



Faculty of Social Welfare & Health Sciences



University of Haifa



The Cheryl Spencer Department of Nursing

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*The Cheryl Spencer Department of Nursing
Faculty of Social Welfare and Health Sciences
The University of Haifa, Haifa, Israel*



Message from Dr. Dorit Pud,

Chair of the Department of Nursing

It is my great pleasure to launch the first annual Newsletter of the Department of Nursing at the University of Haifa. The aim of the Newsletter is to provide a window to current ongoing and future upcoming research and learning activities in our department, and to create a dialogue with nursing departments and other healthcare disciplines in Israel and abroad.

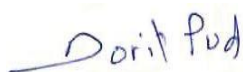
As Chair of the department, my main goals are to increase our international relationships, both in research collaborations and in the development of international teaching programs encouraging graduate student exchanges. These efforts are aimed to contribute to the initiation of a PhD program in Nursing in our department within the next few years.

In this first issue, we present the vision of our department, introducing our multidisciplinary research faculty members and their diverse areas of research.

This March, our department is founding the first International Nursing Conference at the University of Haifa, entitled: "*Assembling Health: Challenges in Research and Treatment of Complex Health Conditions*". We are excited to host renowned speakers from Israel and the U.S., and extend an invitation to our colleagues in the healthcare disciplines. The link to the program is provided here.

I hope that this Newsletter will lead to opportunities for new collaborative endeavors.

Best Regards,



Dorit Pud, Senior Lecturer and Chair, Department of Nursing



Newsletter Issue no. 1**Editor in Chief:***Dr. Tamar Shochat***Graphics design****advisor:***Mr. David Geva***INSIDE THIS ISSUE:**

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Profile of Our Department

The Cheryl Spencer Department of Nursing was envisioned and established 15 years ago by **Professor Ada Spitzer**, first Chair of the Department, as a joint venture of the University of Haifa and the Technion - Israel Institute of Technology. This shared program provided an infrastructure integrating the unique strengths of both academic institutions in the social and life sciences, respectively.

From its inception, the department has placed emphasis on developing unique cutting edge scientific nursing knowledge. As a young department, our senior faculty members are already deeply involved in developing multi-disciplinary research agendas representing novel frontiers in global healthcare; such as translating research into practice in complex health conditions, in terms of caring and organizational strategies.

Multi-disciplinary collaboration among researchers within the department, as well as with faculty from other departments has yielded a new body of knowledge to the existing scientific literature. These accomplishments are represented in high rates of external research funding, high impact publications in scientific journals, and active participation in key conferences and professional academic societies.

Our undergraduate and graduate study programs are based on the tenets of enhancing nursing as a professional academic discipline, with an emphasis on creating innovative scientific knowledge in nursing.

Taken together, the Cheryl Spencer Department of Nursing expects to grow and continue to expand its academic activities, to recruit new scholars with excellent training which in turn will attract outstanding graduate students, in order to enhance the nursing profession in Israel and abroad. The aforementioned profile of our department nurtures from the scientific climate of excellence for which Israel has gained a reputation worldwide.



Upcoming Event:***Assembling Health: Challenges in Research and Treatment of Complex Health Conditions*****March 8, 2011, the University of Haifa**

For more information, see conference website:

http://hw2.haifa.ac.il/images/stories/files/nursing/convention/kenes_program.pdfOr contact conference secretariat: CONFERENCE-NURSING@campus.haifa.ac.il**New Developments in Teaching and Research*****Researching, Teaching and Promoting Health: Nurses' Campaign Prompts Change in Israel's Adoption Law****Daphna Birenbaum-Carmeli*

Israel's reproductive policy is an international exception in many ways. In the domain of procreative medicine, fertility treatments are state funded and are offered to women of all family statuses and sexual orientations up to the age of 45 (the age limit rises to 51 if using a donor egg). Eligibility does not entail any psychological, economic or other type of screening. The state covers treatment for the first two babies with one's present partner, but basic supplementary insurance covers treatment for additional children. Not surprisingly, Israeli women

are the world's heaviest consumers of IVF. In a striking contrast, adoption is completely unsupported. Domestic adoption of young healthy babies entails 5-7 years of waiting, and eligibility criteria – familial, psychological, financial religious – are extremely limiting. Inter-country adoption is more accommodating in its prerequisites but is attainable only for those who can afford the cost: well above two year average Israeli income. Israeli women are thus effectively encouraged to pursue heavy, potentially hazardous treatments that are likely to leave many, especially older ones, childless, rather than adopt existing children.

