

# The Cheryl Spencer Department of Nursing

*Newsletter Issue no. 6, March, 2016*



**Newsletter Issue no. 6**

**Editor in Chief:**  
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*The Cheryl Spencer Department of Nursing*

*Faculty of Social Welfare & Health Sciences*

*University of Haifa, Haifa, Israel*



**Message from Prof. Efrat Dagan, Chair of the Department of Nursing**

Dear Friends and Colleagues,

This year, our annual newsletter is devoted to the achievements of our first group of students in our newly launched doctoral program. The wide array of research topics described in their pre-proposals reflects the diversity and expertise of our faculty. Topics range from clinical research in nursing to safety and quality in health care administration. We are proud to realize the vision of our Department's founders, supporters and faculty as these doctoral students transform into researchers and the nursing leaders of the future; they are our legacy.

Here are some reflections and thoughts on the first semester of the program from our doctoral students:

*"While working towards my MA degree, I was impressed by the high academic level, a result of faculty members' diverse research areas, as well as the warm and welcoming atmosphere of the department. The new doctorate program and its academic supportive environment provide me with the opportunity to fulfill my academic plans. The encounter with other motivated, enthusiastic students is invaluable, encouraging beneficial discussions and mutual feedbacks. I am looking forward to this long, sometimes arduous journey."*

*Yael Dishon*

*"I'm glad to be part of a new and unique program of doctoral studies in the Department of Nursing at the University of Haifa. I think it is very important that there is a group of students going through this complex process together, accompanying by the Faculty through the various courses."*

*Mor Saban*

This newsletter is dedicated to presenting the pre-proposal abstracts of our doctoral students. When I read their abstracts, I feel assured that we are truly preparing the 'new generation' of nursing leaders.

I hope you will be inspired by our doctoral students' ideas.

Warmest regards,

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## Faculty news

### *We are pleased to introduce our new faculty member*



**Einav Srulovici, PhD**, obtained her Bachelor's degree in nursing from the Cheryl Spencer Department of Nursing at the University of Haifa, Israel, a Master's degree in Health Administration from the School of Public Health, also at the University of Haifa, and a PhD in Nursing from the University of North Carolina (UNC) at Chapel Hill. Her post-doctoral fellowship was at the Clalit Research Institute, which is a World Health Organization Collaborating Center on Non-Communicable Diseases Research, Prevention and Control.

Her field of research is based on improving quality of health care, specifically for at-risk populations, by policy development. Her prior research has focused on risk factors of iatrogenic events in Neonate Intensive Care Units and examination of the (financial) asset building theoretical framework and psychological distress. She has worked with the UNC School of Nursing on maternal-infant feeding & childhood obesity, and the intersection between family life and childhood chronic physical conditions, and with the UNC School of Social Work on (financial) asset building research.

Among her many research projects over the years, she has been involved in the identification of risk factors for developing multiple myeloma, disease trajectory of individuals with hepatitis C infection, prevalence of obesity and smoking in Israel, health disparities, physical therapy treatment for low back pain, and assessment of unnecessary chest X-rays in adults and CT for abdominal pain in children. Her current research includes assessment of the relationship between patients' experience in community healthcare and attendance in the Emergency Department; identification of patterns of communication with the medical organization and their impact on healthcare quality indicators; the effectiveness of readmission outcomes assessments, and assimilation of prediction modeling tools in a readmission reduction program; and identification of clusters of at risk population according to social determinants of health and financial assets.

## The Cheryl Spencer Institute of Nursing Research

### Upcoming Event

- **Science from the Margins: The Case of Biomedicine (June, 2016)**: The workshop will probe notions of margins and marginality and their impact on the very idea of science. In particular we will focus on geo-political marginality; symbolic or structural margins of status and professional hierarchies; disciplinary margins, in particular, social sciences and qualitative research methods, as they are applied to the study of science. How do these margins impact on scientific work, the dissemination and application of scientific innovation? How do margins and marginality enable, hinder and challenge scientific breakthroughs? What roles do political circumstances play in the practice and application of science in marginal settings? What conceptual, theoretical, methodological as well as ethical challenges predominate researching the margins of science from the margins of sciences? More specifically, in the realm of health, what emerging challenges are encapsulated in "marginal scientific activities" for global public health and how do developments in the margins might be offering critical new developments that make imaginable global public health mediated by life inducing and life supporting/enhancing biotechnologies? The workshop will host Prof. Aditya Bharadwaj, Professor of Anthropology at the Graduate Institute of International and Development Studies in Geneva.

