The Changing Role of Community Nurses

Rachel Nissanholtz-Gannot  •  Bruce Rosen  •  Miriam Hirschfeld

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Executive Summary

The nursing profession is an important component of the provision of community healthcare, and nearly a third of the nurses in Israel are employed in the community. The role of community nurses has altered significantly and these changes already drew the attention of senior health personnel at the start of the decade. They are attributed to the following contextual changes:

1. The aging population and increase in chronic morbidity
2. Activities and changes within the health system, including the national program for measuring the quality of medical care, the mental health reform, and expanded health-promotion activity
3. The expanded training tracks available to nurses and academization of the profession.

To date, however, there has been no study of the changing role of community nurses in Israel nor systematic collection of data on the present-day substance of their actual work.

Study Goals

The study had two main goals:
- To document the main changes in the role of community nurses in recent years
- To document and analyze the main areas of nursing work today

In addition, the study was designed to:
- Examine the extent of autonomy felt by nurses in their work
- Examine the extent of satisfaction felt by nurses with various aspects of their work
- Examine how nurses perceive their contribution to the quality-measurement program and how the program affects them
- Identify the barriers to the continued development of the role of community nurses.

The study was also designed to examine how the nurses’ perceptions vary by age, country of birth, level of education, professional status, and organizational role. Further, it compared the situation in Israel with that in selected countries regarding both the changing role of community nurses in recent years and the current nature of their roles.

Study Design and Methods

The steering committee accompanying the study was composed of the head nurses of all the health plans and representatives of the Nursing Administration at the Ministry of Health. Each head nurse was invited to bring along an additional nurse from the same health plan. In total, 11 nurses took part in the steering committee. The committee helped the research team to focus the study goals, hone the research questions, and interpret the findings.

The research process comprised several stages: Firstly, in-depth interviews were held with leading figures in the field of nursing and related fields. Then, a survey was conducted of a sample of more than 1,000 community nurses from the four health plans who treat patients and are involved in various areas of activity. Finally, the role of community nurses in the UK and the US was examined by means of a literature review and conversations with experts in these countries, and then compared with the Israeli situation.
In-Depth Interviews
Fifty-five semi-structured, in-depth interviews were held with leading figures from the field of nursing and related fields. They included past and present directors of nursing at the Ministry of Health, the health plans, and the hospitals; leading academics in the field; directors at various levels of the health system (physicians, nurses and other personnel), the Israel Medical Association, the National Association of Nurses in Israel, hospitals, and various professional societies. The interviewees included both nurse managers and managers from other professions. The range of interviewees made it possible to obtain broad perspectives on the processes affecting the nursing profession.

The interviews were conducted between January and August 2013 and comprised questions on the following aspects: the work of community nurses today, the diverse areas in which they are occupied, the main changes in their work in recent years, the challenges they face at work, their view of the future of the profession and of the barriers expected along their professional path. The conversations generally followed the direction of the interviewees with the interviewer containing major digressions.

Survey of Community Nurses
The study population consisted of all health-plan nurses who devoted most of their time to non-managerial work, regardless of whether their positions were full- or part-time. Nurses whose main occupation was managerial were not included in the survey, to ensure that the focus was on nurses actually involved in patient care. According to the data of the health plans, this amounted to more than 4,600 nurses.

Sample: Despite the differences in size between the four health plans in the number of employees and insurees, 250 nurses were sampled in each to permit a reliable analysis for each health plan. The health plans provided the study team with the email addresses of the nurses sampled.

Data collection and distribution of the questionnaire:
The research questionnaire was computerized and links to the questionnaire were emailed to all the nurses. The survey was conducted between August 2014 and February 2015. The appeal to the nurses allowed them to respond by email through the link provided or by telephone.

The gross sample numbered 1,019 nurses. In total, 692 of the nurses responded to the questionnaire, so that the response rate was 69%. The study team was unable to reach, or communicate with, 17% of the sample, 7% refused to participate in the study, 1% were found to not meet study criteria, and other difficulties prevented response for the remaining 6%. The plan-specific response rate ranged from 56% to 82%; 448 interviews were conducted by email; 175 – by telephone; and 69 were completed manually and posted by regular mail.

