# **Editorial**

# The Advancement of Nurses is the Advancement of Medicine: A Personal Experience from Israel

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The number of nurses across the globe acting as advanced practice nurses (APNs) has been and will continue to increase with time. [1] According to the United States Bureau of Labor Statistics, the projected growth rate of APNs from 2014 to 2024 is 31%, a much higher number compared to the average growth rate of 7% for all occupations during the same period. [2]

From an international perspective, the APN's role varies significantly in both scope of practice and regulation, mirroring the state of APNs in Israel. The definition and nature of the role of APNs in Israel is one of ambiguity and at times confusion. The term "APN" is used in a broad and undefined manner as a reference to nurses working at a level that is different or "outside the box" as compared to bedside caregiver or clinic nurse, which are more traditional clinical nurse roles. APNs here in Israel may refer to their role as "clinical nurse specialists," "nurse coordinators," or "nurse navigators." Despite the confusion over the role and title, APNs globally, have many common core skills. They take pride in skills such as but not limited to nurse mentoring,

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patient follow-up, and assessing that appropriate patient care is being given using their more holistic and in-depth knowledge of their specific discipline. These experiences have and will continue to lead them to where they are both professionally and personally.

In recent years, Israel has begun to officially introduce the role of the APN in various ways. Until a few years ago, a nurse may have had the informal role of nurse specialist, but there was no authoritative statement on the approved practices of the APN. In 2009, the Nursing Division within the Ministry of Health published their first statement regarding the APN, legalizing the role. While this is a good start, in reality, there has been only a narrow advancement of the APN role in the clinical setting, with the role remaining limited in authority and in scope of practice. These realities are unfortunate as they limit achievement of the maximal benefit and positive impact of the APN.

One of the main reasons that the APN role was born was to "fill in" the gaps caused by busy physician

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schedules, their increased workload, and the shortage of physicians. Specifically, in Israel, the pressures within the health care system are intense and at times unrelenting. [4] History has shown, and research has proven that APNs do relieve physician stresses and help decrease the negative effects of a shortage of physicians, such as lack of access to care, especially those in rural areas, which can lead to delay in care and increased patient wait time. [5] Physician shortage can also inadvertently cause an overload of care in other areas of the medical system such as the emergency department due to patients' lack of access to the appropriate specialized physician. With that being stated, it is prudent to note that is not the reason why APNs have continued to be successful and act as trailblazers in the improvement of quality of care.

One historical example of the APN's success is the Ashington experiment, which included the establishment and evaluation of advanced neonatal nurse practitioners in Ashington, Northumberland, in England. This was due to a shortage of doctors that was threatening closure of the obstetric and newborn service, the care of more than 2000 births would have been forced to be transferred out of the city, potentially causing a lot of distress and frustration in a town fraught with poverty and unemployment. The project proved to be widely successful, showing that APNs provide a high standard of care and perform as well, or even better than, resident doctors. [6] The relationship that APNs have with their patients and their families is unique in that the patient can rely on their APN for things that not all nurses can offer them such as but not limited to, advanced disease education, the provision of a liaison between their primary physician to aid in the communication between them and navigating the families through the bureaucratic processes of the healthcare system. The APN's wealth of knowledge, core values, and work spirit which are unique to their profession has been key in increasing quality of care and patient satisfaction. The APN takes pride in working together with physicians with the goal of caring for their patients and their families with compassion, excellence, and professionalism.

Nearly 5 years ago, I was offered the position of Pediatric Leukemia Nurse Specialist on the Pediatric Hematology Oncology Department at Hadassah Ein Karem Hospital in Jerusalem, Israel. Altogether, six nurses from this department, including myself, were offered to fill various APN roles. We were the "pioneers" of this role on our floor and actually within the entire children's hospital. The initial need for this role was born out of the necessity to lighten the workload and pressures of the senior doctors who were exceedingly overworked. There was no role description, generic or specific, offered with the role. Creating and building the role and its practices were necessary and

inevitable. Together, directly with the physician with whom we would be working, we created our goals and mission. That initial process was challenging and at times discouraging. However, with time, my mission and goals have become clear and my achievements, empowering. My role as an APN is one that continually evolves to meet the needs of my patients and colleagues, and to the pulse of the department.

As an APN, I believe that my role is very much self-driven and my scope of practice is largely dependent on being proactive and taking the initiative. I found that I was less "coordinator" and more "specialist," using my specialized knowledge in accompanying and supporting my patients and their families from diagnosis through hopefully, survivorship, but also unfortunately to death and bereavement. Putting the APN role aside, the fundamental patient—nurse relationship in pediatric oncology is multifaceted. It is one of the compassions and trusts, requires the delivering of good and bad news, and is about enriching the patient's experience through patient education, among countless other things. All of those things have been fundamental in guiding me throughout my career, both as a clinical nurse and as an APN.

Of equal importance, I discovered that collaboration and strong relationships with the multidisciplinary team were crucial in improving patient care and experience. Relationships between nurses and physicians have a definitive impact on the morale and the work environment, directly impacting quality of care. [7] At times, the stress levels can reach a breaking point, risking a breakdown in the interpersonal dynamics. Using different tools and approaches to foster constructive communication is therefore, a very essential part of my role.

As an APN, I find myself championing and advocating for the nursing profession daily. When a patient asked a fellow nurse, "Are you the doctor?" and she answered, "No, I'm *just* a nurse", I realized that a change must be made. I found it my mission to make a change in the nurses' perceptions and approach to their role and profession, leading a campaign on empowerment and positive nursing image. The self-image among nurses has shown to have a direct influence on work environment, quality of care, and their relationships between patients and the multidisciplinary team.<sup>[8]</sup>

Educated at Columbia University School of Nursing in New York City and having practiced for 3 years as a clinical nurse at one of America's leading hospitals there, I was exposed to a very different healthcare system than the one I am practicing in today. Initially, when beginning my work here in Israel, the way of practice was very foreign to me on many levels, including but not limited to the organizational, hierarchical, and authoritative aspects of

the system. Seven and a half years later, my nursing practice in Israel is an integral part of me. It has metamorphosed to the familiar and to something that brings me an immense sense of honor, fulfillment, and satisfaction. Moreover, I am forever grateful for that.

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## **Conflicts of interest**

There are no conflicts of interest.

## References

- Kleinpell R, Scanlon A, Hibbert D, DeKeyser Ganz F, East L, Fraser D, et al. Addressing issues impacting advanced nursing practice worldwide. Online J Issues Nurs 2014;19:5.
- United States Department of Labor: Bureau of Labor Statistics. Available from: http://www.bls.gov/ooh/healthcare/ nurse-anesthetists-nurse-midwives-and-nurse-practitioners.

- htm. [Last retrieved on 2016 Sept 11].
- Nursing Division, Israel Ministry of Health. Developments in Professional Nursing; 2013. Available from: http:// www.health.gov.il/unitsoffice/nursing/development/ pages.
- O'Grady E. Advanced practice registered nurses: The impact on patient safety and quality. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville, MD: Agency for Healthcare Research and Quality (US); 2008.
- Horrocks S, Anderson E, Salisbury C. Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. BMJ 2002;324:819-23.
- Hall D, Wilkinson AR. Quality of care by neonatal nurse practitioners: A review of the Ashington experiment. Arch Dis Child Fetal Neonatal Ed 2005;90:F195-200.
- Siedlecki SL, Hixson ED. Relationships between nurses and physicians matter. Online J Issues Nurs 2015;20:6.
- Andrews DR, Burr J, Bushy A. Nurses' self-concept and perceived quality of care: A narrative analysis. J Nurs Care Qual 2011;26:69-77.