**The Impact of Israel’s National Health Insurance Law (1995) and Health Reforms on the Nursing Profession**

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**Abstract**

This article examines the trends and trajectories of the nursing profession and healthcare practices in Israel following the enactment of the National Insurance Health Law (1995), which entitled every Israeli resident to healthcare services. Since the Law’s enactment, Israel’s health funds have become more competitive and services to patients have improved. Nurses in Israel have taken on new roles in the healthcare system, including working jointly with professional colleagues to develop efficient teamwork that serves the needs of patients. These changes reflect global trends in the nursing profession, and demand new thinking about the role of nurses, including how nursing can best serve patients and the wider healthcare system.

**Introduction**

Nursing, as a dynamic, progressive, and changing profession strives to influence and involve itself in decision-making and policy-making related to health and healthcare reforms (Cummings et al., 2021). To date, studies examining this aspiration have uncovered scant evidence of the involvement of nurses in creating and implementing healthcare legislation. While Israel enacted its National Insurance Health Law in January 1995, there has been little scholarly discussion of healthcare reform in general or of this legislation as a motive for nurses’ involvement in policymaking or reforming existing healthcare policy (Missri, 2011). The single study in this field focused on community nursing (Nissenholtz-Ganot, 2017).

The purpose of this article is to examine the trends and directions of nursing in Israel following the enactment of the National Health Insurance Law (1995),

Israel is a small country in the Middle East, located at the juncture of three continents (Africa, Asia, and Europe). Its population is just over 9 million, and its population density is very high, and immigration has played a critical role in Israel’s demography. When the State of Israel was declared in 1948, its population was 873,000 (Rosen, Waitzberg & Merkur, 2015). In comparison with other developed countries, Israel’s fertility rate is relatively high and its age mix is relatively young. Israel has a modern market-based economy with a substantial high-tech sector. In 2021, Israel’s national expenditure on health was 8.1% of GDP, compared to an average of 9.5% in OECD countries (Israel Central Bureau of Statistics, 2022). Israel’s healthcare system is unique because of how it was established and because of the ideological concepts that shaped it from the beginning of its development. At just 75-years-old, Israel is considered a young country, and the pluralistic nature of its healthcare system, including the quest for cost-free universal health insurance, was shaped before its establishment in 1948, with the quest for free health insurance beginning many years previously. The legislation of 1995 can therefore be seen as the fruits of a decades-long struggle for free health insurance that started during the British Mandatory period in Palestine. (Rosen, Waitzberg & Merkur, 2015) Given that values such as solidarity and mutual responsibility in healthcare were central to these efforts, it is worthwhile to examine what part nurses played in these important healthcare reforms and how social values and legislation have affected the nursing profession in Israel to date

In order to answer the research question, the historical research method was chosen.

**Methods**

Studies have described nursing as an independent profession with a centuries-long tradition of helping and caring for the weak, both of which have always given the profession a broad basis for its activities. The nursing leadership has promoted the development of professional nursing and focused on the needs of the individual patients, and how nurses are perceived in the community. The concepts of the “human being” and “caring” comprised the basis of nursing (e.g., Bradshaw & Bradshaw, 1995; Hendel, 1997; Odem, 2002).

Documenting the history of nursing in general presents methodological difficulties, especially in the context of unstructured, dynamic circumstances, such as those discussed here. First and foremost, it is well agreed that nurses are better “doers” than writers; secondly, because of the nature of healthcare reform in Israel, the documentation of nurses’ activities and their impact on policy is lacking. Thirdly, little has been written about the role and involvement of Israeli nurses in these developments. Nurses testified before the Justice Shoshana Netanyahu’s Judicial Commission (established 1988) into Israel’s national health systems on whose recommendations the National Health Insurance Law was enacted, but did not participate in the Commission or in its decisions.

As part of the background research for this paper, interviews were conducted with Prof. Mordechai Shani, Director of Sheba Hospital and Director General of the Ministry of Health during two periods before and after the enactment of the law,who was instrumental in "The State Commission of Inquiry to Examine the Functioning and Efficiency of the Health System in Israel" known as the Netanyahu Commission after its chair, Justice Shoshana Netanyahu—on whose recommendations the National Health Insurance Law 1995 was enacted; and with Prof. Yitzhak Berlowitz, another key leader in the healthcare reform, who served as Head of the Medical Administration at the Ministry of Health and member of the team drafting the National Health Insurance Law. From the interviews with these two important figures, it emerged that the topic of nursing was marginal in the Commission’s deliberations, which were concerned mainly with economic reform and insurance and less on human resources and training issues. As a result, the nurses who testified before the Committee were not interviewed. Their testimony was kept in the archives' files and scanned for research purposes.

In searching for relevant information, the study used a variety of sources, most of which came from various archives (The State Archives and documentation of the testimonies of the nurses who testified before the committee) and official texts, official reports, (Reports of the State Commission of Inquiry to Examine the Functioning and Efficiency of the Health System in Israel, Majority and Minority Opinions). previous research, and protocols.

Searches in CINHAL, CAMPUS, and PubMed did not reveal additional articles on this topic. ("health policy"[Title/Abstract]) AND ("Israel"[Title/Abstract])) AND (("nurse"[Title/Abstract]) OR ("nursing"[Title/Abstract])) The search shows that the lack of research on nursing and health reforms and health policy characterize not only Israel. In a review by Mundt (1997) of the relevant period of a selected review of books published during height of the health reform debate (1993 and 1994), a total of 35 books written by authors from 13 different disciplinary perspectives were reviewed to determine how the nursing profession was represented in discussions of health system reform. The books were categorized according to title, author affiliation, purpose, and the number and category of references to nursing. Seven categories of reference to nursing emerged from the analysis. Approximately one half of the books contained no references to nursing, 39% had less than 10 references to nursing, and only four books had more than 10 references to nursing. (Mundt,1997).

With regard to Israel, and with the exception of one article by Ben Nathan and Oren (Ben Nathan & Oren,2011) that presents the challenges faced by nurses after the reform, concluding that nursing leaders and managers must play a major part in addressing these issues and determining national policy concerning programs that will address the most appropriate utilization of new skills and technologies throughout the nation. The review found that other articles discuss health reforms and not health policy reforms.

