Creating a Vision for Nursing Practice in a Tertiary Medical Organization in Israel

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Rapid changes in the healthcare system obligate Israeli nursing leaders to reassess current nursing roles and to identify new paradigms that are in line with the demanding needs of acute care settings. The challenge of engaging nurses to achieve the desired changes in nursing role performance and perception can be accomplished by defining a comprehensive organizational vision. The authors present a process creating and implementing a nursing vision intended to empower the nurse’s role in a large acute general hospital.

Nursing in Israel finds itself in the midst of a global process that requires its leaders to ask certain basic questions, such as the following:

■ What is the role of the registered nurse (RN) in a changing era?
■ Can one remain within the old definitions of the profession?

- How is it possible to emphasize the unique contribution of nursing within the health system?
- What is the role of nursing leaders in shaping the nurse’s role in this changing era?

The Israeli nursing profession has had to adapt itself to critical changes and challenges. The nursing profession in Israel now requires an academic education (Ministry of Health, Nursing Administration, 2003). In recent years, there has been a tendency to widen the sphere of special roles within the nursing discipline (Ministry of Health, Nursing Administration, 2006, 2007a). In addition, treatment focus has shifted from the hospital to the community, and as a result, nursing authority within the community has expanded (Ministry of Health, Nursing Administration, 2007b). It is worth noting that, for the past few years, the final draft of “The Nursing Act,” which will determine the legal authority of nurses in Israel (Ministry of Health, Nursing Administration, 2008), still lies on the legislative floor of Parliament.

These developments led nursing leaders at the Hadassah Medical Organization (HMO) to redefine its nursing vision, the characteristics of the nurse’s role, and its nursing mission for the coming years. The Hadassah University Medical Center comprises a large tertiary hospital and a smaller community hospital, both located in Jerusalem. The medical center employs 1,800 nurses, of which 93% are RNs and two thirds hold academic degrees.

In this academic medical center, a process recently occurred that included the following:

■ the creation of a nursing vision,
■ the assimilation of the vision in pilot test departments, and
■ the diffusion into the medical center’s departments as an integral part of the professional practice and organizational culture

NURSING VISION

The HMO was born out of the vision of a women’s social and Zionist organization at the beginning of the 20th century. From the very beginning, the perception of nursing adopted by the HMO comprised several components, including professional excellence achieved by ongoing training and acquisition of skills and knowledge, nursing’s
unique contribution to society and to the community, and emphasis on the unique professional language of the nursing profession. In recent decades, innovative and pioneering models in nursing specialty care were developed (e.g., nurse coordinators for pain management, diabetes, breast cancer, and inflammatory bowel disease; Bartal, 2005).

Throughout the years, Hadassah's nursing leadership regularly assessed its professional views and practice modalities to adapt them to the changing needs of the Israeli healthcare system and to society. In recent years, Hadassah’s nursing administrators decided to plot clear directions to achieve desired goals appropriate for the spirit of the time. Nursing leaders at Hadassah agreed that a vision is a means for driving individuals and groups within the organization, and it is possible to relatively quickly distribute the ideas that stand behind this vision (Mockett, Horsfall, & O’Callaghan, 2006). The basic vision should provide a clear answer to the questions, “Why are we here and what are the key values of our profession?”

The vision should express the values the HMO believes in and arouse an esprit de corps among staff members and a feeling of professional advancement. The vision should speak to the nursing public, bringing with it a spirit of change and a feeling that the vision will empower the nursing work. At its core, the vision speaks of expanding authority (e.g., staff nurses taking responsibility in the clinical setting at the patient’s bedside).

A VISION AS A MEANS FOR PROPELLING ORGANIZATIONAL PROCESSES

The literature dealing with nursing visions is limited; however, it indicates that the organization’s vision requires the in-depth dialogue at all organizational levels and the mutual commitment of both management and staff. Affinity between the vision and the staff values carries with it a better chance for success (Hader, 2006).

