

Views of the Israeli public on expanding the authority of nurses

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Aim To explore the views of the Israeli public on expanding the authority of nurses and identify factors affecting these views.

Background New advanced nursing roles are currently being introduced and nursing is undergoing dynamic change. Public views on expanding the authority of nurses and factors affecting public views await investigation.

Method In a correlational study, a questionnaire was administered to 200 male and female Israelis aged 18 and older treated at a hospital or healthcare clinic at least once over the past year.

Results Most respondents are in favour of expanding the authority of nurses, considered vital for patients. In addition, the public is in favour of certifying clinical nursing specialists in all fields. Influential factors were ethnicity, personal acquaintance with nurses, income and religiosity.

Conclusions The public has a positive perception of expanding the authority of nurses, and major determinants are familiarity with nursing, ethnicity, income and religiosity.

Implications for nursing management Understanding public views on expanding the authority of nurses in Israel will help policymakers adjust their actions according to social perceptions and needs. This will help nursing managers further the process of expanding nurse authority, to the satisfaction of both nurses and the public they serve.

Keywords: expanding authority, Israel, nurses, public views

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Introduction

The nursing profession is undergoing significant changes, and one major shift is the transfer of traditional physician roles to nurses (Brodsky & Dijk 2008). These changes are a result of the need to shorten waiting times and reduce the workload of junior physicians (Griffin & Melby 2006), the natural population increase and the demand for advanced healthcare services. These factors have an effect on expanding the authority of nurses and

on the development of various clinical nurse specialties (Donelan *et al.* 2008).

In Israel, the nursing system is in the process of professional and academic development, and nurses may occupy one of three levels: practical, registered or academic. At present, the complex skills demanded of nurses in the course of their practical work, daily challenges and multiple clinical, technological, administrative and research roles, do not receive due recognition by the public, employers and colleagues in closely

related fields. The recognition accorded is not commensurate with the physical and mental efforts invested and the level of knowledge required of nurses in Israel today (Hasson 2008). Over the past few years, several Director General Circulars have been distributed by the Israeli Ministry of Health, extending nurses' responsibilities and awarding them additional authority. A General Director Circular distributed in 2001 redefined procedures previously considered irregular as nursing procedures (Nursing Administration Circular 2001). A General Director Circular published in 2007 by the Ministry of Health extended nurses' responsibilities in the fields of psychiatry, geriatrics, primary care, rehabilitation, diabetes and obstetrics. The circular clarified that registered nurses in these fields would be required to pass an exam and would only then be permitted to perform the specified procedures (Nursing Administration Circular 2007). In 2009, the General Director of the Ministry of Health, by virtue of his authority, published a decree permitting nurses to become certified as palliative care specialists (Nursing Administration Circular 2009).

Background

Expanding the authority of nurses created a new state of affairs to which Israeli physicians responded with reservation. The Chairman of the Israeli Medical Association, referring to extended responsibilities awarded to nurses in 2007, conveyed his astonishment that the Ministry of Health had taken this unprecedented step, which he considered a hasty course of action that might be detrimental to public health, without first discussing it with physicians. He further stated that physicians hope that patients will refuse to receive medical care from nurses, notwithstanding their training. Nurses who wish to receive medical authority should study medicine for 7 years, followed by a 4- to 6-year internship (Azulai 2007). In addition, expressing their objection to this course of action, the Medical Association petitioned the Supreme Court against expanding the authority of nurses, particularly in regard to prescribing or discontinuing medication and changing dosages. The claim was that the General Director of the Ministry of Health does not have the necessary authority to make such a decision (Israeli Medical Association 2008). In its decision, the Supreme Court of Justice stressed the significance of holding talks between the Nurses Association and the Ministry of Health – and the Medical Association, and approved most of the additional responsibilities defined in the General Director Circular, aside from several procedures such as

nasogastric intubation and prescribing pethidine to women in labour, which were to be reviewed (Supreme Court 2008).

