* from international leadership and from American models that, beginning in 1923, worked to introduce nursing studies in universities. Further, American nursing underwent a change in the last century from an occupation in which advancement is based on a managerial ladder to an occupation where advancement is based on knowledge and clinical expertise (Lynaugh, 2023)

Other differences emerged as well. 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, which in turn established the first nursing school in Jerusalem adopting a curriculum (see table 2) based on American nursing schools (Weiss, 2023). 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 to nursing, which had traditionally been 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, while providing inexpensive and available labor for hospitals (Bartal, 1993).

In 1921, three years after the establishment of the first nursing school in Israel, the British Ministry of Health approved its first syllabus that was based on the model of the nursing school at the St. Thomas’s Hospital in London, founded by Nightingale. The syllabus was not mandatory, as there was no way to ensure compliance. 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 (Bartel, 2005; Reuvani, 1993). According to Bartel, the required curriculum was British, and the health department supervised the exams. The leaders of the Hadassah school changed the content from time to time. For example, English studies were added, which contradicted the preferences of the Hadassah leadership) Bartel, 2005).

It is noteworthy that the American women who came to Hadassah came for a limited time; when they left, they were replaced by graduates of the school. In 1938, according to Cantor, school graduates already led \_\_\_\_[?]. 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 the capitalism-based United States. 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’ bedsides 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. Major hospitals have a nursing school that is affiliated with a university, and most graduates prefer to begin their careers there, similar to the British model. ראש הטופס

תחתית הטופס

Historical documents from Israel indicate that nurses’ aspirations for academic training dates back to Hadassah’s academicization of the profession. However, the healthcare system administrators, most of them physicians, tended to prefer apprenticeship training and employing students in the workforce (Bartel, 2005).

Segev has noted that the Hadassah nurses influenced the development of the healthcare system of Israel, reflecting the perception of the American public health nursing leadership at the time which saw nursing and nursing studies both as tools for promoting social change on behalf of needy populations and as a path to professional advancement. In this spirit, the graduates of the Hadassah school were dedicated to promoting public health and treating patients in hospitals and clinics (Segev, 2020).

***What Delayed the Realization of the Dream of Academicization?***

After the establishment of the state and despite aspirations for academicization, Israel had to absorb thousands of immigrants in a short time and deal with epidemics such as polio and tuberculosis. In the midst of the struggles to accommodate the immigrants and attend to the sick, the health system that developed diverged from those common in Western countries, with more emphasis devoted to preventive and community medicine. In the immigrant camps, the nurses developed innovative work methods; and, in the rapidly developing communities, clinics were established where nurses operated without a doctor. These factors led to the development of a unique model in Israel in which independent village nurses led preventive health care (Weiss & Golander, 2022).

In addition, during this period, many immigrant nurses from Europe joined the workforce, some of whom lacked certificates or who couldn’t provide documentation testifying to their studies. Most did not work in the profession for five years, but due to the huge nursing shortage, such nurses were eventually integrated into work at the immigrant camps and the new settlements (Weiss and Golander, 2022).

However, Rosenfeld has pointed out that, historically, it was the ideologically-educated “nurses in green” (Hadassah nurses working in public health care) who originally shaped the healthcare system, observing that Hadassah’s success may be attributed to its willingness to incorporate the influences of U.S. culture and educational experience. Henrietta Szold, the leader and founder of Hadassah who devoted her life to the social care, education and health systems in pre-state Israel was greatly influenced by Lillian Wald’s activity in the Henry Street Settlement, and brought this approach to Jerusalem (Heller, 2018).

To present a full picture of the significant periods in the development of modern nursing in Israel, major historical sections are delineated below.

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

The Hadassah organization, responsible for so much in history and the nature of nursing in Israel, was founded in 1912 to assist in the Jewish community’s nation-building efforts in Palestine, with an emphasis on promoting health care. In the late 1930s, Hadassah moved her hospital adjacent to the newly-established Hebrew University in Jerusalem, which included academic studies in nursing. This followed a commission of inquiry “to examine the services at Hadassah Hospital” established by the director of the hospital, Dr. Yassky, whose findings were published in 1941 (Bartel, 2005). 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, 1941).

In addition, a second committee established in 1942 prior to the transfer of nurses’ training to the Hebrew University examined the training of nurses and their integration into the nursing workforce. The committee found that training under comfortable and orderly conditions would not prepare nurses to provide care under the conditions that actually prevailed at the time in hospitals and clinics. They therefore recommended that the nurses experience first-hand the arduous working conditions they would face (Central Zionist Archives, 1942a).