**Historical Background**

The development of Israel’s healthcare system began at the start of British rule in Palestine in 1917. Many of the systems and methods created in the first decades of the 20th century still exist today. In 1918, delegations of Jewish welfare organizations and medical professionals from the United States, including the Hadassah Women’s Organization,which would later establish the first nursing school in Jerusalem, visited British Mandatory Palestine. In the same decade, Jewish labor organizations within the Jewish settlement in Palestine founded Health Maintenance Organizations (health funds), the largest of which was Kupat Holim Clalit(the Clalit Sick Fund, later known as Clalit), formed in 1911. Clalit founded several hospitals, with an affiliated nursing school. The Histadrut, under whose auspices the Clalit Sick Fund operated, had an affinity with the ruling political party of the time (Shvartz, 2003). After the establishment of the State of Israel in 1948, the newly created Israeli Ministry of Health also founded nursing schools in all state-owned hospitals. By this time, there existed a healthcare infrastructure created by the British Mandatory government as well as an established system of services created by various Jewish organizations.This complex infrastructure has affected the entire Israeli healthcare system until the present day (Bin Nun, Berlovitz & Shani, 2005). From Israel’s earliest days of statehood, there were disagreements about the nature of its healthcare system. Israel’s first Prime Minister, David Ben-Gurion, believed that national health services should be established, but encountered resistance from political parties, especially the powerful Workers’ Federation trade union (the Histadrut), which supported the continued use of existing services, including the health funds. The success of this opposition has ensured the preservation of the bodies that had existed prior to Israeli statehood to this day. The initial desire and efforts to pass a compulsory health insurance law in Israel were first documented in 1925, when Clalit experienced its first serious economic crisis. By that time, health insurance policies had already been instituted by the Histadrut for the Jewish settlement in British Mandatory Palestine, including for work-related injuries, obligating employers to pay compensation to their employees. However, legal regulation of the provision of healthcare services was delayed until January 1995 for political reasons and because of a lack of resources.

Table 1 shows key dates in the development of the healthcare system and nursing in Israel.

In the decades following World War II, most western countries underwent similar processes of health care reform. From 1945 until the 1980s, a socialist approach prevailed in healthcare systems worldwide. Prior to the implementation of the National Health Insurance Law in 1995, about 95% of Israel’s population were covered by one of its four health funds.

These factors prepared the ground for the enactment of Israel’s National Health Insurance Law in 1995. Following the law’s implementation, Israel’s health funds became more competitive, their approach became more economics-based, and services to patients improved (Bin Nun et al., 2005). This provided an ample basis for changing and developing new roles in the healthcare system, including in the nursing profession.

An in-depth examination of these developments raises the question of the extent to which nursing in Israel, as a central healthcare profession, was aware of, and an initiator in, this process of reform, or whether the nursing profession was merely drawn into the process as a result of global social, economic, and political circumstances.

**Discussion**

The pioneering study of Israeli nurses led by Spitzer and Golander (2001), under the auspices of the National Institute for Health Services and Health Policy Research. In 1998–1999 groups of hospital, community, and public health nurses and nurses in education in Israel were questioned about their knowledge, attitudes, and familiarity with the content of the National Health Insurance Law and the recommendations of the government committee. The study focuses on four elements: changes in the workplace and work environment, changes in the profession, changes in the nature of patient-nurse relationship; and changes in the self-perception of the nurse as an individual, against the backdrop of parallel processes in the United States and Europe. The authors found that nurses’ knowledge of these issues was low to medium. Later, follow-up studies were conducted among geriatric, community, and mental health nurses (Levy, 2002; Manor, 2000; Odem, 2002; Re’em, 2002; Teitler, 2000). Spitzer and Golander found that nurses in Israel had little knowledge of the reforms or of the National Health Insurance Law. Based on Spitzer and Golander (2001) this prat discusses, the following in an Israeli context in relation to the National Health Insurance Law: 1. Patients and the nurse-patient relationship; .2. Impact on the nursing profession; 3. Promoting the interests of nursing through leadership, 4. Research, and academic education; and nurses as individuals and their work environment.

1. *Patients and the nurse-patient relationship*

An important study by Aiken et al. (2014), conducted in eight European countries, found a significant connection between nursing staff and care outcomes such as mortality and satisfaction. A 1% increase in a nurse’s workload increased the likelihood of an inpatient dying within 30 days of admission by 7%, while every 10% increase in the number of nurses with BA degrees was associated with a decrease in this likelihood of 7%. Noting that the cost of hospitalization in United States was $59 billion in 2004–2005, the authors argued that public awareness of safety and risk management issues pointed to the need for a change in attitudes toward nursing. In an economic budget-oriented marketplace, nursing is precisely the field that can provide a scientific basis for nursing practice and help improve staffing levels and nursing workforce.

Other research has shown that the efficacy of nurses is comparable with that of physicians in the community (e.g., Horrocks et al., 2002). Additional studies have examined quality indicators in hospitals where registered nurses are employed versus unskilled auxiliary personnel, relating the development of expertise in nursing to higher levels of specialization, such as clinical specialist nurses in hospitals and advanced nurse practitioners in the community. (Dunn, 1997, Aiken et. al., 2018).

While these present a clear picture of the processes in nursing in various countries that have been affected by healthcare reform, in Israel, only a handful of studies have examined the impact of the National Health Insurance Law and other reforms on Israeli healthcare professions, including nursing. The National Health Insurance Law, which came into force in January 1995, was based on the recommendations of the Netanyahu Commission, e established by the government on June 14, 1988 to examine the functioning and efficacy of Israel’s health system. Although the Commission heard testimonies from nurses, there were no nurses among its members. In its recommendations, the Commission focused on the composition of human resources in nursing, and recommended reducing the proportion of academically-qualified registered nurses. The Commission also determined that the development of high-tech services, the transition to community care, and the emphasis on preventive medicine and health education would require the addition of nursing staff. It recommended strengthening the independence of the nursing workforce and giving it more powers, which could attract more people to the profession (State Comptroller’s Report, 2008).Surveys of human resources conducted following the implementation of the National Health Insurance Law showed contradictory trends, as the demand to reduce professional human resources created a need to develop new positions (Nirel & Paryente, 1999).

In her historical analysis of nursing in Israel from 1960–1995, Shahaf (2014) also included technological change within the professional debate on shifts in the nursing profession. This encompasses changes and advances in information and medical technology, specialization and academization of nursing, and the introduction of new measurement methods and indices.

