**The Impact of Israel’s 1995 National Health Insurance Law and Health Reforms on Nursing: A Historical Overview**

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**Abstract**

This article examines from a historical perspective the trends and trajectories of the nursing profession and healthcare practices in Israel following the enactment of its 1995 National Insurance Health (NHI) Law, which entitled every Israeli resident to healthcare services. Since then, 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 with professional colleagues to develop efficient teamwork that serves patients’ needs. Nursing in Israel has become increasingly academized, with all nursing training taking place in universities or academic colleges as of 2024. These changes mirror global trends in nursing and demand new thinking about the role of nurses, including how nursing can best serve patients and the wider healthcare system.

**Introduction**

This article uses traditional historical methods to examine the trends and directions of nursing in Israel following the enactment of the 1995 National Health Insurance (NHI) Law. Nursing, as a dynamic, progressive, and changing profession, strives to influence and involve itself in decision-making and policymaking 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. In 1995, Israel enacted its National Health Insurance (NHI) Law, which reduced the state’s role in service provision and transferred these responsibilities to the health funds (Rosen et al., 2015). Since the law’s enactment, there has been little scholarly discussion of the country’s healthcare reform 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 focuses on community nursing (Nissenholtz-Ganot, 2017).

Israel is a small country in the Middle East. Its population is just over nine million, and its population density is very high. Immigration has played a critical role in Israel’s demography. In comparison with other developed countries, Israel’s fertility rate is relatively high, and its age mix is relatively young. Israel has a market economy with a substantial high-tech sector (Rosen B, Waitzberg R, & Merkur S. (2015). 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, with its pluralistic nature being shaped before the country’s establishment in 1948. (Rosen et al., 2015). The NHI Law is the fruit of a decades-long struggle for free health insurance that began in British Mandatory Palestine Prior to the entry into force of the NHI Law, about 95% of Israel’s population was insured by one of its four health funds. After the Law entered into force, Israel’s health funds became more competitive and 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 historical developments raises the question of the extent to which nursing in Israel was proactive in this process of reform, or whether it was passively drawn into the process as a result of social, economic, and political circumstances.

**Historical background**

The development of Israel’s healthcare system began at the outset of British rule in Palestine in 1917. Many of the systems and methods developed in the first decades of the 20th century still exist today. When Israel declared its independence in 1948, it inherited a healthcare infrastructure created by the British Mandatory government and a system of services created by various Jewish organizations. This complex infrastructure continues to affect the entire Israeli healthcare system (Bin Nun et al., 2005). Legal regulation of healthcare service provision in Israel was delayed until 1995 for political reasons and because of a lack of resources (for a detailed overview of the history of Israel’s healthcare system, ( Rosen et al., 2009). האחיות היו תמיד

 המשאב המקצועי הגדול ובעלות השפעה מרכזית על הצלחת השינויים בבריאות ומכאן חשיבות מחקרי הערכה של מעורבותן ומודעותם לרפורמות. המחקר האחרון שעסק בהשפעת חוק בריאות ממלכתי על הסיעוד הוא של מצרי שבוצע בשנת 2010 לאחר 15 שנים להחלת חוק בריאות ממלכתי - החוק היווה שער כניסה לרפורמה רחבה בבריאות הן מבחינה חברתית והן מבחינה כלכלית. מצרי מצאה שלמרות זאת אחיות כמעט ולא נשאלו לדעתן ואף מיעטו להשמיע את קולן. יותר מכך בעוד שהעולם עובר שורת רפורמות שונויים של התפתחות הסיעוד נקלע למדבר של מחסור בכוח אדם פגיעה באיכות חיי העבודה ובאיון עפם עך האוטונומיה המקצועית מצרי עמ ןןן

ממצאי המחקר שהיה המשכי למחקרן של שפיצר וגולנדר מ-2002 ובוצע עם קבוצת חוקרות שבדקו את הידע ומעורבות האחיות במגזרים שונים על השפעת הרפורמה על הסיעוד בתחומי עיסוק שונים. בכל המגזרים נמצא ידע נמוך יחסית (56%) וזאת לעומת ידע רב יחסית בתחום השירות ללקוח (66%) ובתחום הבריאות (68%) לעומת ידע נמוך בתחום מקצוע הסיעוד (38%).השוואה למחקר הקודם לא מצאה הבדלים ברמת הידע, בתפיסת הידע ובגורמי ההשפעה על הידע.