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. In Israel at the time there were no studies for practical nurses, and only after the establishment of the state did this change. Those enrolling in nursing school in Israel were required to have completed high school; the nursing education then added a minimum of an additional three years of education.

While studying, the nursing school provided all the students’ needs. This was important because some of the new immigrants enrolled in the nursing curriculum had no family and were unfamiliar with the country and the language. In this way, the school also served asa supportive space where the students could acclimate. The curriculum included subjects such as first aid, sanitation, cooking, and studies in biostatistics and budgeting (Central Zionist Archives, 1940).

he shortage of nurses in Israel increased sharply during World War II. Allowing women to enlist in the British Army as assistants to nurses and vehicle drivers 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. 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, 1942a).

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 to 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. In addition, a recruitment campaign in high schools offered monetary incentives to graduates who would enroll in nursing studies (Central Zionist Archives, 1944a).

Towards the end of 1943, the Jewish community in British Mandate Palestine began to more fully grasp the magnitude of the catastrophe befalling the Jewish community in Europe, and 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, 1943). In 1944, there was increased discussion about 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, 1944a).

During the war years, the shortage of nurses was grave. While worldwide, the shortage of nurses was linked to women enlisting in the Allied armies, in Mandatory Palestine, few nurses were accepted into the British army. Jewish nursing schools continued to teach despite the decline in enrollment. In joint discussions among institutions about lowering minimum admission requirements, it was decided to accept applicants with six years of primary and secondary schooling instead of seven and to reduce nursing studies from a three-year to a two-year course. A return to training practical nurses was also discussed (for work in hospitals, not in immigrant camps). The physicians on the joint committee opposed lowering the standard for registered nurses. It was suggested that a three-month courses, similar in format to those offered by 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. At the close of deliberations, it was decided that the schools should develop a shorter training program (Central Zionist Archives, 1947a).

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 areas: mental healthcare, tuberculosis, the chronically ill, and hospital orderlies for operating theaters (Central Zionist Archives, 1947b). Up until the 1950s, practical nurses were not trained as a solution to staffing shortages, and there was sweeping opposition to such a move. As an alternative, an effort was made to concentrate three years of study into two-and-a-half, without compromising standards (Ben David, 1995/6).

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, 1944b). In the United States and Europe, there was a grave shortage of nurses during the corresponding period. In the United States, for example, there have been claims that registered nurses “never touched the patient” and hands-on nursing was provided by ancillary staff. It was suggested that nurses should be trained as senior nurses and that the number of nurse assistants and part-time nurses should be increased. Nurses increasingly became key personnel in the labor market worldwide ().

Further, 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 and the option for part-time employment; in addition, hospital nurses were given permission to live off-grounds (Central Zionist Archives, 1947c). In Israel, a proposal was suggested that women who had served in health fields in the Auxiliary Territorial Service, the women’s branch of the British Army during the WWII, 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 & Steiner-Freud, 1985).

New challenges emerged during Israel’s War of Independence (1947–1949). Immediately after Israel declared independence war broke out and the gates for Jewish immigration were thrown open. 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 U.S. 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, 1948).

In her memoir, Rebecca Bergman (head of the first nursing department opened at Tel Aviv University) refers to the long struggle for academicization in nursing. With the help of Ms. Vera Frey from the ICN, Bergman fought to open a track for academic nurses at the Hebrew University in Jerusalem. At the same time, Tel Aviv University began to promote its nursing program. In the spring of 1968, an undergraduate program in Tel Aviv was approved and Bergman was appointed as its head. Bergman wonders about the appointment and notes in her memoir that at the time, she was the only nurse with a doctorate in Israel (Bergman, 2009). In this position, Bergman continued the struggle launched by Shulamit Kantor to move Hadassah Hospital and the University together to Mount Scopus in the 1930s.

Judith Steiner Freud was the director of the school when the first generic academic nursing program at Hadassah opened in 1975, and she was appointed associate dean of the Faculty of Medicine. In an interview, she described the spirit of Hadassah, the desire for academicization and the lack of it until the 1970s, when the academic program opened. Steiner Freud continued the struggle of her predecessors, including Cantor and Margalit Atia Kochen who then directed the school. Despite her many years of academic activity and influence, Steiner Freud did not have the status that Bergman enjoy (Judith Steiner Freud interview).