The practitioner-patient relationship in Israel is anchored in the National Health Insurance Law (1995) and the Patient’s Rights Law (1996). The last decades, following the entry into force of these laws, have seen increased consumer awareness regarding healthcare services among the public in Israel and the emergence of various layers of health insurance to complement the “health basket” of services established in the Law. For most of the Western world, especially after World War II and until the late 1980s, the provision of health services was a social obligation. The health of the individual was perceived to be beyond any debate and or cost analysis. From the 1980s, there has been a conceptual and semantic shift, whereby “sick people” became “patients” or “clients.” In Israel, a public campaign against medical paternalism transformed health fund members into “clients” with rights and expectations for quality and accessible healthcare services. The health funds were now required to recruit new clients and be cost effective. As a result, they began to develop programs to promote health and prevention, often focusing on healthy lifestyles, even though this area is not officially part of the “health basket.” For the first time, indices of medical quality were determined by the health funds. This information is publicly accessible and available, and sent to clients by post or email. The right to receive a second opinion and the obligation of medical staff to cooperate in such cases have made Israel’s healthcare field increasingly transparent and competitive. The language of healthcare services now includes terminology such as “client experience,” “patient-centered,” and even “client-centered quality indices.”

According to Krulik (2003), healthcare services consumption in Israel reflects a diverse population accompanied by demographic changes, characterized by an aging population, increased life expectancy, and an increase in the number of chronically ill patients. A second aspect is changes in the nature of morbidity: some infectious diseases that had been eradicated have returned in more virulent forms. According to Sleeman et al. (2019) by 2060, an estimated 48 million people (47% of all deaths globally) will die with serious health-related suffering (an 87% increase from 26 million people in 2016.) Around the world, serious health-related suffering is likely to increase most rapidly among those aged 70 years or older (an 183% increase between 2016 and 2060), mostly driven by increases in cancer. In response, palliative care should be integrated into health systems around the world as an ethical and economic imperative. (Sleeman et al., 2019)

During 2018 the Israeli Ministry of Health carried out a process to unify and update its strategy in light of the significant changes expected to shape the future of medicine, such as the aging population, rises in chronic disease, and the emergence of technologies such as big data, etc. In light of this and taking a long-term perspective, the Ministry decided to develop a future plan encompassing the period through 2030, and to devise a strategic plan for the next few years based on this. (Israeli Ministry of Health, 2022).

Alongside these global predictions, trends are emerging indicating decreasing resources and increasing social needs during this era of migration, loss of social cohesion, deterioration in social support systems, and the structure of the nuclear family (Krulik, 2003). To these can be added the constant rise in patient participation in the financing of healthcare services. Policymakers and course setters in nursing will be needed to address these changes, as well as changing nurse-patient relationships.

2. *The nursing profession*

The studies noted above use a range of definitions when describing nursing—a profession that is well-educated, service-oriented, and autonomous. Scholars describe a professional environment characterized by ambiguity and change. Nursing in Israel as a profession is undergoing transition, including planned and initiated changes, and changes stemming from global social and political trends. A number of steps have been taken by Israel’s nursing leadership since the enactment of the National Health Insurance Law. Faced with unfamiliar ethical dilemmas and issues, in 2002, the Israeli National Association of Nurses established a Bureau of Ethics. The Bureau developed a Code of Ethics that refers to nurses’ behavior in their encounters with individuals, society, and the community, as well as issues of quality and safety. The Code of Ethics was updated in 2017 (Asman & Tabak, 2017). In 2004 the Chief Nursing Officer of Israel, Dr. Shoshana Riba, organized a conference of senior nursing leaders to discuss these issues. Efforts to legislate a Nurses’ Law (yet to be enacted) were accelerated and led to the establishment of a Nursing Council, with representation from different levels of nursing in Israel.

As noted, various scholars have found that the nursing profession is currently undergoing a process of professionalization, technological development, and specialization. The consensus among professionals and office-holders regarding the need to develop additional fields of nursing is constantly expanding, and is highlighted by the adoption of cost-benefit terminology and in the profession’s adaptation to new trends of client expectations, patient empowerment, self-care, and health promotion. A managed environment has benefited nurses, both personally and organizationally (Joel, 2002). In an investigation of the changes in the role of the nurse in the community, Nissenholz et al. (2017) found that the nursing leadership, together with the great majority of nurses in Israel (85%), felt the nature of their work had changed significantly during the relevant years (1995–2017). The main changes included a transition from responsive to more proactive work processes, more specialization, the transfer of tasks from hospitals to the community, and greater autonomy. Nurses’ main areas of activity included treating chronically ill patients, promoting health, and undertaking ongoing care. Four out of five nurses were satisfied with their work to a great or very great extent, and three out of four felt that they had independence in their work to a large or very large extent. According to the interviewees, the barriers to continued advancement in the role of nurses included the conservative attitudes of some physician and nurses, the scarcity of specialized nursing positions, and insufficiently attractive salary levels. (Nissenholz et al. 2017) In recent years, studies in nursing have dealt with the relationship between leadership and management to ascertain treatment results and patient satisfaction. Nurses have proven themselves effective in a variety of roles during the lives of patients and at different levels of morbidity. In some areas, their treatment is as effective as that of physicians and in other areas nurses may be more effective than physicians in terms of promoting treatment adherence. This is reflected in patient satisfaction and compliance with treatment. In fact, nurses appear to add value in terms of patient satisfaction and are able to build therapeutic relationships with patients that may promote their understanding and motivation to manage their disease (Coster et al., 2018).

Other researchers have described the importance of nursing organizations in policy promotion and policy involvement (Chiu et al., 2021). Policy advocacy is often accepted without question as a key function of many nursing organizations. As a result, it has not been the subject of significant critical examination or empirical investigation. This review provides an overview of the nature, extent, and range of scholarly work focused on examining policy advocacy undertaken by nursing organizations, with a view to improving the direction and enhancing the impact of nurses’ contribution to healthcare policy and practice.