בחיפוש שביצעתי לא נמצאו מחקרים מאוחרים יותר בכלל ובפרט לא בהיקף כזה על השפעת החוק על הסיעוד. מחקרים כנסים ומאמרים שאותרו עסקו רובם ככולם במדיניות הבריאות שהתפתחה בעקבות החוק . מחקרים העוסקים בסיעוד כמו זה של.... על אחות הקהילה לא קשרו את השינויים ישירות לחוק אלא להתפתחות המקצועית ולהיבטים כלכליים של העברת סמכויות לאחיות. במלאות 2... שנים לחוק הוקדש לו כנס המדיניות השנתי של המכון הלאומי לבריאות וכן ראה אור ספר מחקרי על החוק . בשני הם לא מצאתי היתחסות לסיעוד כמקצוע אלא למדיניות להיבטים כלכליים ולסל ובמיוחד לא נמצאו מחקרים שבוצעו עי אחיות וזאת לעומת מחקרי רופאים ופעילות של המכון הלאומי למדיניות בריאות שקיים כנס והוציא ספר במלאות 25 שנה לחוק.(מערכת הבריאות על שולחן הניתוחים. כנס ים המלח) ניתן אם כן לסכם כי לא חל שינוי בהשפעת החוק על הידע והמעורבות של הסיעוד בשנים האחרונות. זאת לעומת פיתוח תפקידי מומחיות ושאיפה להעלאת האוטונומיה של המקצוע במדיניות מינהל הסיעוד.( תכנית העבודה )

החוק קובע את זכותו של המטופל לקבל מידע על הטיפול, לבחור את מטפליו בקהילה, לקבל מידע על הצוות הרפואי ועל המוסד הרפואי ואת זכותו לכבוד ולפרטיות. שני חוקים אלה נתנו למטופל כוח וערערו את מערך הכוחות המסורתי שהיה קיים בין הרופא למטופליו, שבו לרופא הייתה עמדת יתרון עליהם. מושגים כמו בחירה חופשית בשירות רפואי שהיו מוגבלים קודם לכן, הפכו למרכיב מרכזי במערכת יחסים חדשה זו. במקביל לשינויים המהותיים ביחסי רופא-מטופל שחלו בעקבות החוק, חלו שינויים חברתיים וטכנולוגיים בישראל ובעולם, שאינם קשורים ישירות לחוק, אך השפיעו עד מאוד הן על הרופא והן על המטופל. בין שינויים אלו ניתן למצוא את ההתקדמות ואת השינוי המהיר בטכנולוגיות רפואיות, טיפוליות ואבחוניות וכניסתם של שירותים רפואיים, שבהם הרופא והמטופל אינם נפגשים )בדגש על רפואה מרחוק(. בשנים אלו נכנסה המרשתת )האינטרנט( לשימוש הציבור הרחב, והיא מנגישה את המידע על המצב הרפואי, על הרופא ועל המערכת ככלל מתוך הספר של שפרה שהחוק על זשולחן הניתוחיםעמ 229

כאשר דנים בחקיקה אי אפשר שלא להתייחס להעדר חוק אחיות כבסיס משפטי לעשיה המקצועית. המעמד המשפטי של האחיות בישראל אינו מעוגן בחוק עד היום. האחיות בישראל פועלות על פי תקנות של פקודת בריאות העם. טיוטאות של החוק והמודעות לצורך בחוק מלווים את הסיעוד בישראל מימיה הראשונים של המדינה. בהעדר חוק נותר הרופא כסמכות משפטית לעומת האחיות והאחיות והאחות בישראל שהם נטולי מעמד משפטי ואוטונומיה מקצועית

כבר בשנות ה-70 קבע בית המשפט העליון שיש להסדיר בחקיקה ראשית את מקצוע האחים והאחיות בדומה למקצועות הרפואה האחרים (רפואת שיניים, פסיכולוגיים, פיזיותרפיסטים, דיאטנים, קליני תקשורת וכו). מספר ניסיונות לחקיקה נעשו מאז כשהאחרון בהם היה בשנת 2012. ענת גונן חקרה את ההיסטוריה של החוק והסיבות להעדר חקיקה עד היום( ענת גונן פרק מהספר ולפי ממצאיה הסיעוד פועל על פי פקודה הישראלי בשנת 1948 עם הקמת המדינה. סעיף 33 בפקודה זו מסמיך את המנהל הכללי להתקין תקנות בעניין כשירותן של אחיות לעבוד במקצוען