At present, physicians both in Israel and elsewhere disagree regarding the extension of nurse responsibilities, in spite of research showing that clinical nurse specialists and advanced practise nurses provide the same level of treatment as physicians. Research conducted in various countries on physicians' opinions of clinical nurse specialists and advanced practise nurses revealed no opposition on the part of physicians. However, a certain level of scepticism emerged towards including specific medical procedures as part of nursing responsibilities and towards nurses' professional abilities (Brodsky & Dijk 2008). In addition, physicians' opinions were found to fit into one of three categories: some felt threatened both professionally and financially; some were concerned that nurses would not prove capable of withstanding the necessary training and responsibilities; and some were concerned with structural and organizational barriers (Wilson *et al.* 2002).

In Israel, physicians are defined by law as occupying the highest professional rung on the healthcare hierarchy, as Section 3 of the Physicians' Ordinance (1976) awards physicians exclusive authority to diagnose and cure. In addition, physicians are authorized to employ nurses under their personal supervision in order to assist with various medical procedures, as long as they do not require medical judgment or skills (Section 7). Professor Tabenkin says that nurses' insistence on performing medical procedures is a danger to the healthcare system. She claims that instead of helping physicians by caring for patients, nurses are pushing for independent roles and she is not sure that this is in the patients' best interest (Friedman 2006). Professor Reches contends that the main risk entailed in transferring physicians' responsibilities to nurses is the potential damage to the very essence of the medical profession, with its demand for personal judgment and independent medical decisions. Abolishing physicians' exclusive authority to make medical decisions might compromise the quality of medical care. Delegation of authority is inappropriate if it endangers patients' safety and quality of care. Moreover, flattening the medical hierarchy might lead to ambiguity and disorder, create doubts as to distribution of responsibilities and erode patients' trust in the medical system (Reches 2010). However, the 'Physicians' Regulations (Competency for Performing Exceptional Procedures)' shows signs of significant progress in authorities' regulations, permitting nurses to perform procedures (as part of

their training) in hospitals and at patients' homes with no special authorization, subject to the definition of 'practising nursing as defined in the Public Health Regulations' (Kol & Kol 2001). At a debate held at the Annual Conference of the Society of General Practitioners, the Ben Meir conference, in April 2008, most of those present agreed that it is necessary to award nurses extended therapeutic authority in defined circumstances and situations. The field of preventive medicine was stressed, as nurses currently function independently in this field (Lahad *et al.* 2008).

Unlike physicians, the public has a positive attitude towards expanding the authority of nurses. Horrocks' meta-analysis reveals that most studies examining patient satisfaction show higher satisfaction with treatment provided by clinical nurse specialists and advanced practise nurses than with that provided by physicians (Horrocks *et al.* 2002). However, patients were found to respond differently to diverse clinical situations. Thus, patients preferred to consult with a physician on medical problems but clearly preferred a nurse's care for regular care and for interventions providing knowledge and support. Moreover, patients preferred to talk to nurses about coping with their illnesses and expressed high satisfaction with both physicians and nurses (Kinnersley *et al.* 2000, Shum *et al.* 2000, Laurant *et al.* 2008). Redsell *et al.* (2007) indicated a similar finding and showed that nurses were perceived as well trained for specific situations and procedures, and that clinical nurse specialists received greater appreciation than physicians. In addition, careers' identity was found to have less of an effect on patient satisfaction than the personal attention they provided (Laurant *et al.* 2008). Correlation between patient satisfaction and the type of career was also examined in another study focusing on the care of chronic diseases, such as diabetes and hypertension. Researchers found no significant difference between the satisfaction of those treated by physicians and nurses (Twinn *et al.* 2010).

Aim

In light of changes in healthcare systems both in Israel specifically and elsewhere, it seems that expanding the authority of nurses is an extremely significant issue. A review of articles dealing with expanding the authority of nurses shows that factors affecting public views on this subject have not been investigated to date. Thus, the purpose of the present study was to assess public views on expanding the authority of nurses and to identify factors that influence these views.

Methods

Procedure

The present study is a quantitative correlational study based on a literature review of previous qualitative and quantitative studies. Convenience sampling ($n = 200$) was used to locate Israeli citizens aged 18 years and older who had been treated at a hospital or clinic at least once over the past year. The purposes of the research were explained to all participants before administering the research questionnaire. The research was conducted by the Pat Matthews academic school of nursing.