Judith Shamian, who served as president of the International Council of Nurses (ICN) from 2013–2017, has shown that after an adjustment period, nursing changed drastically around the world (Shamian, 2014). Healthcare managers understood the importance of training highly-skilled professional nurses, and the contribution such nurses could make to economic efficiency and improvements in the quality of medical processes. The decisions that nurses, as caregivers, make each day can make a significant difference to the efficiency and effectiveness of the entire system. In light of this, Shamian called for the “nursing voice” to be developed and promoted within organizations, countries, and globally to enable all nurses to be confident advocates, analysts, partners, and caregiver leaders (Shamian, 2016).

However, during her term as ICN president, Shamian found that despite global changes in the economy, in the status of women, and in other areas, there was still insufficient awareness of the ability of nursing to contribute to scientific and professional policy-making for global change. This was in contrast to the recognition of the contribution of nursing to patient care, where nurses’ main impact is in hospitals, and expectations regarding nurses are related to their daily activities. In the meantime, nurses are making a significant contribution in terms of clinical medicine. Research from the United States, for example, has shown a decrease in mortality in surgical wards with a high number of college-educated nurses (Shamian & Ellen, 2016).

These findings indicate that nurses play a key role as team members and as leaders of a patient-centered approach. Nurses have significantly increased economic effectiveness, without any reduction in concern, compassion, respect, representation, and social justice in their medical contribution. Not only can nurses take on more responsibility that will lead to further increases in flexibility and efficiency, they also have the ability to directly influence social gain. Consequently, nurses should also be more involved in policy-making (Shamian & Ellen, 2016).

Nurses in Israel have clearly and consistently worked to promote their professional status. Various researchers have recommended the continued academization of nurses, based on the factual findings of their studies (Shatzman et. al, 1981; Ehrenfeld et. al. 1993). During my tenure as Head Nurse at Clalit Health Services (2008–2018), workshops were held for hospital and community nurses in which they identified accepted work practices and examined whether these were optimal within an evidence-based research model.

3. *Promoting the interests of nursing through leadership, research, and academic education*

The nursing profession, which strives to influence the advancement of its professional perception and vision, must act on several levels to promote its views. However, several questions remain unanswered. For example, does nursing in Israel have the necessary means to do this? Has this profession learned to promote its standing and cooperation among policy-makers to achieve these goals? And is the nursing leadership in Israel partnering in the macro processes currently influencing health policy?

In 2003, a nurse was elected to Knesset (Israel’s parliament) for the first time. Ilana Cohen, member of the 16th Knesset, chaired the National Association of Nurses, and has spearheaded many struggles in the past. Nurses who belong to professional organizations, such as the Association of Public Health Nurses in Israel, are involved in advancing the interests of nursing in Knesset including via professional lobbyists. Their professional struggle has found political expression in the deliberations of various Knesset committees. Meanwhile, Shulamit Mualem-Rafaeli, a member of Knesset until 2019 and a nurse by profession, also promotes a professional nursing agenda, such as the appointment of nurses to hospital ethics committees. In recent years, Mualem-Rafaeli has been noted for her sponsorship of Nurses Day in Knesset, during which debates on nurses and nursing in Israel are held in various Knesset committees. This trend shows an increase in nurses’ understanding of the political game and in their willingness to play along with its “rules” (Antrobus, 2004).

The enactment of the National Health Insurance Law not only assured medical coverage for all Israeli residents, but also led to fundamental changes in the structure of Israel’s healthcare system as a whole, including nursing. Nurses were given new roles, among them care, disease, and case management. It was in these areas that nurses found full expression and utilization of their many skills. Nurses excelled in terms of the advances and efficiency they brought to health management in terms of cost-benefit and achievement of optimalclinical outcomes. However, the most prominent change has been the role of nurses in the community. While health costs continued to rise and with care for the chronically ill constituting 70–80 percent of all health expenditures, optimal use of resources is essential. Managed care provides organizational, clinical, and economic advantages. Most programs where nurses were appointed to manage patientcare have been successful. Nurses with suitable training have successfully brought improvement in clinical measurements and lower costs (Magnezi et al., 2010).

Encouraged by these trends, Israeli nursing leaders and the Nursing Administration in the Ministry of Health promoted a plan for nursing specialization and courses in relevant fields, such as care management for heart failure, palliative care, and prescription management as complementary services in the work of nurses in the community. The Ministry of Health’s Nursing Authority undertook several schemes to bring about the full academization of nursing, including opening nursing programs at regional colleges. Between 1995 and 2010, eight study programs in nursing were opened in colleges as well as schemes to retrain university graduates for careers in nursingwith study grants and shortened study programs.

Alongside the academization of nursing in Israel, nursing research has expanded and is reflected in publications by Israeli nurses in prestigious journals and the increase in the number of Israeli nursing researchers with PhDs and professorships. This is a continuation of the prominent academic leadership and the struggle for the academization of nursing that began prior to Israeli statehood. Prominent nurses in the field in Israel include Hava Golander, Tami Krulik, Tova Hende, lFreda DeKeyser Ganz, Chaya Greenberger, and Yafa Haron, who are all involved in nursing research in Israel and work in academia. An exceptional example is Prof. Rebecca Bergman (1919–2015), who was the first and only nurse to win the Israel Prize (the country’s highest honor) for her lifelong work in nursing. Her many achievements included the establishment of the first academic nursing department in Israel (Weiss & Golander, 2022).

Nursing in Israel is multileveled. From a professional standpoint, there are licensed practical nurses (LPNs), registered nurses (RNs), RNs with post-basic certification, and nurse practitioners. Each of these roles has a different scope of practice. RNs have either a diploma or degree, while nurse practitioners must have a master’s degree at a minimum and also complete a specialty residence ([Nursing Division Circular, 2013](https://journals.sagepub.com/reader/content/16e304424e7/10.1177/1527154414538101/format/epub/EPUB/xhtml/index.xhtml#bibr28-1527154414538101)).

A decade ago, despite the nursing shortage, the Ministry of Health’s Nursing Division took the bold step of phasing out educational programs for LPNs. As of 2023, LPNs comprise 19% of Israel’s nursing workforce, and their numbers are steadily declining as these nurses retire ([Ministry of Health, Health and Computer Services and Department of Health Information, 2010](https://journals.sagepub.com/reader/content/16e304424e7/10.1177/1527154414538101/format/epub/EPUB/xhtml/index.xhtml#bibr20-1527154414538101)). Currently, there is little demand for LPNs as most nurse managers will actually only hire nurses with a Bachelor of Science in Nursing (BSN) (Nirel et al., 2010).