This policy discrepancy was the subject of my 'health promotion' class with fourth year undergraduate students of nursing. A thorough examination of the Israeli and international landscape of fertility treatments and adoption confirmed Israel's exceptionalism in both fields. Constrained to a single academic year and devoid of financial resources, we started out with a survey on public attitudes



towards these policies and learned that the public was not as extreme in its views, i.e., interviewees were somewhat reluctant regarding fertility treatments and more supportive of adoption, also in terms of willingness to subsidize the service. Encouraged by these findings, we approached journalists and managed to initiate several newspaper and radio articles on the subject. More importantly, we gained the commitment of a Parliament member who submitted our draft for an amendment in Israel's adoption law. The main changes we suggested to introduce applied to rights that had already been granted to women on fertility treatments, namely, paid leave for adoption related absence and protection from being fired during the adoption procedure. Last November (2010), the amendment was ratified by the Knesset Legislation Committee. It will hopefully become effective shortly.

Beyond its expected benefit to adoptive parents, for the students, the real life materialization of the amendment was an important encounter with the formative potential of their social position as nurses and of health discourse in general, beyond the limits of sheer medicine.

Basic Nursing Care is Linked to Important Patient Outcomes

Anna Zisberg & Efrat Shadmi

Approximately a third of elderly patients experience functional decline following acute hospitalization. This severe unwarranted effect of hospitalization has led to numerous investigations into the personal factors that lead toward

functional decline after being treated for an acute illness. Today there are clear profiles of at-risk patients. Yet, early identification does not necessarily lead to prevention. Moreover, hospital related factors have been nearly completely ignored in the literature. Our research set to fill this gap aiming to identify modifiable risk factors that can help nurses prevent needless functional deterioration of older adults.

In 2008 the Israeli Science Foundation funded our two-year study evaluating the effects of care process factors on functional decline among elderly patients during acute hospitalization. In this multi-center study data regarding patients' mobility, elimination, sleep patterns, nutritional intake, family support, and satisfaction with care-provision environment were collected from 800 patients (age 70 or older) that were hospitalized with non-disabling diagnosis in internal medicine units.

In this ongoing study our early results already have some groundbreaking implications: Our study shows that older hospitalized adults who are mobile and walk outside the perimeter of their room (for example, in the corridors) are less likely to experience functional decline at discharge from hospital. Even when examined at one month follow-up, being mobile emerges as a protective factor against functional deterioration. These findings, recently published in the Journal of the American Geriatrics Society, add to a growing body of knowledge on mobility of hospitalized older adults.

Another in-hospital factor that our study examines is the use of continence aids. Our early findings show, for the first time,



that the use of continence aids in hospitalized older adults is associated with the development of new Urinary Incontinence (UI). After accounting for factors that could affect continence status, it was found that the use of a Urinary Catheter or adult diapers during hospitalization was strongly and significantly related to self-reported new UI.

Our study demonstrates both the value of nursing and of nursing research. New-onset UI as well as functional decline are undesirable effects of hospitalization that may be prevented. Hospitalizations are getting shorter and are focused on caring for patients in the acute phase of disease, while maintaining basic functions is often overlooked. Our study suggests that management of mobility and continence among hospitalized older adults requires more diligence. While advancing and enriching in-hospital care by numerous technologies, basic-nursing care, such as encouraging mobility and reducing unnecessary diaper and catheter use, should be reinstated as pivotal adverse-outcome preventing processes.

Prevention or Surveillance - a study among BRCA1/2 mutation carriers

Efrat Dagan

Harboring a germ-line mutation in BRCA1/2 genes substantially increases the lifetime risk for breast-ovarian cancer to 50%-80% and 10%-50%, respectively. The occurrence of bilateral breast cancer in BRCA1/2 mutation carriers varies subject

to factors such as age at diagnosis of first tumor and family history for breast-ovarian cancer. Prophylactic mastectomy (PM) and oophorectomy (PO) have become standards of care for BRCA1/2 mutation carriers, however, with different adherence rates.

The aim of the present study was to evaluate the socio-demographic and clinical characteristics of asymptomatic BRCA1/2 mutation carriers or unilateral breast cancer patients opting for prophylactic surgeries.

The study protocol integrated socio-demographic and clinical follow-up and psychological questionnaires. Women who opted for PO and/or for contralateral PM were compared to those who choose medical surveillance.

Socio-demographic and clinical data of 191 BRCA1/2 mutation carriers were analyzed in respect to risk reduction surgeries, namely, PO and contralateral PM. Of these, 138 (72.2%) had unilateral breast cancer (BC) and 53 (27.8%) were asymptomatic women. PO was documented in 103 (84%) BC patients and in 29 (63%) asymptomatic women. Among BC patients, 19 (13.8%) underwent contralateral PM, and 24 (17.4%) performed bilateral mastectomy (BM) due to malignant findings. One of the asymptomatic carriers chose preventive mastectomy. Early age of onset (under 40 years) of first tumor characterized the BC patients who underwent contralateral PM and BM.