The study was approved by the Ethics Committee of the Pat Matthews academic school of nursing and each of the respondents was assured anonymity and promised that research findings would only be used for purposes of the present study. Both males and females participated in the study; the questionnaire was distributed among respondents at the entrance to shopping malls in two large cities in central Israel and collected from them when completed. The researchers stood in the vicinity of the respondents to help explain any unclear medical and nursing concepts.

Measures

The research tool is a questionnaire consisting of 49 questions, divided into 4 parts. The questionnaire was constructed by the researchers based on the literature review. The questionnaire was validated by three content experts and senior nurse managers and their comments were incorporated in the final form. The questionnaire is composed of 42 closed-end and 7 open-ended questions, with α Cronbach ranging from 0.77 to 0.66. Part I is composed of 17 questions and collects demographic data on respondents, such as: age, gender, country of birth, area of residence, language spoken, year of immigration from other countries to Israel, religion, level of religiosity, marital status, number of children, level of family income, professional schooling, field of occupation, full/part-time job and the condition of their health. Part II is composed of three questions and examines respondents' exposure to the healthcare system in general and to nursing care in particular; these questions reflect personal experience. Questions in this part are open-ended. Part III is composed of 19 questions and examines respondents' views on expanding the authority of nurses and views of others (family, the media, GP) on expanding the authority of nurses. Ten questions dealt with respondents' views on expanding the authority of nurses and 9 questions with views of

significant others. A Likert scale was employed, with replies ranging from 1 to 5, 1 = do not agree, 5 = completely agree. The last part is comprised of six questions and examines respondents' views on the inclusion of clinical nurse specialists in various fields. Here too, as in the previous part, replies were provided on a Likert scale ranging from 1 to 5, 1 = do not agree, 5 = completely agree.

Data analysis was performed with the Statistical Package for Social Sciences (SPSS-PC, version 14; SPSS Inc., Chicago IL, USA). Descriptive statistics were used to depict demographic characteristics of the sample and responses to the items and subscales. Means and standard deviations (SD) of responses were calculated. Pearson's correlation and chi squared test were used to determine the relationship between sociodemographic variables and research variables – and views of significant others, as well as the effect of personal acquaintance with nurses on views concerning expanding the authority of nurses.

Results

Sociodemographic

Two hundred respondents took part in the study, slightly more females to male in the sample (61%, $n = 122$). Respondents' ages ranged from 18 to 25 years (17.3%, $n = 34$), 26–35 years (38.5%, $n = 76$), 36–50 years (24.9%, $n = 49$) and 51–78 years (17.8%, $n = 36$). Fifty-two per cent of the research population were Arab ($n = 104$) and 48% were Jewish ($n = 96$). Slightly more respondents were secular than religious (57%, $n = 114$). Sixty-two per cent of respondents held an academic degree. Most had been working for 6 months to 20 years (73%, $n = 132$). Respondents' income levels were divided into average (41.5%, $n = 83$), above average (32.5%, $n = 65$) and below average (25%, $n = 50$).

Views

Views on expanding the authority of nurses

Data gathered from the questionnaires show that respondents have a positive view of expanding the authority of nurses (see Table 1). Slightly more respondents (67.5%, $n = 135$) were in favour of such expansion, highly agree that expanding the authority of nurses is vital for patients (61.5%, $n = 123$) and think that expanding the authority of nurses would have no effect on the status of physicians (60%, $n = 120$) compared with those who do not agree and think so.

Table 1 shows respondents' agreement to expanding the authority of nurses, from low agreement (do not

Table 1

Views on expanding the authority of nurses

<i>Views on expanding authority</i>	<i>Do not agree, N (%)</i>	<i>Moderately agree, N (%)</i>	<i>Highly agree, N (%)</i>
Expanding authority of nurses	12 (6)	49 (24.6)	135 (67.5)
Expanding authority of nurses is vital for patients	11 (5.5)	63 (31.5)	123 (61.5)
Delegating authority to nurses will be detrimental to status of physicians	120 (60)	42 (21.1)	34 (17)

agree) to high agreement (highly agree) with reference to the number and percentage of respondents.