As a bridge to full academization, a BSN has been made a prerequisite for admission to all 20 of Israel’s post-basic certification programs ([Nursing Division Annual Report, 2004](https://journals.sagepub.com/reader/content/16e304424e7/10.1177/1527154414538101/format/epub/EPUB/xhtml/index.xhtml#bibr23-1527154414538101)). An additional incentive to pursuing nursing, specifically on an academic level, are the scholarships awarded to BSN students. These scholarships have been available since 2010, thanks to successful lobbying of the Israeli Finance Ministry by the Nursing Division (Greenberger et al., 2014). It is hoped that these will keep the nursing shortage at bay, although it is important to note that Israel currently has 5.7 nurses per 100,000 residents—fewer than in most OECD countries (Israel Ministry of Health, 2010).

4. *Nurses as individuals and their work environment*

In the 1990s, when healthcare systems worldwide entered an era of reform and change based on cost-benefit and limited health resources, the nursing profession was not prepared for changes in the structure of nurses’ work. For the first time, nurses were exposed to a field that was not only new to them, but in some cases, even contradicted the professional education they had acquired. This created inherent conflicts and ethical dilemmas (Spitzer, Ravid & Goldman, 1995).

According to Spitzer and Golander (2001), nursing in Israel went through three main stages as a result of the changes in the country’s healthcare system in the wake of the National Health Insurance Law:

1. “Awakening”—Nurses in Israel became increasingly aware of the impact of the 1995 reform on their profession.

2. Sectorial introspection and organization—Changes occurred in the way nurses perceived their profession. The redefinition of nursing demanded increased professionalization and training in clinical and academic programs.

3. New initiatives—New treatment methods emerged within evidence-based practice and use of professional guidelines and treatment charts. The medical world moved away from treatment based on personal experience toward controlled and established management processes. Reports could be prepared and presented giving economic justification of a chosen direction of treatment. Specialized nurses were suited to implementing care management and disease management. In fact, they adapted to the new work environment (Spitzer and Golander, 2001)

The changes in Israel’s healthcare system have affected both the immediate and the broader sphere of nursing. Healthcare managers assume that the reasons for the emerging scarcity of nurses in the developed world, why more and more nurses in the developed world, including Israel, are leaving the profession, fall into two main categories. The first is factors affecting the sphere closest to nurses, such as demanding and changing technological requirements, risk management processes, and the increased ease of litigation. The second category involves social trends in the broader sphere of nurses’ environments that increases their exposure, such as public media debate and transparency. Patterns identified across 91 studies consistently show that adverse job characteristics are associated with burnout in nursing. (Dall'Ora et al., 2020)

Other studies show that the loyalty of nurses to their workplace is linked to their levels of clinical interest and professional fulfillment in their work. Thirty‐four studies identified that nurses stay if they have job satisfaction and/or if they are committed to their organizations: " The factors permeating these constructs weigh differently through generations and while not an infallible explanation, demonstrate stark differences in workplace needs by age, which influence the intention to stay, job satisfaction, organizational commitment and ultimately nurse turnover" (Pressley et al., 2023).

These findings show the importance of challenging and interesting nursing work, but also depict a work environment that is becoming increasingly complex and demanding from day to day. Leadership and vision make the difference between coping and avoidance. Good leadership creates an atmosphere and a work environment that enable growth and involvement in policy-making (Goldberg & Benor, 2004).

Studies that examined the reasons for stability among nurses in their workplace have found that while wages and benefits are important, they are not a top priority. Direct patient care and role development have a greater impact on loyalty. A correlation has been found between quality of care and the satisfaction of the nurse who provided the care. (Aiken, 2012). The Magnet Hospital Recognition Program was launched in the United States in 1990 along the same lines. The hospitals found to be “magnets” for nurses were those offering direct, quality care to their patients. Hospital personnel were involved in the definition and development of professional activity and this included the economic management of the department. (Kelly et al., 2012).

 Missri’s study (2011), undertaken 16 years after the entry into force of the National Health Insurance Law, returns to the pioneering work by Spitzer and Golander (2001) examining the attitude of nurses in various clinical fields to the Law. The most encouraging finding is that knowledge of the Law’s significance for the nursing profession was high (about 80%) in all sectors. The study recommended that action be undertaken in the field of research and in the involvement of nurses in policy matters. Nissenholz-Ganot et al. (2017) found that nurses in Israel felt their work had expanded, that they had autonomy, and that for the most part they were satisfied with their work. Nurses said that they believed in the future and in the further development of their profession. Acorn et al. (1997) twenty years earlier also saw decentralization as the effective solution to raising satisfaction, because it affected organizational commitment directly, as well as indirectly, through professional autonomy and job satisfaction. (Acron,1997)

As nurses serve on the front lines of healthcare, they can be significant in the rapid changes occurring in the system. The barriers preventing nurses in Israel from responding effectively must be removed to ensure that they are positioned to spearhead the changes required in the healthcare system in the wake of the Law and other reforms.

The Ministry of Health’s Nursing Division has led a process of licensing Nurse Specialists in key clinical fields. Expert nurses in the field of nursing policy and management are fully familiar with the National Health Insurance Law, and teach and act to advance its principles and implementation. The findings of the study indicate that this is the way forward to open a much-needed discourse to lead the profession on the frontline of healthcare. ( Magnezi, Reicher, & Shani, 2010)

The World Health Organization declared 2020 as the year of the nurse and the midwife. The Nursing Now campaign, which began in 2018, aims to raise the status and profile of nursing for Universal Health Coverage (Thorne, 2019). In Israel, recognizing the value of nursing’s contribution to the implementation of health reforms will improve both the profession’s positioning within the healthcare system and society more generally, and improve its ability to implement the reforms.

**Conclusions**

Nursing has always played a central role in achieving a good level of healthcare and public health in Israel, and thus played a part in the development and enactment of the National Insurance Health Insurance Law in 1995. However, nurses were excluded from active involvement in planning these reforms. They were not invited to participate in the government-appointed commission on whose findings the reforms and Law were based. Despite this, to a large extent, nurses in Israel were responsible for implementing new policies that emerged as a result of the Law, and were an essential factor in their success. Nurses were heavily involved in processes that started from the bottom up, including through the new roles that they adopted in care management, and helped bring about policy changes among nursing leaders and in the positioning of nursing within the Israeli healthcare system.