In creating a nursing vision, it is necessary to address specific characteristics and needs of the organizational environment as well as the needs of its clients. The organizational vision is connected to future business planning and the quality of the activities that take place within the organization. This relationship ensures that values, beliefs, and other key principles will be expressed in the nurses’ day-to-day work. During the process of clarifying the link between the vision and the quality of the organization’s activities, it is crucial to define individual and organizational role expectations at all levels: staff nurse, head nurse, and nursing manager (Ingersoll, Witzel, & Smith, 2005).

CREATING A VISION

In 2005–2006, a working group including departmental staff nurses, head nurses, divisional nursing managers, and nursing leaders was formed to establish direction and goals for nursing.

The group relied on Kotter’s 8-Step Change Model (Kotter, 1996) to develop a successful plan for assimilation of the desired organizational change. In addition, two operative components were incorporated (Dayan, 2007; see Table 1). The first established a practical strategy for implementing the vision through a focal domain emerging from the vision: the concept of nurse care coordinator (NCC) and promoting it in parallel fronts. The second focused on linking the components and messages of the vision with the nurses’ day-to-day work. Emphasis was placed on mapping those activities that would encourage and discourage the implementation of the vision (Dayan, 2007). At the end of this stage, the group formulated a draft document that reflected the main ideas and core values to be included in Hadassah’s nursing vision.

CORE VALUES AND THE IDEA OF THE STAFF NURSE AS AN NCC

The group created a concepts map from which it developed the vision (see Table 2), following which it received approval from Hospital Management. The document included two key principles: (a) core values for nursing at Hadassah—quality of treatment, leadership, excellence, equality, dignity, and partnership and (b) role perception of the staff nurse as an NCC. This perception received widespread approval as to the centrality of the nurse in the patient’s care plan and as having a key role in implementing the vision’s ideas.

Discussions revolving around the concept of the staff nurse as an NCC sharpened the understanding that, in essence, the group was not speaking about an unknown innovative idea but rather viewing old concepts, such as “nurse case manager,” “case management,” and “primary care,” in a new organizational light.

A specially designated committee defined the concept of NCC in a practical manner. This committee dealt with key questions such as the following: What is a Nurse Care Coordinator? Why is the position important? What are the necessary qualifications needed to implement care plan coordination? How will the nursing treatment plan be built? What will the nurse’s work load look like during a shift? Which human resource skills mix need to be used during the shift? And how will treatment continuity be preserved?

The answers to these questions became evident when drafting the NCC role description. The NCC role was drawn from the literature dealing with the staff nurse’s role in the 21st century. Researchers emphasized that the nurse’s role at the bedside demands qualifications such as leadership, critical thinking, decision making ability, problem solving, and collaboration and delegation skills.
**PRINCIPLES GUIDING THE PROCESS**

The main principles guiding the vision assimilation process included the following:

- **Nursing management as process leaders:**
  Management's responsibility was to approve the vision's components and to determine plans of action and begin implementation. A steering committee was established that focused on implementing the vision's core principles across the organization. Annual goals related to assimilating the vision were established and monitored to assess the success of the change. The vision implementation process was designed to be achieved within 5 years. This time frame was determined on the basis of the dynamic nature of the process, including the need to redefine goals and strategy according to what is taking place in the clinical field.

- **Team involvement:** Participation of a broad group of nurses from all organizational levels in creating

**TABLE 1** Kotter’s 8-Step Change Model and Application to the Vision in Hadassah Medical Center

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<thead>
<tr>
<th>Kotter’s 8-Step Change Model</th>
<th>Application to the Vision’s Creation and Assimilation</th>
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<tbody>
<tr>
<td>Step 1: create urgency</td>
<td>Discussions were held within different cross-organizational nursing forums to address the issue of the required change in the staff nurse’s role</td>
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<td>Step 2: form a powerful coalition</td>
<td>Identification of key personnel, who are key to leading and managing the vision assimilation process; establishment of a wide organizational leadership coalition that has a major influence among the nursing milieu</td>
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<tr>
<td>Step 3: create a vision for change</td>
<td>Development of a new vision as a means to achieve desired changes and as a major axis in strategic planning and priority setting</td>
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<tr>
<td>Additional components to Kotter’s Step 3</td>
<td>Strategy for implementing the vision: operative components (Dayan, 2007)</td>
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**Component 1**

- Establishment of a strategy for implementing the vision, through a focal domain emerging from the vision and the concept of NCC, and promoting it on parallel fronts.