From the 1930s until the establishment of the state, Cantor was convinced that only registered nurses should be trained. However, in 1948, in response to the state of emergency brought about by the war, she supported the development of training programs for practical nurses’ assistants, hoping that this would be a temporary measure only (Bartel, 2005, Steiner, Interview 19)). Plans to increase the number of hospital beds after establishment of the state failed due to a lack of professionals necessary to staff the hospitals. Eventually, it was decided to establish short courses for practical nurses. In an interoffice 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, 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 the new immigrant neighborhoods. In addition, new immigrants were accepted in the various schools and even received study grants.

Grappling with these constraints did not change nursing’s professional outlook or the desire to raise its professional standards. These aspirations drove initiatives to train teachers to achieve a high level of professionalism in nursing 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 with 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, n.d.; Central Zionist Archives, 1948). But these decisions did not survive in the face of immediate exigencies. Furthermore, many licensed practical nurses were absorbed, including caregivers who were considered nurses. Most were Holocaust survivors who had practical experience working in the immigrant camps, where the shortage of registered nurses was even greater, sometimes with only one registered nurse working among 40 or 50 licensed 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, in 1948 there were 1,335 registered nurses in Israel. 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 who performed registered nurses’ tasks. In fact, in certain hospitals, practical nurses were 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.).

The establishment of the state in 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: The Years of Mass Immigration (1948–1968)**

In the years 1948**–**1952, the population of Israel doubled; 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, as mentioned, even as need increased, 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 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 changes in the length of the work day. Eligibility for a seven-hour working day over the summers was extended to nurses who had children and had more than five years working in recognized institutions. Seven-hour work days were provided to nurses over the age of 48.

At this time, 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 gravity of the situation (patients in need of hospitalization were being turned away and scheduled surgeries were being cancelled)prompted the Ministry of Health to initiate a meeting with the heads of the hospitals. The meeting ended without any agreement, and the army announced it would continue to draft the nurses. The situation worsened until Prime Minister David Ben-Gurion intervened, calling for a Knesset debate. 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 (State Archives, 1952).

Despite these challenges, Shulamit Cantor refused to compromise, and stood firm regarding 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 (Israel State Archives, 1947). In a countermove, 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, dropping minimum eligibility to only five years of prior schooling. This new program 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 efforts were made to absorb immigrant nurses by training them at the same time as they took intensive Hebrew language courses. Nevertheless, their absorption into the healthcare system was difficult due to the conditions in the new nation. All these steps delayed 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, 1952a). This recommendation was formulated later when a joint school for doctors and nurses was opened (Israel State Archives, 1952b).

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 percentage had dropped to 41%, while 59% were LPNs. 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, 1952). This intense three-year period following statehood influenced the character of nursing for many years to come.

**Years of Transition: Academicization and Work Force Shortage (1968 – 1995)**

During this transition period, Israel emerged from the grave crisis in staffing, largely due to the influx of Jewish immigrants from the Soviet Union in the early 1990s, who effectively solved the staffing shortage. The heads of the health system and economists advanced the view that there was no difference in nursing practice among various certified and practical academic nurses when they arrived in Israel. Nirel and Paryenta (1999) point out that the main contribution to the increase in the number of practical nurses resulted from immigrants arriving from the Former Soviet Union (FSU), offering data to show that in 1989, 87% of the 8,000 nurses who received a license in Israel came from the FSU; and, a year later, 16% of all nurses came from the FSU. These numbers reversed the negative trend in numbers of nurses within a short period. The proportion of immigrants from the FSU in the nursing system went from one third of practical nurses to over half (53%) and then began to decrease until 1995 when a state health law was enacted (Nirel & Paryenta,1999; State Comptroller’s Annual Report 59b, 2008)

With the pressure to find enough nurses having eased, it was possible to refocus attention on the academicization 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 academicization 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, Nurit Ben-Dov, recommended that changes be implemented over a period of 10 to 15 years (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 in order to transfer the nursing programs to universities. 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 health care was established headed by Supreme Court JusticeShoshana Netanyahu (the Netanyahu Commission). Among its conclusions was a recommendation that the scope of registered nurses be curtailed (Netanyahu Commission, 1990). The number of suchnurses indeed dropped, while the number of physicians rose. Since the influx of immigrants from the Soviet Union also doubled the number of physicians in the country, many physicians in the community came to carry out tasks that nurses had done in the past.