Spitzer and Golander (2001) and subsequent follow-up studies have shown that Israeli nurses undertaking frontline care found an important challenge to participate in implementing the reforms and advancing the nursing profession, despite the processes that nursing underwent after the reform and described in this article: (1. Awakening,

2. Sectorial introspection, and 3. New initiatives).

The article adopts their approach and analyses the effects in four different aspects—changes in the workplace and work environment, changes in the profession, changes in the nature of the patient-nurse relationship; and changes in the self-perception of the nurse as an individual.

For clarity, the findings are presented in the table below:

|  |  |
| --- | --- |
| Subject | Findings |
| 1. Clients and nurse-client relationship | This area that underwent a more fundamental change than others. This followed the reform that led nursing to develop areas of care management and clinical expertise, which led clients to see nurses as professionals, even though the Netanyahu Commission had actually recommended examining the mix of nursing training in Israel. |
| 2. The nursing profession | The reform had an impact on the nursing profession, but as Missri's follow-up study indicates, action should be taken to increase the level of involvement of nurses in policymaking. In addition, Israel has not yet enacted a nursing law, despite changes in the role taken upon themselves by nurses and greater recognition of their contribution. |
| 3. Promoting the interests of nursing through leadership, research and academic; education | The second area where significant changes took place was education, academicization, and research. Following the recommendations of the Netanyahu Committee, later committees recommended a transition to academia, and today all nursing training institutions in Israel are academic and nurses engage in research.In terms of leadership and involvement in decision-making and policymaking in the early years of the state, there were nurses who helped bring the health system in Israel to the lead in various fields. However, looking to the future, the achievements described here see professional changes and the existing changes are indeed indicative of progress, but studies of Israeli nurses show that they still believe that there is still a long way to go to achieve a goal. |
| 4. The nurse as an individual and their work environment | Nurses as individuals, and their work environment, have changed as a result of the reform and clinical specialization, including the changes in nurse-patient relationships that followed. The "patient- centered" approach has led to increased cooperation and teamwork, with the nurse being part of a multidisciplinary team. The studies cited show differences between different sectors, such as in the community, the changes in nurses' perception of their work and the challenges they face stand out. |

From the above review of studies and discussions of data in Israel, it appears that the healthcare reforms implemented from the mid-1990s have presented new challenges (adapting to new roles, responsibilities, and technologies) and opportunities for nurses. The opportunities afforded by these new ways of working are helping to pave the way for the nursing profession in Israel to take on new roles in the healthcare system. They also encourage joint activity with peer professions to develop efficient teamwork that ultimately serves the needs of patients. Nursing leaders in Israel involved in rethinking the role of nurses, including how nursing can best impact patients and the broader healthcare system, need to be aware of the processes the profession has undergone. No less important, innovative thinking is needed for the nursing profession in Israel to plan ahead and prepare for the future. This requires familiarity with the past and an analysis of the processes that have furthered or hindered the development of nursing in the wake of the National Health Insurance Law and other healthcare reforms. The findings lay the groundwork for future areas of inquiry and suggest that a more focused and critically reflective body of knowledge is required to help challenge current approaches, identify areas for improvement, and offer new insights into how these institutions can best meet the needs of nurses, the public, and healthcare systems. To continue to strengthen the policy influence of nursing globally for the betterment of societies and healthcare systems, our focus must extend beyond the advocacy undertaken by individual nurses, to ensure we effectively mobilize the capacity of nursing organizations to have optimal impact on policy, practice, and society.

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**References**

Acorn, S., Ratner, P. A., & Crawford, M. (1997). Decentralization as a determinant of autonomy, job satisfaction, and organizational commitment among nurse managers. *Nursing Research*, 46(1), 52–58. https://doi.org/10.1097/00006199-199701000-00009

Aiken L. H. (2008). Economics of nursing. *Policy, Politics & Nursing practice*, 9(2), 73–79. <https://doi.org/10.1177/1527154408318253>

Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., Diomidous, M., Kinnunen, J., Kózka, M., Lesaffre, E., McHugh, M. D., Moreno-Casbas, M. T., Rafferty, A. M., Schwendimann, R., Scott, P. A., Tishelman, C., van Achterberg, T., Sermeus, W., & RN4CAST consortium (2014). Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *Lancet*, 383(9931), 1824–1830. [https://doi.org/10.1016/S0140-6736(13)62631-8](https://doi.org/10.1016/S0140-6736%2813%2962631-8)

Aiken, L. H., Sermeus, W., Van den Heede, K., Sloane, D. M., Busse, R., McKee, M., Bruyneel, L., Rafferty, A. M., Griffiths, P., Moreno-Casbas, M. T., Tishelman, C., Scott, A., Brzostek, T., Kinnunen, J., Schwendimann, R., Heinen, M., Zikos, D., Sjetne, I. S., Smith, H. L., & Kutney-Lee, A. (2012). Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ (Clinical Research Ed.)*, *344*, e1717. https://doi.org/10.1136/bmj.e1717

Aiken, L. H., Sloane, D. M., Barnes, H., Cimiotti, J. P., Jarrín, O. F., & McHugh, M. D. (2018). Nurses’ and Patients’ Appraisals Show Patient Safety in Hospitals Remains a Concern. *Health Affairs (Project Hope)*, *37*(11), 1744–1751. https://doi.org/10.1377/hlthaff.2018.0711

Antrobus S. (2004). Why does nursing need political leaders? *Journal of Nursing Management*, *12*(4), 227–229. <https://doi.org/10.1111/j.1365-2834.2004.00494.x>

Asman, Oren and Tabak, Nili, Professional standards expected of nurses from an Israeli legal perspective (June 1, 2017). *Medicine and Law* 36(4) 53–72. 2017, Available at SSRN: [https://ssrn.com/abstract=4236857](https://ssrn.com/abstract%3D4236857)

Ben Natan, M., Oren, M. (2011) "The Essence of Nursing in the Shifting Reality of Israel Today" *OJIN: The Online Journal of Issues in Nursing* Vol. 16 No.

Bin Nun, G., Berlowitz, Y., & Shani, M. (2005). *Marechet Ha'briut Beisrael.* [The healthcare system in Israel]*.* Ministry of Defense Press.