**Component 2**

- Suiting the vision ideas to everyday nursing practice by connecting decisions and activities, at all levels, to the vision.

- Identification of factors which contribute to the vision’s implementation and elimination of obstacles.

- Building the infrastructures required for implementation of the vision.

<table>
<thead>
<tr>
<th>Step 4: communicate the vision</th>
<th>A campaign highlighting the vision through written posters placed hospital wide and in on the hospitals’ Web site</th>
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<tr>
<td>Step 5: empower others to act</td>
<td>Encourage staff nurses to participate in leading the vision at the department level through team work and empower them to build the layout for the vision implementation process</td>
</tr>
<tr>
<td>Step 6: create short-term wins</td>
<td>Set actionable objectives that are visible, easily achieved, and indicate success within a short period of time at all levels (e.g., developing a model for computerized care plans)</td>
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<td>Step 7: build on the change</td>
<td>Set actionable long-term objectives on the basis of previous achievements and persistently promoting them on all fronts</td>
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<td>Step 8: anchor the changes in corporate culture</td>
<td>Intensively communicate the vision cross organizationally; developing managerial reserve and leadership skills with the goal of assimilating the vision within the organization’s culture</td>
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(Krugman & Smith, 2003; Needleman & Hassmiller, 2009; Williams, 1998).
the vision’s ideas and assimilating the process promoted a shared practice common to all of the nurses.

Gradual and audited assimilation: Initially, the idea of a vision was presented to all head nurses at the Hadassah University Medical Center. The first goal chosen was assimilation of the NCC role by the nurses in six pilot test departments. The plan was to assimilate the vision in all departments in both hospitals on the basis of the experience gained in the pilot test departments.

- Managerial flexibility: The change in the role of the staff nurse as an NCC created the need to redefine the departmental role skill mix (RNs, licensed practical nurses, and unlicensed assistive personnel [UAP]).
- Organizational consulting: The organizational consultant’s role, in cooperation with nursing management, was that of an integrator of all tasks, including the preparation of written protocols and follow-up on all decisions taken. In addition, the organizational consultant provided tools and methods for creating an infrastructure for future activities. The organizational consultant provided advice to a variety of relevant forums, leading the vision process within the organization. Consultations were also provided on an individual level. This personalized help was aimed at promoting success and establishing trust.
- Resources: As a result of the vision implementation process, the number of UAP was increased by 30% to enable the NCCs to handle managerial tasks. The increase in salaries was drawn from newly available RN positions; thus, the actual cost of this change did not exceed 0.5% of overall salary expenses. The cost of the organizational consultant was approximately $15,000 annually for 3 years. Ongoing intraorganizational meetings and activities were absorbed within the medical center’s ongoing operating budget.

### PROMOTING THE VISION ON ADDITIONAL FRONTS

In 2007, a Nursing Management Committee was established, which included the abovementioned steering committee members, all divisional nurse managers, and other nurses with specialty roles from the Nursing Administration Department. This committee was divided into several subcommittees with the goal of advancing the ideas of the vision on a number of parallel fronts as follows: professional development of the NCC, quality of care and nursing care plans, hospital-community bridge, and nursing image (see Figure 1).

### PROFESSIONAL DEVELOPMENT OF THE NCC

This special subcommittee established ways to assimilate the idea of the NCC. The committee decided that professional development of the NCCs will take place on the unit level through staff meetings and unit work groups. An educational training program focused on the NCC’s role was developed. The program included departmental guidelines for the NCC’s activities.