### Recent event

- **"He was able to get dressed by himself..." (April 15, 2015)**: The Hope FoR better hospitalization processes and outcomes for older adults- The conference, organized by Dr. Zisberg, provided a platform for presentation and discussion of research and practice focused on improving care for hospitalized older adults, and better outcomes for this frail target population. This conference brought together researchers, managers and practitioners from nursing and other allied health fields. Keynote, Prof. Covinsky, a clinician-researcher in the UCSF Division of Geriatrics presented a broad perspective on caring for older adults in acute settings, understanding its determinants and outcomes. An interdisciplinary team (Dr. Zisberg, Dr. Shadmi, Dr. Agmon, Dr. Gur-Yaish, Ms. Tonkikh) present the results of the Hospitalization Process Effects on Functional Outcomes and Recovery (HoPE-FOR) study - a multisite longitudinal project conducted in Israel by The Cheryl Spencer Department of Nursing. Additional professionals from a number of hospital embedded geriatric teams shared their perspectives on the topic. The conference concluded with a Panel-discussion on the topic: "How to implement recent research evidence into daily hospital practices". The conference established a national framework that will promote care for hospitalized older adults.

### New publication

Prof. Anat Drach Zahavy and Dr. Efrat Shadmi, from the Cheryl Spencer department of nursing, together with a team of researchers (Dr. Dalia Sachs and Ayelet Ben-Sasson from the department of occupational therapy and Prof David

Roe from department of community mental health, wrote a book, titled: "Evidence Based Practice: Theory, Practice, and Critique – A Users' Guide." The book (the only Hebrew language resource in the field) is intended to serve as a resource for researchers, lecturers, students and professionals from the health and social professions to implement Evidence Based Practice (EBP)- a framework in which clinical decisions are made based on the best available research evidence, clinical expertise and in accordance to values and preferences of patients . The book begins by explaining the concept of EBP and its importance, based on models and theories of professionalism and decision-making processes, and using a multidisciplinary perspective. The book includes a practical guide for those interested in performing EBP, ranging from the presentation of clinical questions, through principles for searching for relevant evidence, evaluation, and implementation - introducing viewpoints of

the stakeholders in this field, including clients, researchers, clinicians and policymakers, while presenting challenges and facilitators involved in implementing EBP.





## Doctoral program

*We are proud to present a preview of research proposals by our doctoral students*



### Medical cannabis for pain management: a web technology based prospective registry study

PhD student: Joshua, Aviram

Advisors: Elon Eisenberg, Dorit Pud

**Background:** In the last decade the use of medical cannabis for the treatment of chronic pain is rising. According to estimations of the Medical Cannabis Unit (MCU) of the Israel Health Ministry, there are approximately 20,000 licenses for the use of medical cannabis in Israel, mostly for the relief of chronic pain. It is predicted that 2,000 new licenses will be issued yearly. Yet there is a distinct lack of evidence based information about the efficacy and safety of medical cannabis (MC) use over time, as only a small number of randomized controlled trials (RCTs) have been conducted. This gap can be explained, at least partially, by the reluctance of physicians, researchers and pharmaceutical companies to engage in MC research.

**Aims:** The overall aim is to develop a national registry of medical cannabis users. Specific aims are: 1) To perform structured prospective follow-up on pain reduction properties and safety in users of medical cannabis for chronic pain treatment. 2) To identify predictors of success\failure in medical cannabis treatment.

**Methods:** This multicenter study takes place in several medical centers and private clinics of physicians with pain management expertise. The sample includes patients that submitted a request to receive a new license for the use of medical cannabis to treat chronic pain. Patients complete a variety of questionnaires to assess possible predictors of treatment outcome. The follow-up consists of six time points: near the approval\disapproval of the license, and one, three, six, nine and twelve months from the initiation of treatment. Data collection is conducted by web based data collection technology (Qualtrics).

**Importance:** Medical registries are one of the established ways to reduce gaps of information in medical research in areas that lack information from RCTs. They provide prospective, structured data collection and data mining from a large number of patients in "real life" conditions.