היא מציינת כי מטרת החוק הינה להציע מנגנון בו יוגדרו גבולות עשיה ואחריות, לרבות מנגנון שיאפשר עדכונים שוטפים של החוק בהתאם להתפתחות הרפואה. במקביל יפותח ויוגדר מנגנון של האצלת סמכויות בין רופאים לאחיות הבא לענות על בעיות דחופות, כמו צרכים המתעוררים עקב השינויים החלים במערכת הבריאות. המסגרת החוקתית תקבע את ייחודיות מקצוע הסיעוד, מי רשאי לעבוד בו, תוכניות הכשרה ברמות הסיעוד השונות, מומחיות מוכרת בתחום הסיעוד וחובות סיעודיות שונות . כל אלו כמקדמות את בריאות הציבור ותומכות בו ומייצגות את תכלית קיומה של מערכת הבריאות – בריאות האוכלוסייה. וממנה נגזרות הנגשת טיפול רפואי איכותי והעלאת זמינותו. (ענת גונן

**Methods**

This paper uses the historical research method. Documenting the history of nursing presents methodological difficulties, especially in the context of unstructured, dynamic circumstances, such as those discussed here. First, nurses were not actively involved in directing health policy reform in Israel. Nurses testified before a State Commission of Inquiry established in 1998 to review the functioning and efficiency of the health care system—the Netanyahu Commission—on whose recommendations the NHI Law was enacted. However, no nurses were invited to serve on the Commission itself. Second, there is a lack of documentation regarding nurses’ activities and their impact on policy in the context of Israel’s healthcare reforms. Finally, there is little scholarly research about the involvement of nurses in Israel’s healthcare reforms.

The study relies on a variety of primary sources, in particular records of the Netanyahu Commission’s discussions, which are housed in the Israel State Archive in Jerusalem. These include testimonies by nurses and health policy experts, and the Commission’s final recommendations.

To substantiate my research on the effect of the law on nursing, I relied on the pioneering research of Spitzer and Golander and its follow-up studies.

Spitzer and Golander’s (2001) survey of Israeli nurses’ attitudes toward the NHI Law.

Personal interviews were conducted with Prof. Mordechai Shani and Prof. Yitzhak Berlowitz regarding the topic of nursing in the Commission’s deliberations. Both were key players in Israeli health policy reform. Shani served as Director of Sheba Hospital and Director General of the Ministry of Health before and after the enactment of the NHI Law and served on the Netanyahu Commission. Berlowitz served as Head of Medical Administration at the Ministry of Health and helped draft the NHI Law. Both reported that nursing was marginal in the Commission’s discussions, which were mainly concerned with economic reform and health insurance. As a result, nurses who testified before the Commission were not interviewed for this paper.

Drawing from these primary and secondary sources, I discuss the development of the nursing profession in Israel following the entry into force of the NHI Law in four main areas, following Spitzer and Golander’s (2001) survey of Israeli nurses’ attitudes toward the NHI Law. These areas are: (1) Patients and the nurse-patient relationship; (2) Impact on the nursing profession; (3) Promoting the interests of nursing through leadership, research, and academic education; and (4) Nurses as individuals and their work environment.

**Discussion**

**1. *Patients and the nurse-patient relationship***

Research in Europe and North America has shown a significant link between academization of nursing staff and care outcomes such as mortality rates. In a study conducted in nine European countries, Aiken et al. (2014) found that a single percentage point increase in a nurse’s workload increased the likelihood of an inpatient dying within 30 days of admission by 7%. In light of high hospital charges in the United States ($59 billion in 2004–2005) and of public awareness regarding safety and risk management issues, Aiken (2008) argued that a change in attitudes toward nursing was needed. In an budget-oriented marketplace, nursing research can help provide a scientific basis for practice and will help improve staffing levels and the nursing workforce.