Seventy three BC patients and 26 asymptomatic carriers completed the study protocol. High state of anxiety characterized the BC patients who



underwent conservative breast surgery and opted for PO. High BC risk perception was reported by 46% of BC patients who underwent conservative breast surgery and by 57.8 among the surveillance group of the asymptomatic carriers. PO reduced the perceived risk for ovarian cancer to below 10%, however, contralateral PM reduced the perceived risk for BC only to 25%.

Taken together, early age of onset of first tumor and subsequent genetic testing characterized the BC patients who underwent contralateral PM and BM. Prophylactic surgeries reduced the risk perception for breast and ovarian cancer, the highest levels of anxiety being predominantly expressed by BC patients opted for conservative surgery.

It seems that risk reduction surgeries are procedures taken by women at high risk for developing second breast cancer, and these mode of action decreased their levels of anxiety. Furthermore, risk perception for ovarian cancer following PO is linked to the accurate risks, however following PM retained high.

This study was supported by the Israel Cancer Association, grant 20070091-c.

My Control-His Control: An Attribution Theory Perspective to Patient's Aggression in Psychiatric Settings

Anat Drach-Zahavy¹, Hadass Goldblatt¹, Michal Granot¹, Shmuel Hirschmann² & Hava Kostintski³

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Violence directed toward healthcare-staff by patients increases. Psychiatric staff is at high risk due to unique characteristics of patients, whose violence is an expression of their mental state. The negative consequences of this violence on healthcare-staff have been well documented. Yet, scant research has addressed staff's perceptions of theirs and patients' part in violent incidents. In this study we explored how differences in perceptions of aggressive incidents impact staff's reactions, and subsequent treatment choices.

In-depth semi-structured interviews with 11 psychiatric professionals yielded 26 aggressive incidents. Data analysis revealed two main themes, pertaining to healthcare providers' perception of: (a) their controllability over patients' aggression, and (b) patients' controllability over their own aggression. These two axes intersect, composing four prototypes of healthcare providers' experiences of aggressive events, expressed systematically in emotional, cognitive, and behavioral terms.

(1) The Power Struggle Encounter. The provider perceives that violence is at



his/her and at the patient's control. Thus, he/she experiences negative feelings towards the patient, (e.g., anger) accompanied by cognitions of professionalism and competence. Consequently, traditional treatment methods are chosen for treating patients (restraining and prescribing tranquilizers).

(2) The Inverse Power Encounter. The provider perceives violence at the patient's but out of his/her control. This triggers negative feelings towards the patient, accompanied with the recognition that he/she cannot help the patient. This contrasts the typical care encounter where therapists possess more power than patients, resulting in provider's symptoms similar to PTSD. He/she often avoids the patient, refusing to treat him further.

(3) The Therapeutic Encounter. Violence is perceived to be out of the patient's but at the provider's control. The provider experiences empathy, accompanied with recognition that he/she can help the patient. Consequently, the provider engages with de-escalation treating

methods, calming the patient and preventing the violent incident.

(4) The Victim to Victim Encounter. Violence is out of both the patient's and the provider's control. The provider experiences empathy accompanied with recognition that he/she cannot help the patient. Consequently, the provider experiences loss of professional discretion, and cannot treat the patient.

These findings introduce *attribution processes* as an important explanatory perspective for understanding healthcare providers' views of patients' aggression towards them. Implications for better handling patients' aggression are: (1) Directing psychiatric staff's attention to their controllability attribution processes as a first step to identify their fallacy; (2) Planning training programs to strengthen providers' sense of controllability by teaching strategies to handle patients' aggression, particularly de-escalation techniques.



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Research Interests

- Women's health
- Health policies
- Reproductive technologies
- Health inequality
- Health and healthcare in Israel

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- Health care systems
- Professionalism in nursing
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Research Interests

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- Human genetics
- Genetic susceptibility to late onset diseases
- Genetic counseling

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- Workplace safety
- Nurses health
- Teamwork in healthcare



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Research Interests

- Patient-provider relationships in healthcare and social services
- Professionals' experience of the encounter with family violence, trauma and other sensitive topics
- Violence against healthcare staff
- Domestic violence (for example, violence in intimate relationships, adolescents exposed to interparental violence)

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Research Interests

- Psychophysical pain assessment
- Mechanisms of pain modulation processing
- Pain disorders in women
- Transition from acute to chronic pain

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- Neuropathic pain
- Opioids

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- Etiology of insomnia
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- Sleep disorders in clinical populations
- Sleep and quality of life
- Sleep and culture



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- Health services research
- Quality of care and outcomes
- Equity in health and health care
- Chronic illness and multi-morbidity
- Risk adjustment and predictive modeling
- Integration of care across care settings

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- Life Routine and its influence on physical and mental function of older adults.
- Instrument development and testing.
- Emotional Intelligence and its application to HR in Nursing.

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- Discourse of Nursing Professionalization



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- Epidemiology
- Settings promoting health

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- Quality of life in old age
- Holocaust survivors' in the old age
- Life stories and narratives of old patients

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