### Biological and psychological risk factors of insomnia and low mood among hospital nurses working in shifts

PhD Student: Kochav Bennaroch

Advisor: Tamar Shochat

**Background:** There is a vast body of knowledge about the associations between insomnia and depression in the working population; however, studies have yet to examine psycho-biological risk factors for developing insomnia and depressed mood concomitantly in high-functioning, shift-working nurses. The theoretical framework for this study is based on the Behavioral Model for Insomnia (*Spielman et al, 1987*) and the Analytical Rumination Hypothesis for Mood and Depression (*Andrews & Thomson, 2009*). The latter model is novel in that it conceptualizes rumination and depressed mood as adaptive behavioral features in the context of stressful situations.

**Aim:** This study examines the contribution of common biological and psychological risk factors in the development of insomnia and depressed mood and aims to develop a novel psychobiological conceptual model to describe their co-occurrence among hospital nurses working in shifts.

**Hypothesis:** We hypothesize that shift working nurses who show greater levels of stress and analytical rumination and later chronotypes will show greater levels of insomnia and depressed mood. We also hypothesize that depressed mood constitutes a perpetuating factor for insomnia.

**Methods:** In this cross-sectional design, we will recruit female hospital nurses, shift and day workers, and assess them for insomnia, stress, mood, analytical rumination and chronotype by validated and self-administered questionnaires delivered by internet. Using structural equation modeling (SEM), we will assess common pathways between psychological and biological factors affecting insomnia and low mood.

**Importance:** The understanding of insomnia and depressed mood among shift-working nurses, who are particularly vulnerable to develop these disorders, is a first step towards developing interventions aimed at improving nurses' health and quality of life, which in turn implicate the quality of care provided to the patient.



**Care for patients with multiple chronic conditions in primary care: guideline-concordant care processes, clinical decision-making and outcomes**

PhD student: Chandra Cohen-Stavi  
Advisor: Efrat Shadmi

**Background:** When treating patients with multiple chronic conditions (MCCs), single-disease clinical practice guidelines do not account for the cumulative impact of treatment recommendations, the interplay of multiple conditions, nor the social and personal factors that affect the ability to follow them. Little evidence has been generated to inform how single-disease clinical guidelines can be used for patients with MCCs.

**Aims:** To examine the applicability of care guidelines for patients with MCCs: (1) To examine the extent to which single-disease guidelines for 9 common chronic conditions are followed for patients with MCCs. (2) To evaluate the patient and provider characteristics associated with guideline-concordant care. (3) To assess the association between this guideline-concordant care and patient outcomes. (4) To identify which guideline recommendations are not followed and assess reasons why.

**Hypotheses:** The overall percentage of guideline-concordant care will be low.

There will be variation in the association between quantity (proportion) of care recommendations followed and outcomes.

**Methods:** This study will take place within the context of a care management program for patients with MCCs in the primary care setting at Clalit Health Services, called the Comprehensive Care for Multimorbid Adults Project (CC-MAP). Patients aged 45 years and older, who are enrolled in the CC-MAP and have at least two of the focus conditions (N~400 patients) will be included. A historical prospective study will also include a survey-based assessment of providers' perspectives on barriers to guideline-concordant care for their MCC patients. We will identify whether guideline recommendations were met for all relevant chronic conditions that each patient has, and give each patient a score. The level of guideline-concordant care will be tested for its association with outcomes (risk of hospitalizations and functional status).

**Importance:** This study will provide evidence to help define what constitutes quality of care for patients with MCCs. It will be the first to quantify barriers to guideline-concordant care. It will also be the first to link levels of guideline-concordant care to outcomes in patients with MCCs.



**Wisely choosing antibiotic treatment to reduce futile therapy: Development of a cost-benefit model**

PhD student: Yael Dishon Benattar  
Advisors: Mical Paul, Efrat Dagan

**Background:** Modern antibiotics are a lifesaving, precious resource, gradually being exhausted due to the development and spread of antibiotic resistance in a pace that exceeds the development of new antibiotics. Their use at end of life (EOL) may be considered futile when conferring no benefit to the patient in terms of life expectancy (LE) or quality of life. Antibiotic stewardship attempts to promote judicious antibiotic use, but neglects the aspect of futile treatment.