Research tool: The questionnaire was composed of some 70 questions, mostly closed. They addressed the following issues: the main areas of the nurses’ occupations; their main activities in those areas; perceptions of their autonomy; perceptions of the quality-measurement program; job satisfaction; perceptions of the professional future of community nurses; and background characteristics.

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1. The data appearing in this report do not distinguish between the health plans. Each health plan, however, received, for internal use, a series of tables comparing the findings concerning it and the others.
Data weighting: The data were weighted to adjust for the differences among the health-plans regarding the sampling proportion and the response rate. After the weighting, the data provided unbiased estimates of the parameters examined for all the nurses and for various subgroups of the nursing population.

Examination of Nursing Roles in the US and UK in Comparison with Israel
Ten telephone conversations were held with key figures in the above countries and the relevant professional literature was reviewed. This was followed by a comparison with the situation in Israel as it emerged from the in-depth interviews.

Findings
Findings from the In-Depth Interviews
General trends
The general picture arising from the interviews is the broadening work of community nurses in recent years. This is reflected in several main changes:
♦ The transition from reactive to initiated work
♦ The professionalization of nurses in various areas of care, including diabetes and wound care
♦ The integration of nursing work into various circles of care; for example, with the patient as an individual, the patient within the family, and the patient within the group of patients suffering from the same condition.
♦ The transfer of activities from the hospital to the community.

Several major areas of the work of community nurses were identified in the interviews:
♦ Routine work – performed mainly in the nurses' room and including: taking blood, measuring blood pressure, performing an ECG, administering injections and treating wounds
♦ Care of chronic patients
♦ Promoting health
♦ Quality measurement and quality improvement
♦ Home visits – Nurses are the main providers of home visits, which can include assessments of pain and functioning, wound care, changing catheters, and drawing samples for laboratory tests.
♦ Professionalization in various areas including diabetes, stoma, wound care, and geriatrics
♦ Integration into unique health-plan initiatives such as "conversation maps for diabetes" and a "personal physician”.

Health-Plan Similarities and Differences
Both similarities and differences were found among the health plans regarding the role of community nurses.

The similarities related to the following aspects: a shortage of nurses, overall and by district (except for the north); considerable advances in the technologies used by nurses; more studies and training than in the past; innovation and creativity. Alongside the great similarity found between the nurses' jobs in all the health plans, there were also several differences, including:
The implementation of the provision for special authorities: Although the Ministry of Health widened the authority of community nurses, not all the health plans have implemented the provision.

Integration of nurses into the measurement program. There are differences in the extent of involvement and responsibility of community nurses in the measurement program – the National Program for Quality Indicators in Community Healthcare in Israel. This program is sponsored by the Ministry of Health and examines the quality of prevention, diagnosis, and treatment provided by the health plans. The program is implemented by the Israel National Institute for Health Policy Research and contains indicators for the following areas: immunization, early detection of breast and colon cancer, treatment of diabetes, asthma and heart problems. In three of the four health plans, nurses are responsible for some of the indicators and manage them on the local, district and national levels. In the fourth, they deal only with the technical aspects of measurement, such as administering vaccines or inviting patients to come in for a mammography or other tests.

Integration of nurses into various levels of health-plan management. In three of the health plans, nurses serve in senior positions of general management (i.e., beyond nursing): they are integrated into the management of health-plan branches and districts, and of the health plan as a whole. In the other health plan, they manage only the nursing sector and are not part of the limited management of the health plan.

Developing and focusing on diverse areas of specialization. Each health plan invests in different specialization areas. These differences in areas of specialization may also characterize different districts of a single health plan.

Perceptions of barriers to the development of the profession
Despite the progress in the professional development of community nursing, the interviewees identified barriers such as: a lack of established job quotas; physicians' perceptions of the profession and their fear of encroachment by nurses on their areas of responsibility; some nurses themselves do not wish to broaden the nursing role or are afraid of carrying responsibility; nursing schools focus more on hospital-related training and less on the community and its diverse work possibilities.

Findings from the Survey

General findings
The overall picture emerging from the survey is that the nurses feel that their role has broadened, they enjoy autonomy and, in general, they are satisfied with their work. They believe that the profession will develop in the future, but at the same time, they point to significant problems and barriers.