Bradshaw, G., & Bradshaw, P. L. (1995). The equity debate within the British National Health Service. *Journal of Nursing Management*, *3*(4), 161–168. <https://doi.org/10.1111/j.1365-2834.1995.tb00071.x>

Central Bureau of Statistics Press Release (2022)

Chambers N. (2002). Nursing leadership: the time has come to just do it. *Journal of Nursing Management*, *10*(3), 127–128. https://doi.org/10.1046/j.1365-2834.2002.00329.x

Chiu, P., Cummings, G. G., Thorne, S., & Schick-Makaroff, K. (2021). Policy Advocacy and Nursing Organizations: A Scoping Review. *Policy, Politics & Nursing Practice*, *22*(4), 271–291. https://doi.org/10.1177/15271544211050611

Coster, S., Watkins, M., & Norman, I. J. (2018). What is the impact of professional nursing on patients’ outcomes globally? An overview of research evidence. *International Journal Of Nursing Studies*, *78*, 76–83. <https://doi.org/10.1016/j.ijnurstu.2017.10.009>

Cummings, G. G., Lee, S., Tate, K., Penconek, T., Micaroni, S. P. M., Paananen, T., & Chatterjee, G. E. (2021). The essentials of nursing leadership: A systematic review of factors and educational interventions influencing nursing leadership. *International Journal of Nursing Studies*, *115*, 103842. <https://doi.org/10.1016/j.ijnurstu.2020.103842>

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: a theoretical review. *Human Resources for Health*, *18*(1), 41. https://doi.org/10.1186/s12960-020-00469-9

Dunn L. (1997). A literature review of advanced clinical nursing practice in the United States of America. *Journal of Advanced Nursing*, *25*(4), 814–819. <https://doi.org/10.1046/j.1365-2648.1997.1997025814.x>

Ehrenfeld, M., Ziv, L., & Bergman, R. (1993). From diploma to degree: follow up of R.N.-B.A. graduates of Tel Aviv University. *International Journal of Nursing Studies*, *30*(1), 81–90. https://doi.org/10.1016/0020-7489(93)90094-b

Filkins J. (2003). Nurse Directors’ jobs - a European perspective. *Journal of Nursing Management*, *11*(1), 44–47. https://doi.org/10.1046/j.1365-2834.2003.00348.x

Goldberg S. & Benor, D. (2004). *Manhigut Hasiud Btekufa Shel Reforma Bmaarechet Habriut.* [Nursing leadership in an era of reform in the healthcare system: assessing the leadership function of head nurses and its influence on the effective functioning of the ward.] Israel National Institute for Health Policy Research.

Greenberger, C., Haron, Y., & Riba, S. (2014). The nursing division of the Israeli Health Ministry moves nursing into the forefront of health care policy. *Politics & Nursing Practice, 15*(1–2), 49–57. <https://doi.org/10.1177/1527154414538101>

Hendel, T. (1997). *Hsiud Likrat hameaa h-21* [Nursing for the 21st century]. *Nursing in Israel*, *155*, 24–6.

Horrocks, S., Anderson, E., & Salisbury, C. (2002). Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. *BMJ (Clinical Research Ed.)*, *324*(7341), 819–823. https://doi.org/10.1136/bmj.324.7341.819

Joel L.A. (2002). Education for entry into nursing practice: revisited for the 21st century. *Online Journal of Issues in Nursing*, *7*(2), 5.

Kanievsky, I. (1932). *Bituach sozialy mahuo?* *[What is social insurance?*] Ze’ev Barzilai.

Keighley T. (2004). Political leadership in Europe – an assessment of the impact of the 2004 EU Accession round on nursing in Europe. *Journal of Nursing Management*, *12*(4), 279–285. https://doi.org/10.1111/j.1365–2834.2004. 00487.x

Krulik, T. (2003). *Revacha: kaleidoscope Bmaarechet Habriut* [Wellbeing: A kaleidoscope for the health profession]. Tel Aviv University: School of Health Professions. (This article was written ahead of a panel discussion at the Tenth Anniversary Conference on National Health Law)

Institute of Medicine. (2010). Leading Change, Advancing Health. Report Brief pp. 1–4.

Kelly, L. A., McHugh, M. D., & Aiken, L. H. (2012). Nurse outcomes in Magnet® and non-Magnet hospitals. *The Journal of Nursing Administration*, *42*(10 Suppl.), S44–S49. https://doi.org/10.1097/01.NNA.0000420394.18284.4f

Levy, Z. (2002).*Ha'ashpat hareforma bemaarechet habriuth al hasiud hagreatry: “yeda, tzipiot, amadot vehitnasuiot shel ahachiot bgeriatriya im haslachot hareforma bema'arechet habriuth.”* [The impact of the healthcare system reform on geriatric nursing: knowledge, attitudes and experience of geriatric nurses regarding the implications of healthcare system reform in Israel.] [Unpublished Master’s thesis]. Tel Aviv University.

Magnezi, R., Reicher, S., & Shani, M. (2010) *Nihul machala k-shita l-shipur echut haim vele-shimush muskal b-mash’habei maarechet ha-briut* [Sickness management as a method of enhancing quality of life and wise utilization of resources in the health system]. In G. Ben Nun, & R. Magnazi, (Eds.), *Hebetim Calcaliyyim v-Hevratiyyim b-Maʻarechet ha-Britut b-Israel* [Economic and Social Aspects of the Health System in Israel]. (pp. 373–379). Gertner Inst.

Manor, B. (2000). *Yeda, amadot vehitnasuiot shel ahachiot hasherut hakehilaty im hareforma bemaarechet habriuth* [Knowledge, attitudes and experience of community service nurses regarding the healthcare system reform in Israel and the National Health Insurance Law.] [Unpublished Master’s thesis]. Tel Aviv University.

Ministry of Health (2022) Strategic Planning Process in the Ministry of Health. The

 Ministry of Health Web site.

Missri, A. (2011). *Yeda,hitnasuiot,havait hitnasuiot veamadot shel achaiot bisrael behityaches lehashlachot hareforma bebriot*. [Knowledge, attitudes and experiences of registered nurses in Israel regarding the implications of the healthcare system reform.] [Unpublished Master’s thesis]. Tel Aviv University.