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**TABLE 2 The Nursing Vision at Hadassah**

<table>
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<tr>
<th>Mission</th>
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<tr>
<td>Hadassah’s nursing objective is to promote and preserve patient health by managing care in accordance with a care plan, determined in cooperation with the patient.</td>
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<tr>
<td>This plan is delivered via incorporation and coordination of all professional disciplines involved as well as significant others.</td>
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<tr>
<td>All of the above is combined with direct nursing intervention, while maintaining a humanistic, professional, and holistic attitude.</td>
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<tr>
<th>Values</th>
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<tr>
<td>• Quality of care: cultivating a culture of quality and safety as well as continuous improvement of care given to patients</td>
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<tr>
<td>• Leading: innovation, creativity, and encouraging initiatives</td>
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<tr>
<td>• Excellence: placing high standards in job application and clinical practice; continuous learning and updating of skills, including developing and conducting nursing research and aspiring for excellence</td>
</tr>
<tr>
<td>• Equality: providing nursing care that is free of discrimination and preferences</td>
</tr>
<tr>
<td>• Respect: maintaining mutual respect and dignity toward patients and staff</td>
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<tr>
<td>• Partnership: advancing team work with colleagues, multidisciplinary teams and management, and patient participation in decision making.</td>
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<thead>
<tr>
<th>Vision</th>
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<tbody>
<tr>
<td>• To manage and lead a multidisciplinary care plan and deliver high quality state-of-the-art nursing care</td>
</tr>
<tr>
<td>• To develop, lead, and be committed to professional quality</td>
</tr>
<tr>
<td>• To assure cooperation and respect between the patient and the nursing staff on the basis of a relationship of trust</td>
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<tr>
<td>• To be chosen as the preferred place of work by nurses and as a favored clinical field by nursing students</td>
</tr>
<tr>
<td>• To be involved and committed to health promotion within society</td>
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</table>
The committee recognized the need to plan an institutional training program to support both head nurses and NCCs in the process of role perceptual change, thus allowing for the change of role from head nurse to NCC on the one hand and creating new roles for the head nurses on the other.

QUALITY OF CARE AND NURSING CARE PLANS
The goals of this subcommittee were to create a model for writing care plans on the basis of the “nursing process” and develop criteria for auditing the quality of these plans. The model for writing care plans was distributed to all departments in both Hadassah hospitals. Nursing experts joined the committee in accordance with the field of interest of each care plan.

HOSPITAL–COMMUNITY BRIDGE
Among the goals of this subcommittee was to discuss ways to ensure continuity of treatment between the hospital and the community, through the creation of communication channels. The committee defined the target population that could benefit from a more direct information exchange between healthcare professionals both within the hospital and within the community.

NURSING IMAGE
This subcommittee discussed ways to encourage esprit de corps among Hadassah’s nurses via implementation of the vision’s ideas. Publicizing professional activities and nursing research in Hadassah was recognized as a means to improve the nursing image both within the professional community as well as in the public.

THE VISION ASSIMILATION PROCESS
An additional steering committee was established, with the responsibility to assimilate the vision across the organization. On the basis of the decision that assimilation of the vision should be a gradual process, a forum of six pilot test assimilating departments was established. It was planned...
that the remainder of both Hospitals' departments would assimilate the vision on the basis of the experience gained in the pilot test departments.

ASSIMILATING PILOT TEST DEPARTMENTS

The head nurse and two additional staff nurses from each pilot test department led the assimilation process.

The assimilation process was composed of several stages. During the first stage, the ideas of the vision were presented to the staff. Tools were provided to the assimilators to assess whether the vision's messages were internalized.

The second stage included dividing the departmental nursing staff into working groups whose role was to get down to the “nitty-gritty” of moving the process forward within the clinical field. This included developing plans for knowledge and skill enrichment among the nursing staff, advising the multidisciplinary staff as to the changes in the nurses’ role, and determining guidelines for implementing the NCC role.