In Israel, the practitioner-patient relationship is anchored in the 1995 NHI Law and the 1996 Patient’s Rights Law. However, despite the importance of nursing and nurses in implementing these far-reaching reforms, nurses were not directly involved in designing Israel’s healthcare reforms. This is reflected in the paucity of mentions of nursing in the relevant literature. For example, in a review of 35 books published during the height of Israel’s health reform debate (1993–1994), to determine how nursing was represented in discussions of health system reform, Mundt (1997) found that half contained no references to nursing, 39% had fewer than 10 references, and only four had more than 10 references. We can learn that during the time of the discussions about healthcare reform in Israel, nursing was not involved in decision management.

Since the entry into force of the NHI Law, there has been increased awareness among the Israeli public regarding healthcare services. Various layers of health insurance have emerged to complement the “health basket” of services established in the NHI Law. Since the 1980s, there has been a conceptual and semantic shift in Western society, 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. In the wake of the NHI Law, Israel’s health funds were required to recruit new patients and be more cost-effective. As a result, they began to develop programs to promote public health. These often focused on healthy lifestyles, even though this is not officially part of the “health basket” of services provided to clients. For the first time, medical quality indices were determined by the health funds. The program began in 2000 as a research project by a team of researchers headed by Prof. Avi Porat and funded by the Israel National Institute for Health Policy and Health Services Research. The project won the cooperation of the four HMOs, the Ministry of Health and the Israel Medical Association and its professional associations. (Ashkenazi, Y. Et al, 2005) Mapping quality assurance programs in Israeli health plans and identifying factors contributing to the success or failure of programs. Smokler Center for Health Policy Research, Brookdale. Jerusalem

This information is publicly accessible. available, and sent to clients by post or email. The right to receive a second opinion and the obligation of medical staff to cooperate with such requests have made Israeli healthcare more transparent and competitive. The language of healthcare services now includes terminology such as “client experience,” “patient-centered,” and even “client-centered quality indicators.” (Lotem H. M, 2016)

Healthcare consumption in Israel reflects the population’s diversity and demographic changes. These include an aging population, increased life expectancy, and rising numbers of chronically ill patients. There have also been changes in the nature of morbidity. Some infectious diseases that had been eradicated have returned in more virulent forms (Krulik, 2003). In light of these changes, and the emergence of new technologies like big data, in 2018 the Israeli Ministry of Health sought to update its Healthcare provision strategy, including by developing a strategic plan for the period through 2030 (Israeli Ministry of Health, 2022).

Trends in Israel reflect global trends regarding aging populations and increased prevalence of diseases such as cancer (e.g., see Sleeman et al., 2019). Additional trends are emerging of 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 and to help nurses navigate changing nurse-patient relationships. In a review of the challenges faced by nurses after the implementation of the NHI Law, Ben Nathan and Oren (2011) argued that nursing leaders and managers must play a major part in addressing these, and in determining national policy around the use of new skills and technologies.

**2. *Impact on the nursing profession***

Nursing in Israel is undergoing transition. This includes planned changes, and changes stemming from global sociopolitical trends. Since the enactment of the NHI Law, Israel’s nursing leadership has taken steps to address these changes. For example, in 2002, in response to new ethical dilemmas and issues, the Israeli National Association of Nurses established a Bureau of Ethics, which developed a Code of Ethics (last updated in 2017) that guides nurses’ conduct and addresses issues of quality and safety (Asman & Tabak, 2017). Further, 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, (2003) with representation from different levels of nursing in Israel.

In terms of nurses’ awareness of the healthcare reforms, attitude surveys of Israeli nurses have shown that, while initially low in the first years after the implementation of the NHI Law, this increased over the next decade. In 2001, most nurses had little knowledge of the reforms or the Law, and only low-medium knowledge of issues related to changes in the workplace, the nursing profession, and the patient-nurse relationship (Spitzer & Golander, 2001). Similar surveys were also conducted among geriatric, community, and mental health nurses (Manor, 2000; Teitler, 2000; Levy, 2002; Odem, 2002; Re’em, 2002). A 2011 follow-up survey found that knowledge of the Law’s significance for the nursing profession was high (about 80%) in all sectors (Missri, 2011).

In an investigation of the changing role of community nurses in Israel, Nissenholz et al. (2017) found that the nursing leadership and most nurses (85%) felt the nature of their work had changed significantly since 1995 (when the NHI Law was introduced). The main changes included a transition from responsive to more proactive work processes, more specialization, the transfer of work from hospitals to the community, and greater autonomy. Nurses’ main areas of work included treating chronically ill patients, promoting public health, and providing continuous care. Four out of five nurses reported being 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 great or very great extent. Nurses reported that the main barriers to their continued advancement included the conservative attitudes of some physicians and nurses, the lack of specialized nursing positions, and insufficiently attractive salary levels. (Nissenholz et al., 2017)

These developments in Israel’s healthcare system reflect the global direction of travel of nursing toward increased professionalization and specialization amid rapid technological advancement.(Joel, 2002).