**Aims:** We aim to develop a cost-benefit model for antibiotic treatment that addresses EOL and ecological cost, to avoid futile antibiotic use.

**Methods:** The study will be conducted at Rambam Health Care Campus and Rabin Medical Center. First, we will develop a cost-benefit model for antibiotic treatment. Benefit will be assessed as the expected reduction in mortality and hospital days with antibiotics. Costs will comprise of pharmacy, adverse events and ecological costs. EOL considerations will enter the model as curtailed LE and increased ecological costs. The model for curtailed LE will be developed using cohorts of medical in-patients, assessing risk factors for 30-day mortality related to background conditions. The developed model will be incorporated into a previously developed computerized decision support system (cDSS) for antibiotic treatment. Second, we will test the model in a prospective cohort study of medical inpatient with infections or suspected infection, compare the number of patients prescribed futile antibiotics by physicians to that recommended by the cDSS using a cost-benefit model that is not sensitive to EOL decisions; to that recommended by the cDSS using the newly developed cost-benefit model. Finally, we will test the acceptability of the model's recommendations among a panel of health professionals, attempting to reach a consensus regarding futile antibiotic treatment. This will be performed through a Delphi survey.

**Importance:** The global threat of multidrug resistant bacteria necessitates judicious antibiotic use. This is a first attempt to deal with futile antibiotic treatment through an explicit model.



**Prediction model for health outcomes after hospitalization – readmissions, emergency room visits and death based on factors before, during and after hospitalization**

PhD student: Natalie Flaks-Manov  
Advisor: Efrat Shadmi

**Background:** Readmissions within 30 days affect 20% of older patients. Previous readmission research mainly focused on return to the same hospital and on the characteristics of in-hospital and the clinical characteristics of the patients. In recent years, the focus has expanded to encompass important factors beyond hospital care. Since 2012, Clalit Health Services has implemented innovative prediction computerized tools for readmission reduction in clinics and hospitals. These tools have been validated and are extensively used, however, their suitability for selecting patients to be included in tailored readmission reduction intervention programs has not yet been tested. Moreover, the literature does not provide a comprehensive examination of the pre-admission, at-admission- and post hospitalization factors, that may affect readmissions.

**Aims:** (1) To utilize a comprehensive approach, for the first time studying multiple risk factors from the pre-, during and immediately after the hospitalization period and their association with negative hospitalization outcomes such as visits the emergency room, hospitalizations and deaths. (2) To examine the extent to which there is agreement between the hospital and community staffs and the computerized preadmission readmission risk score (PREADM) in selection of patients clinically suitable for inclusion in readmission prevention programs.

**Methods:** (1) A retrospective cohort study based on computerized databases of hospitalized patients insured by Clalit Health Service (~400,000 patients). Outcomes are readmission, emergency visit or death within 30 days. Analyses will be performed using various nesting levels and will take into account competing risks. (2) Semi-structured interviews with physicians and nurses to identify the suitability of the PREADM in high-risk patient identification. (3) Survey questionnaires of the nurses providing care for about 400 patients will be administered and will assess the degree to which the PREADM selects clinically "impactable" patients for inclusion in the intervention.

**Importance**

Findings may improve the ability to target patients for interventions for readmission prevention, and may indirectly contribute to readmission reduction.



**Perceived Electronic Health Records data quality: Team members' sense-making as triggering teamwork and quality of care**

PhD student: Irit Friedman  
Advisors: Anat Drah-Zahavy,  
Maayan Agmon

**Background:** To improve patient quality of care (QoC) in the routine of medical wards, two distinct, yet potentially interconnected strategies have been proposed: Electronic medical records (EMR) and multidisciplinary teams. These two routes of research have yielded mixed results. Examining possible explanations to these mixed lines of evidence reveal that most studies focused on EMR as an objective dichotomous factor, namely, was EMR implemented or not; ignoring the idea that the way EMR is perceived by team members is crucial to teamwork and consequent QoC. This study is novel in conceptualizing the subjective perception of the quality of the information coded into the EMR. Quality of information was assessed as the healthcare provider's perception of contributing vs. absent or redundant information coded into the EMR by other team members.

**Aims:** to examine whether the association between the quality of information entered into the EMR and QoC is mediated by inter-professional teamwork.