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 FSU. In 1968, the first nursing department was opened at Tel Aviv University. Other nursing schools graduated 61% certified nurses and 39% practical nurses (while most foreign medical schools graduates totaled 67% certified nurses and 33% practical nurses). In 1995, there were the same rates among nursing school graduates from Israel, but 57% of graduates from 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 (Nirel et al., 2003).

The scope of the workforce in the healthcare system overall changed within a few years, creating an illusion that there were enough nurses. This led the head nurse of Israel 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, following the passage of the National Health Law in 1995, nurses were given roles that they had not performed previously, including care management, disease management, and case management (which paralleled similar reforms globally). 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. 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 improvements in clinical measurements and lower costs are associated with nurses with suitable training (Magnezi et al, 2010).

Encouraged by these trends, senior nursing officials 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 academicization and to increase the number of nurses, including closing all training programs for practical nurses and closingnon-academic channels for registered nurses*,* and opening nursing programs at regional colleges. In 2017, the last Nursing Administration circular that dealt with the training of practical nurses was cancelled, and since the state health law was enacted in 1995, their numbers dwindled until the training programs closed due to lack of students (Nursing Administration circular 19/117 on the subject of expanding the array of those engaged in nursing – update 2017). Between 1995–2010, eight nursing study programs in colleges opened, some based on a merger of existing non-academic nursing schools. They also focused on retraining university graduates for careers in nursingwith study grants and shortened study programs.

In 2020, the last year covered in this article the World Health Organization declared The Year of the Nurse and the Midwife, marking 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. Unexpectedly, in the early days 2020 this recognition was sidelined by the coronavirus pandemic which ironically threw into sharp relief the importance of the nursing profession and the ramifications of nursing shortages. It is still difficult to assess how the pandemic will affect the nursing profession in the long run. It could raise the prestige of nursing, or delay reaching the goal of certification and academicization. In Israel, where already prevalent staffing shortages were exacerbated by the pandemic, there have been no changes in policy. Moreover, an effort has been made to increase the number of academically trained nurses.

**Conclusion**

This research covered the stages in the development of the nursing profession 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 academicization in recent decades. At each stage, the nursing leadership in Israel has sought to achieve greater academicization, and to make academic credential a norm for all nurses both as a foundation for enhancing nursing’s status within the medical community and as a recruitment incentive. Solutions to staffing problems have forged a host of subcategories, 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 status driven by academicization and specialization championed by the leadership (Israel Nursing Authority, 2019). While understanding that the past won’t change current realities, it can assist in decision-making for the future.

Today, despite ongoing nursing shortages, the academicization of nursing in Israel has been fully achieved with 91% of all nurses working in Israel certified and holding an academic degree. According to data from Israel’s Nursing Administration, all training programs for nurses are academic in nature. Moreover, since 2017, an academic degree from an accredited university or college has been required in order to practice nursing (Israel Ministry of Health, 2021, p. 10).

Nevertheless, there are ongoing structural problems in the profession. For example, Israel has 4.97 nurses per 1000 population, compared to the OECD average of 8.4 nurses per 1000. Further, 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, while the World Health Organization recommends a ratio of three to four nurses per physician in developed countries (Aiken & McHugh, 2014).

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, or to raise the prestige of the profession. Based on all of the research conducted for this study, it appears to be imperative that the three aspects of modern nursing (academicization, legislation, and autonomy) should not be waived or sidelined. All three must be promoted and advanced in order to improve nurses’ public status, enhance the image of nursing among colleagues and coworkers in the health system, and attract people to the nursing profession. In this regard, it is noteworthy that the work plan of the national head nurse at the Ministry of Health for 2021 includes the goal of increasing the number of nurses (Israel Nursing Authority, 2021).

The crises that for decades set the trajectory of nursing in Israel were, for the most part, external factors. These dictated prioritiesdespite the ongoingchallenge of maintaining high and unified standards and the need to academicize nursing training. Emergence from this extended period of crisis after crisis began only in the 21st century. The programs have had a positive influence on the return of former nurses to the profession and on working nurses’ decisions to take on full time positions, as well as on their willingness to assume more responsibility and occupy senior positions. Surveys show advanced studies have positively affected nurses’ engagement at work and serve as an incentive to remain on the job (Shatzman et al., 1981). These changes indicate the century-long struggle was worthwhile, although the same quandaries are likely to reemerge during any future crises.