In recent years, a number of studies in the United States and Europe have addressed the relationship between nursing leadership and management and its impacts on treatment outcomes and patient satisfaction. Nurses have proven effective in a variety of roles and at different levels of morbidity. An analysis of 61 systematic/integrative reviews or meta-analyses that examined research evidence for nurses’ contributions to healthcare (Coster et al., 2018) found moderate evidence that well-trained nurses are as effective as physicians, particularly in primary care. Other studies (e.g., Horrocks et al., 2002), have shown that the efficacy of nurses is comparable to that of physicians in the community. Nurse-led care may be more effective than medical care for promoting treatment adherence. 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. 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.

Nurses have significantly increased economic effectiveness on the health system, 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, but they can also directly influence social gain. (Shamian & Ellen, 2016).

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

The nursing profession must act on several levels if it is to influence the advancement of its professional perception and vision. Judith Shamian, who served as president of the International Council of Nurses from 2013–2017, showed 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 they could make to economic efficiency and improvements in the quality of medical processes. In light of this, Nagel & Shamian (2016) called for the “nursing voice” to be developed and promoted to enable nurses to be confident advocates, analysts, partners, and caregiver leaders. Other researchers have also recommended that the policy influence of nursing be improved, including in light of their significant contribution to clinical medicine (Shamian & Ellen, 2016). Nursing organizations play a key role in policy promotion and involvement (Chiu et al., 2021).

With regard to Israel, several questions remain unanswered. Does nursing in Israel have the necessary means to achieve this? Have Israeli nurses learned to promote their profession’s standing and cooperation among policymakers to achieve these goals? And are Israel’s nursing leaders partners in the macro processes currently influencing health policy?

 The enactment of the NHI Law assured medical coverage for all Israeli residents. It also led to fundamental changes in the structure of Israel’s healthcare system, including nursing. Nurses were given new roles, including care, disease, and case management, which allowed them to fully express and use their many skills. Nurses excelled in terms of the advances and efficiency they brought to health management in terms of cost-benefit and ensuring optimalclinical outcomes. (Spitzer & Golander, 2001), However, the most prominent change has been in the role of nurses in the community. While health costs continue to rise, with care for the chronically ill constituting 70–80 percent of all health expenditures in Israel, optimal use of resources is essential. Managed care provides organizational, clinical, and economic advantages. Most programs in which nurses have been appointed to manage patientcare have been successful. Well-trained nurses have successfully improved clinical measurements and lowered costs (Magnezi et al., 2010).

Encouraged by these trends, Israeli nursing leaders and the Ministry of Health’s Nursing Division developed a plan for nursing specialization and courses in relevant fields. This has included care management for heart failure, palliative care, and prescription management as complementary services in the work of community nurses. The specialist nurse contributes in four spheres of influence: the patient, family caregivers, professionals and the health system. Another contribution of the expertise is to the nurse herself, since the expertise may prevent burnout and dropout among nurses and it opens up opportunities for advancement and diversity in the fields of activity, the possibility of changing the work environment and the possibility of having a focused impact on the population the nurse wishes to treat. The contribution of the specialist nurse has already been examined in the literature, and studies show that specialist nurses improve the treatment of patients in disadvantaged populations and prevent hospitalizations. (Nissanholtz-Gannot, & Cohen, 2023).

The Nursing Division has launched several schemes to make nursing training fully academic. Between 1995 and 2010, eight study programs in nursing were opened in academic colleges across Israel. To address nursing shortages, the Ministry of Health also provides grants for university graduates in other disciplines to retrain in careers in nursing.

The involvement of nurses in clinical and medical research has also expanded in Israel. This is reflected in publications by Israeli nurses in prestigious journals and the increase in the number of Israeli nursing scholars holding doctoral degrees and professorships. Prominent nursing scholars in Israel include Hava Golander, Tami Krulik, Tova Hende, Freda DeKeyser Ganz, Chaya Greenberger, and Yafa Haron. An exceptional example is Prof. Rebecca Bergman (1919–2015), the first and only nurse to win the Israel Prize (the country’s highest honor) for her lifelong work in nursing. Bergman’s many achievements include the establishment of the first academic nursing department in Israel (Weiss & Golander, 2022).