Performing nursing procedures

The data gathered show that respondents vary in their views on performance of different nursing procedures approved by the Ministry of Health in expansion of nurses' authority (see Table 2). Of the various nursing procedures, respondents highly agree that nurses should perform the following: injecting intravenous drugs (68%, $n = 136$), balancing blood sugar levels (59.5%, $n = 119$), ordering blood and blood products (55.5%, $n = 111$) and inserting peripheral intravenous lines in neonates (50.5%, $n = 101$). These are followed by procedures including single administration of anti-anxiety drugs (41%, $n = 82$) and removing faecal stones (40%, $n = 80$). In contrast, most respondents did not agree that nurses should perform the following: connecting and disconnecting patients from respirators (55%, $n = 110$) and performing vaccinations not prescribed by a physician (54%, $n = 108$).

Table 2 shows the degree to which respondents agreed that nurses should perform nursing procedures, from low agreement (do not agree) to high agreement (highly agree), with reference to the number and percentage of respondents.

Clinical nurse specialties

Examination of respondents' agreement with different types of clinical nurse specialties (see Table 3) found that the two areas with the highest agreement are: community health (81%, $n = 162$) and diabetes (73%, $n = 152$). Clinical specialties in psychiatry had the lowest rate of agreement, and 60% ($n = 120$) agreed that nurses should be permitted to qualify as clinical specialists in this field.

Table 3 shows respondents' agreement with clinical nurse specialties from low agreement (do not agree) to high agreement (highly agree) with reference to the number and percentage of respondents.

Table 2

Respondents' agreement with various nursing operations

Nursing operations	Do not agree, N (%)	Moderately agree, N (%)	Highly agree, N (%)
Injecting intravenous drugs	15 (7.5)	48 (24)	136 (68)
Balancing blood sugar levels	24 (12)	55 (27.5)	119 (59.5)
Ordering blood and blood products	39 (19.5)	49 (24.5)	111 (55.5)
Inserting peripheral intravenous lines in neonates	42 (21)	56 (28)	101 (50.5)
Single administration of anti-anxiety drugs	62 (31)	55 (27.5)	82 (41)
Removing faecal stones	52 (26)	64 (32)	80 (40)
Connecting and disconnecting patients from respirators	110 (55)	38 (19)	51 (25.5)
Performing vaccinations not prescribed by a physician	108 (54)	41 (20.5)	49 (24.5)

Table 3

Respondents' agreement with all types of clinical specialties

Clinical specialty	Do not agree, N (%)	Moderately agree, N (%)	Highly agree, N (%)
Community health	5 (2.5)	29 (14.5)	162 (81)
Diabetes	10 (5)	34 (17)	152 (73)
Intensive care	19 (9.5)	36 (18)	141 (70.5)
Geriatrics	4 (2)	51 (25.5)	140 (70)
Palliative care	16 (7.5)	39 (19.5)	133 (66.5)
Psychiatry	28 (13.5)	49 (24)	120 (60)

Influence of significant others

Examination of the effect of significant others on respondents showed that half the respondents (50%, $n = 100$) attest that their family is in favour of expanding the authority of nurses; however, the opinion of others is only considered significant by 40% ($n = 81$). Less than half (44%, $n = 88$) attest that their GP is in favour of expanding the authority of nurses, and physicians' opinion on the issue is significant at 48% ($n = 96$). The lowest level of agreement (27%, $n = 54$) was found with regard to the media's support for expanding authority, although the media was found to be an important factor as perceived by respondents (49.5%, $n = 99$).

In order to examine factors affecting public views on the issue of expanding the authority of nurses, correlations between the following variables were explored: sociodemographic variables, views of significant others and how personal acquaintance with nurses affects one's views on expanding the authority of nurses. A Spearman's test was performed in order to examine correlations between views of significant others and respondents' views. A moderately positive correlation ($r_s = 0.393$, $P < 0.00$) was found between views of significant others on expanding the authority of nurses and respondents' views, and a strong positive correlation ($r_s = 0.465$, $P < 0.00$) was found between views of significant others on whether expanding the authority of nurses is vital for patients and between respondents' views. To sum up, the more the views of significant

others were positive, the more positive respondents' views were on expanding the authority of nurses and on the importance of this expansion for patients.