In the third stage, the NCC role was implemented in accordance with developed guidelines while receiving ongoing feedback from the clinical field.

Examples of changes in nursing practice in the pilot departments included the following:

- Empowering the nurse within the multidisciplinary team: Before the assimilation process, nurses did not participate in an orderly and coordinated fashion in physicians' rounds nor in multidisciplinary staff meetings related to patients. Following the change in perception of the nurse’s role, it was established that the NCC would be a mandatory partner in these meetings.

- Entry of UAP: In the departmental pilot tests, nonprofessional staff coverage was increased with the purpose of providing basic nursing tasks such as bathing and changing the position of patients. In this way, the NCC’s time was refocused on planning and implementing the comprehensive treatment plan so that more time could be invested in guiding patients and their families and on implementing audit and quality assurance mechanisms as part of the treatment process.

- Complex patient discharge to the community: In the past, it was commonly accepted that the complex patient discharge process was the responsibility of the head nurse. The desired change was to transfer the role to the NCC. To accomplish this, the departmental work group prepared a staff education knowledge plan regarding discharge planning for the NCCs. In parallel, expectations of the NCC’s role were adopted by the multidisciplinary staff and the community nurse coordinator. Expanding the staff nurses’ authority at patient discharge led to streamlining processes as discharge planning was now shared by several nurses instead of just the head nurse.

HOSPITAL DEPARTMENTS NOT INCLUDED IN THE PILOT TEST

To plan the assimilation process properly within the rest of the hospitals’ departments, an additional committee was established. It was decided that every department should be reviewed to understand what was already going on in the field and how additional activities could be independently implemented.

BARRIERS

The main obstacle to the vision assimilation process was related to the perception of the newly defined NCC role. Some of the head nurses had difficulty delegating some of the roles that traditionally belonged to them. Also from the staff nurses’ perspective, the entry of UAP was viewed as a step toward reducing professional nursing personnel. Among the medical team, the NCC role was initially received with cynicism and skepticism. Nevertheless, the preparatory work brought about positive insight and recognition of the advantages of the assimilated change.

EVALUATING THE CHANGE IN NURSING PRACTICE

The vision assimilation process was accompanied by the creation of various evaluation tools to assess the process’ impact. The following are examples:

- Organizational evaluation including (a) NCC Role Perception Among Staff Nurses: A Survey; (b) The Perception of Professional Autonomy Among Staff Nurses (in pilot test departments vs. hospital departments not included in the pilot test): A Comparative Study; (c) Nurse’s Role Perception During “Doctors’ Rounds” in the Eyes of Staff Nurses and Physicians: A Survey; (d) Use of Computerized Care Plan An Audit; and (e) Applicability of the NCC’s New Activities in Daily Practice: An Audit. These organizational surveys enable Nursing Administration to map strengths and weaknesses in the assimilation process as a basis for further managerial interventions.

- Departmental evaluation including (a) NCC Role Performance During “Doctors’ Rounds”: An Observational (survey conducted by head nurses) and (b) Ordered Consultation of Multidisciplinary Staff by NCC: A Record Survey.

These departmental surveys enable the head nurse to manage the required changes in the unit. It should be
noted that each unit developed its own assessment tools on the basis of its specific needs.

**LESSONS LEARNED**

Empowering the staff nurse’s role was one of the key benefits of the vision assimilation process. The staff nurses, the head nurses, and the divisional nursing managers expressed satisfaction with the change in perception of the nurse’s role. The nurses expressed their feelings that the new role of NCC enhanced professionalism and leadership. The NCC model, as conceived by the staff nurse, allowed for investing more quality time in areas related to direct patient treatment that, in the past, were less emphasized, for example, patient education, emotional support, and preserving continuity of care with the community.

Throughout the process, the head nurses led the change in perception of the nursing role.

By the end of 2007, the organizational goals of vision assimilation in the pilot test departments and formulation of care plans for target patient populations were achieved.

**References**