Main occupations
When asked to identify their main occupation, 38% of the nurses cited "caring for chronically-ill patients"; 30% – "health promotion"; 26% – "a specific area of specialization" (e.g., diabetes, wound care or women's health), and 6% – home visits.

Sense of change in the work modes of community nurses
Eighty-five percent of the nurses felt that, concerning their main occupation, there have been substantial changes in the past five years, in the way that they work. The changes mentioned included: more planned work than in the past; focused activity on specific areas such as care of the chronically
ill or health promotion; and expansion of medical knowledge. Furthermore, 61% of the nurses noted that the working environment in this period had changed to a great extent\(^2\) while 26% said it had changed to a moderate extent.

**Social and economic considerations**
Almost all of the nurses (90%) take into account the family and economic situation of the patient to a great extent while only 2% do so to a small or very small extent, or not at all. Moreover, almost half (47%) of the nurses take into account financial considerations of the health plan to a great extent while 18% do so to a small or very small extent, or not at all.

**The quality-measurement program and its impact on the work of community nurses**
- 77% of the nurses reported involvement to a great extent in the quality measurement program
- 75% felt that the program had impacted their work to a great extent
- 73% felt that their workload had increased to a great extent in the wake of the program.

**Sense of autonomy**
- 73% of the nurses indicated that they enjoyed autonomy at work to a great extent
- 75% indicated that their professional autonomy had broadened in the preceding five years in contrast to 9% who reported a sense of curtailed autonomy in this period, and 16% who noted that they had felt no change.

**General satisfaction**
- 80% of the nurses were satisfied to a great extent with their work, while only 3% felt little or very little satisfaction.
- In keeping with these sentiments, 80% said that they would recommend to others to enter the profession.
- High rates of nurses reported great satisfaction with the following aspects of their work:
  - The extent of their responsibility (81%)
  - The outcomes of their interventions with patients (84%)
  - Their co-workers (82%).
- On the other hand, we identified several aspects of the nursing work that showed relatively low rates of satisfaction:
  - Wages (39%)
  - Physical conditions (14%)
  - Appreciation of their work by their superiors (17%).

**Barriers to the development of the nursing profession**
Asked about barriers to the development of the profession, the front-line nurses cited many of the same ones as the managerial nurses in their in-depth interviews. These included:
- Physicians’ attitudes. Some nurses believe that physicians fear the profession's development, being interested in keeping the nurses in the position of following their directives.

\(^2\) The scale of responses consists of the following five categories: to a very large extent, to a large extent, to a moderate extent, to a small extent, and not at all. In this report, the term "to a large extent" includes refers to respondents who answered either “to a large extent” or “to a very large extent".
Nurses. Some nurses believe that the nurses themselves prevent the profession's development, having no interest in broadening their authority for fear of a greater workload.

Lack of resources and job quotas. Many nurses regard the lack of resources as a barrier to the profession's development: the large workforce shortage, particularly the fact that there are no established job quotas.

Compensation. In keeping with the low level of satisfaction with wages, some nurses regard the low compensation level as a barrier to the profession's development. Low compensation attracts fewer young people to the profession and increases the workload.

Differences between nurses based on background characteristics

The nurses' perceptions were examined according to the following variables: age, country of birth, level of education, professional status and managerial position. As a rule, no major differences were found between the groups. We did however find that the more educated the nurses were, the more likely they were to take into account financial considerations and the more satisfied they were than less-educated nurses. We also found that the higher the level of their professional training, the more they tended to take into consideration the social aspects affecting a patient. Also, nurses with a higher level of professional training were more likely to associate the quality-monitoring program with an increase in the workload.

Examining Nursing Roles in the US and UK and a Comparison with the Situation in Israel

The examination of cross-national similarities and differences in selected aspects of the work of community nurses yielded the following findings:

Changes over time. The role of community nurses has expanded in recent years in all three countries. However, it is difficult to estimate the pace of change or point to countries with more rapid change. This topic would seem to deserve a separate study.

Different types of nurses. One prominent difference between Israel and the other countries examined is that the latter have a category of Nurse Practitioners – NPs. In the US and UK, nurses in this category enjoy broader authority. Though not many nurses in the UK are defined as NPs, their numbers are steadily growing. In the US there are more than 222,000 NPs. In Israel, the Ministry of Health has begun to recognize Nurse Practitioners only in recent years and this, too, only in select areas (such as palliative care, geriatrics and diabetes). In any case, the situation in Israel is very far from that in the US or UK.