Regarding the first question, this article supports the view that while nursing in Israel was originally influenced by approaches from the United States and, to a somewhat lesser extent, by approaches from England, over the years, it also adapted to a context unique to Israel. The imperative of responding to the medical and public health needs of large numbers of immigrants meant not only dealing with a chronic shortage of nurses (and the concomitant necessity of recruiting immigrants to nursing), but it also shifting nursing’s direction in Israel toward the field of public health. The second question, which dealt with the factors hindering academicization in nursing supports the conclusion that while nursing as an independent profession in Israel currently resembles that in other countries, historical constraints meant that the process of academicization and specialization began late compared to countries such as the United States, England, Australia and Canada. Expanding opportunities for nurses might stimulate more interest in nursing as a career choice (Aiken & McHugh, 2014).

As for the academicization to which the nursing leadership aspired from the early 19th century, despite these delays, since the late 1960s the trajectory toward the academicization of the profession has advanced and gained momentum. An historical study, by nature, considers longitudinal trends and changes over time. An in-depth analysis of trends in Israel and in the world will hopefully raise questions about future directions that should be promoted based on what can be learned from the past, particularly from an analysis of the decisions taken at key junctures, as discussed in the research.

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**Table 1: Key dates in the development of Israel’s healthcare system**

|  |  |
| --- | --- |
| **Year** | **Event** |
| 1911 | The Workers Health Insurance Fund established for mutual medical assistance and voluntary insurance. |
| 1912 | Hadassah Women’s Organization established in New York, with Henrietta Szold as its leader. |
| 1913 | First delegation of Hadassah nurses arrives in Ottoman Palestine, departing after the start of the First World War. |
| 1917 | The British Army occupies Jerusalem. |
| 1918 | Hadassah Nursing School established. |
| 1920 | The Clalit Sick Fund is joined to the Histadrut. |
| 1923 | The British Mandate over Palestine officially comes into force. |
| 1925 | The Clalit Sick Fund applies to the British Mandatory government for the application of health and welfare insurance. |
| 1947 | The UN’s Proclamation of the Partition Plan and the outbreak of the War of Independence on Nov. 29, 1947. |
| 1948 | Israel declares independence, establishes a government and a Ministry of Health, which adopts laws and procedures from the British Mandatory government. |
| 1956 | Sinai Campaign. |
| 1967 | The Six-Day War; nurses are recruited to work in hospitals and combat zones. |
| 1968 | Tel Aviv University launches Israel’s first nursing faculty. |
| 1973 | Yom Kippur War; nurses are recruited to care for the injured and prisoners. |
| 1975 | Launch of the nursing faculty at the Hebrew University of Jerusalem. |
| 1989– | Aliya from the FSU, including nurses and doctors. |
| 1995 | The State Health Law enters into force in Israel following a state commission of enquiry into the functioning of Israel’s healthcare system. |
| 2008 | Launch of the first nursing college program. |
| 2009 | Approval and definition of a specialist nurse in palliative and geriatric care |
| 2023 | Approval of the opening of the tenth faculty of nursing at an academic college |

Table 2. Hadassah’s Nursing School Curriculum, 1938

|  |  |  |
| --- | --- | --- |
| Anatomy and Physiology  Chemistry  Pharmacy  Internal Medicine  Orthopedics Ophthalmology  Ear, Nose, and Throat Medicine  Gynecology and Obstetrics | Sociology  First Aid  Case Intake  Basic Dietetics and Disease  Routine and Dietetic Cooking  Dressing Wounds  Nursing Principles and Practice | Bacteriology  Medical Supplies  Personal and General Hygiene  Surgery and Urology  Pediatric Diseases  Dermatology  Neurological and Psychiatric Disorders |
| Pathology  Psychology  Nursing History and Ethics  Public Health |  |  |

* The number of hours of study also increased from 180 study hours in the first year to 898 by the 18th year (Report by Mrs. Kantor on the school’s development during its 20 years of existence, Central Zionist Archives)

1. The region variously known as Israel or Palestine was under Ottoman Turkish rule from 1516–1917, and British ruled through the British Mandate for Palestine from World War I through World War II (1918–1948). The State of Israel was established in 1948. For the sake of simplicity, the region is referred to as “Israel” throughout this article. [↑](#footnote-ref-1)