A Chi-squared test was performed in order to examine whether individuals who are personally acquainted with nurses have different views than individuals who are not closely acquainted with nurses, on expanding the authority of nurses. A significant difference was found, and 80% of those personally acquainted were in favour of expanding authority *vs.* 60% of those with no personal acquaintance with nurses [χ^2 (5, $N = 200$) = 10.9, $P < 0.05$]. In addition, a significant difference was found between Jews and non-Jews; some 70% of non-Jews think that expanding the authority of nurses is vital for patients, *vs.* only some 30% of Jews [χ^2 (5, $N = 200$) = 26.5, $P < 0.01$]. Other significant differences emerged from a chi-square test examining differences between respondents' views on expanding authority, for different income levels and different levels of religiosity. Respondents were found to hold different views on whether expanding the authority of nurses would engender a change in the status of physicians, and 86% of average-income respondents agreed with the statement that physicians' status would be negatively affected. In contrast, 54.9% of respondents with above-average income agreed with this statement [χ^2 (15, $N = 200$) = 27.7, $P = 0.023$]. In addition, the higher the respondents' level of religiosity, the more negative their views on expanding authority. Thus, 28.5% of secular respondents agreed with the statement that physicians' status would be negatively affected by expanding the authority of nurses, *vs.* 75.5% of religious respondents who agreed with this statement [χ^2 (5, $N = 200$) = 19.9, $P < 0.05$].

Discussion

The present study indicates that a large majority of respondents are in favour of expanding the authority of nurses, and most claimed that expanding the authority

of nurses is vital for patients. In addition, the public is in favour of permitting qualification of clinical nurse specialists in all fields. However, Jews and Arabs have different attitudes to expanding authority, as do people acquainted with nurses and those who are not. In addition, a significant difference was found between respondents with various levels of income and religiosity in their views on expanding authority.

On the issue of clinical nurse specialties, the public in general was found to be in favour of permitting qualification of clinical nurse specialists, however differences were found with regard to the various specialties: The most agreement was found for community health and diabetes whereas the least agreement was found for the field of psychiatry. Thus, the public seems to distinguish between the different fields: in some fields nursing care is believed to be appropriate and clinical nurse specialists are considered suitable, whereas others are considered better off left to physicians. The present results are compatible with that of Laurant *et al.* (2008) who found that patients tend to form a clear distinction between the types of treatment that each professional (physician and nurse) should be authorized to provide. In addition, similar to the previous study by Allnutt *et al.* (2010), the present study also found that expansion of nurse authority is acceptable in situations of preventive medicine (community health) and chronic physical illnesses such as diabetes but not for chronic mental illnesses.

The present study shows that of the various nursing duties, the public agrees that nurses may perform the following: injecting intravenous drugs, balancing blood sugar levels, ordering blood and blood products, whereas the duties that receive the least agreement are: connecting and disconnecting patients from respirators and performing vaccinations not prescribed by a doctor. A possible explanation of this finding is that the administration drugs and blood and balancing sugar levels are perceived as nursing procedures, whereas dealing with artificial respiration and giving instructions are medical procedures. A similar finding, whereby respondents preferred different careers for various types of clinical problems, was found by Redsell *et al.* (2007), where nurses were perceived as suitable and clearly preferable for certain situations and procedures, such as regular care and interventions aimed at acquiring knowledge and support, whereas for medical problems, patients preferred to approach physicians. Another finding is that although half the respondents (50%) attest that their family is in favour of expanding the authority of nurses, they seem to perceive the media as the most significant factor affecting their views (49.5%). This is a result of the fact that 55.8% of

respondents are younger than 36 years, and thus consume more mass media (television, internet in general and social networks in particular) and are more attentive to views presented in the media. Mass media, and particularly television, is currently a major marketing means, particularly among the young. Decisive evidence indicates that television creates stereotypes and forms a comprehensive professional concept of the nursing profession (Jackson 2009).

With regard to factors affecting public views on expanding the authority of nurses, several issues emerged. First of all, a correlation was found between respondents' ethnicity and their views on expanding the authority of nurses. In the present study, the views of Arabs on expanding the authority of nurses were found to be more positive than those of Jews. A possible explanation is that the Arab public in Israel has a more positive concept of the nursing profession, which is perceived as a professional and social window of opportunity (Ben Natan & Beker 2010). For the Arab ethnic minority, which tends to experience difficulties in the Israeli labour market, nursing is an opportunity to acquire an academic profession perceived as highly significant (Romem & Anson 2005), thus ensuring secure work and an adequate income.