**Hypotheses:** (1) Perception of contributing information will be positively related, whereas perceptions of absent or redundant information will be negatively related to teamwork. (2) Team processes will be positively related to QoC. (3) Teamwork will mediate the link between the perception of the quality of information and QoC.

**Methods:** The unit of analysis in this study is three members of a multi-professional team (a physician, a nurse, and a para-medical professional) associated with the care of a specific patient. Multi-source (patients/relatives and providers), multi-method (questionnaires, data retrieved from EMR) data will be collected from 200 randomly selected patients and the inter-professional team responsible for their care.

**Importance:** Findings will illuminate the experience of the inter-professional team members with the EMR, and the complex circumstances under which EMR facilitates teamwork and subsequent QoC. They can serve to guide practice and policy recommendations on how to best develop EMR to match professionals' needs to improve team processes and optimize QoC in day-to-day work.



### Modified Theory of Planned Behavior applicability to the mobility of hospitalized older adults

PhD Student: Chedva Levin  
Advisors: Anna Zisberg, Nurit Gur-Yaish, Maayan Agmon

**Background:** Recent studies show that mobility among hospitalized older adults is one of the most significant factors related to patient's outcomes such as functional deterioration, falls, discharge to a nursing facility and mortality. The level of mobility in hospitalization is nevertheless limited, and elderly patients spend most of their time in bed. Several qualitative studies examining barriers to mobility during hospitalization show that personal attitude towards mobility may play an important role in one's actual behavior. In this study, we investigate the applicability of the Theory of Planned Behavior (TPB) to explain mobility levels during hospitalization, taking into account informal caregiver's behavior as a mediating role, and controlling for previously identified precursors of this behavior (e.g., health condition).

**Aim:** To investigate the capacity of a cognitive-social model to explain the level of elderly mobility during hospitalization. The study will test the relative contribution of the elderly's attitudes toward mobility, perception of social norms concerning mobility, perceived behavioral control, and instrumental social support provided by informal caregivers, while controlling for intervening factors.

**Methods:** The study is a prospective, semi-experimental research with a non-randomized control group. The sample will include 400 elderly patients hospitalized for acute illness in internal medicine units. The study will be conducted in three phases. *In the first phase:* a pilot study to validate the self-report measurements and the use of activity monitors to assess mobility. *In the second phase:* baseline data (pre-intervention), to examine the fit of the cognitive-social model to explain mobility during hospitalization. *In the third phase* we will test the model after an intervention, to increase awareness among the patients and their family to the importance of mobility.

**Importance:** By examining personal and family resources to maintain mobility in times of acute hospitalization we may gain better understanding of the nature of the phenomenon and identify potential means of addressing it, developing interventions and educating health professionals to promote patient mobility.

### Development and examination of a multi-dimensional model of quality of life in adults with mild cognitive impairment: The impact of emotional intelligence

PhD student: Odelyah Saad  
Advisors: Leehu Zysberg, Anna Zisberg

**Background:** Mild cognitive impairment- MCI is a state of cognitive decline greater than expected for an individual's age and education level that sometimes appears in old age, but is not dementia. Individuals coping with MCI are aware of their situation and this awareness promotes distress and negative affect. They also experience lower quality of life than individuals with intact cognition. In order to understand the ability to reach positive psychological outcomes when coping with MCI it is essential to include subjective personal strengths along with objective variables that are significant for reaching good quality of life. To date, there is no theoretical model for explaining quality of life in people with MCI.

**Aims:** To present and test a new theoretical model accounting for patients' quality of life as the outcome of coping with MCI, using a wide range of resources identified as significant for coping with stressful situations. In addition, for the first time emotional intelligence will be examined in context of chronic illness in the old age.

**Methods:** One hundred people who were diagnosed with MCI in a psychogeriatric clinic will be recruited. Research tools will include socio demographic resources; physical, mental and functional health resources; socioeconomic status; cognitive abilities; psychological characteristics as represented here by the concept of emotional intelligence; and psychosocial variables, the major one being social support. Data will be collected by an interview and will be completed from medical charts.

**Importance:** The proposed model will add to the theoretical knowledge of coping with MCI. The model can serve as a basis for future research and interventions in the older population coping with health challenges, in order to help them reach better quality of life.