Mundt M. H. (1997). Books on health policy and health reform: How is nursing represented? *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing*, *13*(1), 19–27. https://doi.org/10.1016/s8755-7223(97)80023-3

Nagle, L., & Shamian, J. (2014). An interview with Dr. Judith Shamian, president, International Council of Nurses. *Nursing Leadership (Toronto, Ont.)*, *27*(1), 26–30. https://doi.org/10.12927/cjnl.2014.23761

Nirel, N., & Paryente, M. (1999). *Koach adam siudy betkofa shel Aliya vereforma babriuth*. [Nursing manpower in a period of migration and healthcare reforms]. *Bitachon Sotziali*, *54*, 110–129.

Nirel, N., Yair, Y., Samuel, H., Riba, S., Reicher, S., & Toren, O. (2010). *Achaiot*

 *beisrael: coach ha'avoda- defusim umegamot.* [Registered nurses in Israel:

 Workforce supply – patterns and trends.] Doch mechkar machon Brokdeil RR-

 557–10

Nissanholtz-Gannot, R., Rosen, B., Hirschfeld, M., & Community Nursing Study Group (2017). The changing roles of community nurses: The case of health plan nurses in Israel. *Israel Journal of Health Policy Research*, *6*(1), 69. https://doi.org/10.1186/s13584-017-0197-5

Odem, A. (2002). *Yeda, amadot vehitnasuiot shel achaiot bebaty cholim im hareforma ba'briuth.* [Knowledge, attitudes and experiences of general hospital nurses with the reform in the healthcare system in Israel.] [Unpublished Master’s thesis]. Tel Aviv University.

Pressley, C., & Garside, J. (2023). Safeguarding the retention of nurses: A systematic review on determinants of nurse's intentions to stay. *Nursing Open*, *10*(5), 2842–2858. https://doi.org/10.1002/nop2.1588

Rafferty, A. M., & Traynor, M. (2004). Context, convergence and contingency: political leadership for nursing. *Journal of Nursing Management*, *12*(4), 258–265. https://doi.org/10.1111/j.1365–2834.2004. 00481.x

Re’em, L. (2002). *Yeda, hitnasuiot vesviyut ratzon shel kshishim merutakim legaby hashlachot hareforma ba'briuth.* [Knowledge, experience and satisfaction of elderly invalids in Israel regarding the healthcare system reform.] [Unpublished Master’s thesis]. Tel Aviv University.

Rosen B, Waitzberg R, Merkur S. Israel: Health system review. *Health Systems in Transition*, 2015; 17(6):1–212

Shatzman, C., Bergman, R., & Danon, A. (1981). *Maakav achar bogrot hatochnit letoar rishon bessiud, Universitat Tel Aviv*. [ Follow-up of graduates of the nursing program Tel Aviv University, Faculty of Medicine, Nursing Program.

Shahaf, S. (2014). *Achot tova dayah.* [Good enough nurse – nursing: Between ideal and reality, Israel, 1960–1995.] Resling Press.

Shamian, J. (2016). Nurses can improve the strength and resilience of healthcare systems. *British Journal of Nursing*, *25*(9), 503. <https://doi.org/10.12968/bjon.2016.25.9.503>

Shamian, J., & Ellen, M. E. (2016). The role of nurses and nurse leaders on realizing the clinical, social, and economic return on investment of nursing care. *Healthcare Management Forum*, *29*(3), 99–103. https://doi.org/10.1177/0840470416629163

Shvartz S. (1997). *Kupat Holim Ha-Clalit* [Clalit Health Services]. Ben-Gurion Research Center and Ben-Gurion University Press.

Shvarts, S. (2003). *Politika veBriut: hamahalachim likraat hakamato shel maarach kupot hacholim bayeshuv hayehudy be'eretz-yesrael bezman hamandat habrity.* [Politics and health: The steps for the development of the Hebrew sick funds in Palestine during the British Mandate rule.] *in:* Bareli,A. & Karlinsky,N. (eds).*Calcala vehchevra beyemy hamandat*1918-1948. [Economy and Society in Mandatory Palestine 1918-1948]. *Iyunim*, (pp.553-582),

Sleeman, K. E., de Brito, M., Etkind, S., Nkhoma, K., Guo, P., Higginson, I. J., Gomes, B., & Harding, R. (2019). The escalating global burden of serious health-related suffering: projections to 2060 by world regions, age groups, and health conditions. *The Lancet. Global Health*, *7*(7), e883–e892. https://doi.org/10.1016/S2214-109X(19)30172-X

Spitzer, A., Ravid, K., & Goldman, L. (1995). *Paradigma chadasha lasiud Beshnot ha-2000.* [A new paradigm for nursing in the 2000s, definition, essence and roles.] The Nursing Department of Haifa University and the Technion.

Spitzer, A., & Golander, H. (2001). Israeli nurses’ knowledge of health care reforms. *Journal of Advanced Nursing*, *36*(2), 175–187. https://doi.org/10.1046/j.1365-2648.2001.01958.x

State Comptroller’s report. No. 59B (2008).*Tichnun coach adam bemiktzot habriuth*.

 [Personnel Planning in Health-Related Professions] p. 366

Teitler, N. (2000). *Yeda, amadot ve hitnasuiot shel morim besiud behityaches lareforma bemaarechet habriuth vechok bituach breiut mamlachti.*[Knowledge, attitudes and experiences of teachers of nursing regarding the reform in the healthcare system and the National Health Insurance Law in Israel]. [Unpublished Master’s thesis]. Tel Aviv University.

Thorne S. (2019). Nursing now or never. *Nursing Inquiry*, *26*(4), e12326. <https://doi.org/10.1111/nin.12326>

Weiss, D., & Golander, H. (2022). Nurses from here – epidemics from there. The encounter between nurses from Eretz Israel and holocaust survivors abroad, in an effort to eradicate epidemics and morbidity 1945–1948. *European Journal for Nursing History and Ethics, 4*. https://doi.org/0.25974/enhe2022-3en

**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 becomes part of the Histadrut. |
| 1923 | British Mandatory rule in Palestine officially comes into force. |
| 1925 | The Clalit Sick Fund applies to the British Mandatory government for the application of health and welfare insurance. |
| 1948 | Israel declares independence, establishes a government and a Ministry of Health, which adopts laws and procedures from the British Mandatory government. |
| 1995 | The State Health Law enters into force in Israel following a state commission of enquiry into the functioning of Israel’s healthcare system. |