Prior to the implementation of the NHI Law, various researchers recommended the continued academization of nursing training in Israel, based on the findings of their studies (Shatzman et. al, 1981; Ehrenfeld et. al. 1993). As of 2024, nursing in Israel is multilevel. From a professional standpoint, there are licensed practical nurses (LPNs), registered nurses (RNs), including RNs with post-basic certification, and nurse practitioners. Each of these roles has a different scope of practice. RNs hold either a diploma or degree, while nurse practitioners must hold a minimum of a master’s degree and also complete a specialty residence (Ministry of Health [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 older LPNs 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 hire only 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 at an academic level is the scholarships awarded to BSN students. These have been available since 2010, thanks to successful lobbying of Israel’s Finance Ministry by the Nursing Division (Greenberger et al., 2014). It is hoped that this will help reduce nursing shortages: in 2010, Israel had 5.7 nurses per 100,000 residents—fewer than in most OECD countries (Israel Ministry of Health, 2010).

The benefits of the increased academization of nursing are reflected in the findings of studies in the United States and Europe. Studies of quality indicators in hospitals have related 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). Aiken et al. (2014) found that every 10% increase in the number of nurses with a BA degree was associated with a 7% decrease in the likelihood of an inpatient dying within 30 days of admission.

Nurses have also become increasingly active and prominent in Israel’s political sphere. 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 are members of 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. Another nurse, Shulamit Mualem-Rafaeli, a member of Knesset until 2019, also promotes a professional nursing agenda, such as the appointment of nurses to hospital ethics committees. In recent years, Mualem-Rafaeli was 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 reflects the increase in nurses’ understanding of the political game and their willingness to play along with its “rules” (Antrobus, 2004).

***4. Nurses as individuals and their work environment***

In the 1990s, healthcare systems worldwide began to undergo reform and change based on cost-benefit considerations 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 sometimes contradicted the professional education they had acquired. This created inherent conflicts and ethical dilemmas (Spitzer et al., 1995).

The changes in Israel’s healthcare system have affected both the immediate and the broader sphere of nursing. Following Israel’s health reforms, particularly the NHI Law’s implementation, nursing in Israel underwent three main phases (Spitzer & Golander, 2001):

1. “**Awakening**.” Nurses in Israel became increasingly aware of the impact of the NHI Law on their profession.

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

3. **New initiatives**. New treatment methods emerged, with evidence-based practice and the use of professional guidelines. Economic justification for particular treatment pathways was required. Specialized nurses were suited to implementing care and disease management, and adapted to their new work environment.

Research in Israel and elsewhere has demonstrated the importance of challenging and interesting work to the retention of nurses. (DeKeyser Ganz, F.&Toren, O. 2014).

At the same time, nurses’ work environments have become increasingly complex and demanding. Healthcare managers assume that there are two broad groups of reasons for the increasing numbers of nurses leaving the profession. The first is connected to factors such as demanding and changing technological requirements, risk management processes, and the increased ease of litigation. The second concerns broader social trends 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 retention of nurses is linked to their clinical interest and professional fulfillment in their work. In a review of 34 studies, Pressley and Garside found that the factors influencing whether nurses stayed in the post included job satisfaction, organizational commitment, and nurse turnover. Studies examining the reasons for workplace stability among nurses have shown that while salaries and benefits are important, they are not a top priority. Direct patient care and role development have a greater impact on loyalty. Further, there is a correlation between quality of care and the satisfaction of the nurse who provided the care (Aiken, 2012). A study of the Magnet Hospital Recognition Program in the United States found that hospitals that were “magnets” for nurses offered direct, quality care to their patients (Kelly et al., 2012). In an Israeli context, Israel could learn from the experiences of nurses in the United States and Europe and consider similar programs.

 A study of nursing leadership suggested that good leadership was key to creating a work environment for nurses that facilitates growth and involvement in policymaking (Goldberg & Benor, 2004). A more recent study found that Israeli nurses felt their work had expanded and that they had autonomy. Nurses were mostly satisfied with their work and were positive about the further development of their profession (Nissenholz-Ganot et al., 2017).