Managing the care of chronic patients. The main difference between Israel and the other countries in managing the care of chronic patients concerns the determinants of nursing authority.

In Israel, the extent of involvement of nursing in the managed care of chronic patients differs from one health plan to another, and is set according to health-plan policy or, occasionally, according to a specific director. Sometimes nurses carry out a physician's directives, while at other times they play an active part in instruction, follow-up and managing care.

In the US, where community nurses are involved in the care of chronic patients, the main differences are based on a nurse's status and training. Some nurses work with a patient only according to a physician's directives; others work more independently, guiding the patient, making referrals and recording impressions.
In England, too, there are several types of community nurses (varied training allows various levels of care). Some nurses work in a patient's home, some work with a physician. There are also nurses with a high level of expertise and, much like in the US, they are more autonomous and command more extensive authority in the provision of care.

♦ **Home visits.** In the US and the UK, home visits for bedridden patients are performed mainly by nurses. In the nature of things, the nurses working in homecare enjoy greater autonomy and usually work in this area exclusively. In Israel, on the other hand, most of the nurses work in homecare in addition to their work at a clinic.

♦ **Measuring quality.** Both the US and the UK have quality-measurement programs. However, whereas in Israel the program encompasses all providers in the community and virtually all nurses are involved in, or affected by, it – in the US it applies primarily to managed-care organizations (covering about a third of the population). Thus, while nurses are involved in quality measurement programs in both Israel and the US, the extent of their involvement differs. Moreover, in the UK and US there are financial incentives for participating in these programs, whereas in Israel there are none.

♦ **Authority to prescribe medication.** As a rule, in Israel nurses are not authorized to prescribe medication without a physician's supervision. Specially-trained nurses have limited authority to prescribe medication for chronic patients although, in practice, they hardly ever do so. On the other hand, in the UK and US, nurses have partial authority to prescribe medication, and they do so on a daily basis.

More specific differences between the countries include: In the UK, Independent Nurse Prescribers are authorized to prescribe all medication. Community Nurse-Practitioner Prescribers are authorized to prescribe medication only from a closed list. There are also isolated arrangements between physicians and nurses enabling the latter to prescribe medication under a physician's supervision, mostly for chronic patients. In the US, Advanced Practice Registered Nurses, like physicians, are authorized to prescribe medication following specific training. In some countries, following training, special requests must still be submitted.

Caution is warranted in interpreting these and other cross-national differences as they may be due to differences in culture and/or in the structure of the health-system.

**Summary and Conclusions**

The findings from the in-depth interviews, the survey, and the literature review indicate that significant changes have occurred in the role of community nurses and their involvement in patient care. These trends presumably will continue, especially in light of the need to cope with the increase in the number of community-based elderly and chronically-ill persons.

This study has highlighted the following problems facing community-based nurses:

1. No standardized job quotas
2. Wage dissatisfaction
3. The conduct and attitudes of physicians and nurses that prevent the professional development of community nurses.
However, despite the difficulties experienced in the nursing role, most nurses do seem to like their profession and have a positive sense about their work. Dealing with the problems they raised would help ensure continued satisfaction with the profession in general, and particularly with their role in it. It may also help attract additional young people to the profession. These are important consequences in view of the challenges nurses are expected to face in the coming years.

The innovation of this study is that it provides a first data-based description of the role of community nurses in Israel. The data provide a heretofore unavailable opportunity for broad observation of the nursing role, supported by systematic, detailed information. The data are especially important in light of the fact that the role of community nurses today differs from what it was in the past, and it may be that some of the key personnel at the Ministry of Health are insufficiently aware of the new nature of the role.

The data presented in this study could help, among other things, in the following areas:

- Recruiting more people to the profession, especially to community nursing
- Updating the curricula of nursing schools to expand the knowledge in the area of community nursing and enable students to become acquainted with, and receive an impression of, this work.
- Intra-organizational thinking within the health plans and other relevant organizations about budgets, the provision of fitting recompense, the definition of nursing tasks, and the division of labor between the various staff members along with increased cooperation.
- Sharing with the public information on the changed role of community nurses and empowering their place and status among patients.
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