Second, a significant difference was found between respondents who are personally acquainted with nurses and those who are not, in their views on expanding the authority of nurses. Most respondents personally acquainted with nurses were in favour of expanding authority (80%) in contrast to those who are not thus acquainted (60%). Studies show that previous acquaintance with nurses in the form of a mother/brother/sister in the profession raises its perceived prestige (Ben Natan & Beker 2010).

Several variables emerged as affecting views on expansion of the authority of nurses: level of income and level of religiosity. People with above-average income levels were less concerned that physicians' status would be negatively affected and had more positive views on expanding authority than lower-income respondents. This finding is similar to that of Thrasher and Purc-Stephenson (2008) who found that people with a high income report higher satisfaction with nursing care than people with an average and under-average income. Lin *et al.* (2002) in their retrospective study revealed that patients with a high economic level who had a previous acquaintance with nurses prefer to be cared for by clinical nurse specialists.

Another finding has to do with the variable of religiosity, i.e. respondents with a higher level of religiosity were more concerned that physicians' status would be

negatively affected than respondents with a lower level of religiosity, and thus, the more religious respondents would be less agreeable towards the process of expanding the authority of nurses. This may be explained by traditional concepts espoused by religious people who perceive physicians as authoritative figures and thus are more concerned with negative impacts on the physicians' status. The religious community has an unequal concept of nurses and doctors. Traditionally, nurses are perceived as assistants who provide supplemental care and fulfil doctors' instructions. Medicine is a traditionally masculine profession whereas nursing is traditionally feminine. For many years, this state of affairs dictated an unequivocal hierarchy, headed by doctors (Riba 2001).

The present study found no evidence that the image of nursing has an impact on the public's views on expanding the authority of nurses.

Limitations

This research employed convenience sampling rather than random sampling, possibly hampering any generalization of the findings to the population at large. In addition, the research population is relatively young and thus naturally less exposed to the nursing profession. The relatively limited representation of older and elderly people is another factor restricting generalization. This is a self-report questionnaire, a fact that may limit the validity of findings as participants tend to overestimate the nursing profession and to portray it in an overly positive light.

Conclusions

This is the first time that public views on the issue of expanding the authority of nurses and factors influencing these views have been examined. Research findings help understand the public's views and factors influencing these views, with an emphasis on views on qualification as clinical nurse specialists. In general, the public is in favour of expanding the authority of nurses and permitting nurses to qualify as clinical nurse specialists (particularly in the fields of community medicine and diabetes).

With regard to factors influencing respondents' views on expanding authority, level of income seems to be significant. People with a higher income express more acceptance of the process of expanding nurses' authority. Research findings also indicate the significance of religiosity. The more religious one is, the less one is inclined to agree to the process of expanding

authority for fear of harming the status of physicians. Moreover, ethnicity is also an important factor for understanding public views, with the Arab sector more supportive of the process of expanding nurses' authority than the Jewish sector. Another important conclusion is that personal experience is very significant, i.e. people who are personally acquainted with nurses will be more accepting of the process of expanding nurses' authority. In addition, significant others were found to influence respondents' views both with regard to expanding authority and to the vital effect that such a process would have on patients. The more positive the views of significant others (family, media and GP), the more the respondents' views were positive. Moreover, the most significant factor perceived by the public is the media.

Implications for nursing management

The present study adds to the existing knowledge on public perception of expanding the authority of nurses. Public views affect the decisions of policy makers and their institution of an improved course of action. This study indicates the real need to act to promote in the media a positive image of nursing as a profession and the significance of expanding the authority of nurses, as the media was found to be the most significant factor affecting respondents' views. Nursing managers should establish work groups consisting of nurses working in the field (hospitals and the community) as well as educator nurses and decide how to correctly position the field of nursing in the media. Furthermore, as the public holds positive views on qualification of nurses as clinical nurse specialists in most fields, it is necessary to expand training courses for nurses in a variety of other clinical fields (aside from palliative care, in which clinical nurse specialists are already active) and to improve the image of nursing in fields in which the public is in less agreement, such as psychiatry.

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Ethical approval

The study was approved by the Ethics Committee of the Pat Matthews academic school of nursing and each of the respondents was assured anonymity and promised that research findings would only be used for purposes of the present study.

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