**Conclusions**

Nursing has always played a central role in healthcare and public health in Israel. The healthcare reforms that have taken place since the mid-1990s have presented new challenges and opportunities for nurses. These changes have paved the way for nurses to take on new roles in the healthcare system and encouraged teamwork with peer professionals that has ultimately benefitted patients.

As nurses serve on the front lines of healthcare, they play a significant role in implementing the rapid changes occurring in the healthcare system.

The organizational barriers characteristic of nursing that prevent nurses in Israel from responding effectively to change must be removed to ensure that they can help implement health reform and become more involved in health policy planning

. As this paper has shown, while nurses were excluded from direct involvement in planning the NHI Law, they later proved crucial to its development and successful implementation.

Since the implementation of the NHI Law, there have been positive developments in the training and professional development of nurses in Israel. 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 cognizant of the NHI Law and work to advance its principles and implementation. The findings of Magnezi et al study indicate that this is the way forward to open a much-needed discourse to lead the profession on the frontline of healthcare (Magnezi et al., 2010)

As noted, Israeli nurses undertaking frontline care believe it is important to participate in implementing healthcare reforms (Spitzer & Golander, 2001; Missri, 2011). Nurses have been responsible for the successful implementation of a number of new policies that emerged as a result of the NHI Law. They have been heavily involved in bottom-up processes, including through new roles in patient management. Nurses also helped bring about policy changes among nursing leaders, which has improved the position of nursing within the healthcare system.

International efforts to raise the profile of nursing have included the World Health Organization’s designation of 2020 as the Year of the Nurse and the Midwife and the UK’s Nursing Now campaign (Thorne, 2019). In Israel, equivalent initiatives to recognize the value of nursing’s contribution to healthcare policy could be developed in an attempt to improve the status of nurses and the profession within the healthcare system and society. Further, as Missri (2011) recommended, more should be done to involve Israeli nurses in research and health policy matters. Such initiatives would directly impact on the ability of nurses to help develop and implement key reforms.

 Nursing leaders involved in rethinking the role of nurses, including how nursing can best impact patients and the broader healthcare system, need to be aware of how the profession has developed over the past three decades. In Israel, as in other countries, innovative thinking is needed to help the nursing profession plan for the future. This requires familiarity with the processes that have furthered or hindered the development of nursing in the wake of the NHI Law and other reforms.

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

|  |  |
| --- | --- |
| **Year** | **Event** |
| 1911 | The Workers Health Insurance Fund was established for mutual medical assistance and voluntary insurance. |
| 1912 | Hadassah Women’s Organization was established in New York, with Henrietta Szold as its leader. |
| 1913 | The 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 was established in Jerusalem. |
| 1920 | The Clalit Sick Fund becomes part of the Histadrut. |
| 1923 | British Mandatory rule begins in Palestine. |
| 1925 | The Clalit Sick Fund applies to the British Mandatory government for the application of health and welfare insurance. |
| 1948 | Israel declares independence, and 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 Inquiry into the functioning of Israel’s healthcare system. |

**Table 2: Summary of the key developments in nursing in Israel following the implementation of the 1995 NHI Law**

|  |  |
| --- | --- |
| **Area** | **Developments** |
| 1. Patients and nurse-patient relationship | This area 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 recommended examining the mix of nursing training in Israel. |
| 2. Impact on the nursing profession | Healthcare reform had an impact on the nursing profession, but as Missri’s follow-up study indicates, action should be taken to increase the involvement of nurses in policymaking. Israel has not yet enacted a nursing law, despite changes in nurses’ roles and greater recognition of their contribution. |
| 3. Promoting the interests of nursing through leadership, research, and academic; education | Following the recommendations of the Netanyahu Commission, later committees recommended a transition to academia, and as of 2024 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, some nurses helped bring the health system in Israel to the lead in various fields. While the changes to the nursing profession are indicative of progress, studies of Israeli nurses show that they still believe that there is still a long way to go to achieve goal of leadership and research as advancers of the profession. |
| 4. The nurse as an individual and their work environment | Nurses as individuals, and their work environment, have changed as a result of healthcare reform and clinical specialization. The “patient-centered” approach has led to increased cooperation and teamwork, with the nurse being part of a multidisciplinary team. The literature review revealed differences between different sectors, such as in the community, the changes in nurses’ perception of their work, and the challenges they face. |

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