### Mindful triage and its relationship with triage accuracy and quality of care in the emergency department

PhD student: Mor Saban

Advisors: Efrat Dagan, Anat Drach-Zahavy

**Background:** Nursing triage in the Emergency Department (ED) constitutes one of the most challenging practices regarding nurse's decision-making and care management. The triage aims to accurately diagnose and evaluate the level of emergency/urgency of the patient's situation. Effective triage requires a qualified and capable healthcare team, to identify clinical care priorities and to provide quality care. The exponential growth in the numbers and non-urgent patients applying to the ED marks this goal as particularly challenging, and highlights the importance of treating each patient in an unbiased manner, regardless of other patients in the ER. Moreover, nurses in this situation, constantly obtaining and evaluating real-time accumulating data on the patient and working under stressful conditions, must avoid distraction and working in an 'automatic

pilot' mode. These challenges call for mindfulness at the individual (nurse) and team (triage team) levels.

**Aims:** To test the effects of personal and collective mindfulness as well as an intervention to raise nurses' mindfulness on triage accuracy and resultant quality of care outcomes.

**Methods:** A longitudinal experimental design is undertaken, consisting of 50 triage teams (nurses, physicians and 10 randomly-selected patients they care for) in the ED setting. Data will be collected in two waves: before and after intervention, by a multi-method approach (observations, self-report questionnaires and administrative data) and multiple sources of information (physicians, nurses, and patients). Two interventions to elicit mindfulness will be implemented. The first consists of holding the nurse accountable for the processes that led to her decision on the triage urgency. The second is a 'stop and think' intervention, whereby nurses are encouraged to stop their work, conduct a secondary triage and reflect on their former decisions.

**Importance:** The findings will allow examining the relative contribution of individual mindfulness, collective mindfulness and a mindfulness intervention on the accuracy and precision of the initial triage and ED treatment outcomes from various stakeholders' perspectives: the patient and team triage (nurse and physician).



## About Us

### Senior Faculty

#### **Dorit Pud, RN, PhD**

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#### **Research Interests**

- Psychophysical assessment of pain
- Factors predicting pain perception
- Cancer pain
- Neuropathic pain
- Opioids

#### **Daphna Birenbaum-Carmeli, PhD**

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#### **Research Interests**

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

#### **Moshe Bronshtein, MD**

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- Prenatal diagnosis with transvaginal ultrasound
- Fetal anomalies during the first trimester
- Cardiac defects in fetal development

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- Cancer genetics
- Oncology
- Genetic susceptibility to late onset diseases
- Genetic counseling

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#### **Research Interests**

- Leadership in healthcare settings
- Workplace safety

- Nurses health
- Teamwork in healthcare

**Michal Granot, RN, PhD**

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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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**Research Interests**

- Sleep, health and development across the life span
- Shift work and other Circadian Rhythm Sleep Disorders
- Cognitive Behavioral Therapy for Insomnia (CBT-I)

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- Health care systems
- Professionalism in nursing
- Reforms in nursing education systems

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- Health service trends in primary and preventive care
- Ethnic disparities in service utilization and health status
- Families in Transition: homeless, foster care and immigrant youth

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- Professionals' experience of the encounter with family violence, trauma and other sensitive topics
- Patient-provider relationships in healthcare and social services
- Violence against healthcare staff
- Domestic violence

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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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- Geriatric syndromes, Frailty
- Caring for frail older adults in hospital and long-term settings
- 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

**Maayan Agmon, PT, PhD**

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- The association between cognitive function and motor performance
- Aspects of motor learning through use of new technologies such as virtual reality games

**Orit Castel Cohen, MD**

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- Education in the health professions
- Graduate (residency programs) and post graduate education (Continuing Medical Education programs)
- Physicians' development as clinicians (professional development) and teachers (faculty development)
- Patient –doctor communication and adherence to chronic medical treatment

**Einav Srulovici, PhD MHA RN**

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- Improving quality of care by policy development
- Identification of at risk populations to reduce disparities among different populations
- Social determinants of health and financial asset building



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- Philosophy of Nursing
- Nursing Education
- Discourse of Nursing Professionalization

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- Life Review in elderly people
- Health promotion in community
- Epidemiology
- Settings promoting health

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