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End-of-Life Care

Message from the Editor



Death has always been both disturbing and intriguing to humankind and to me personally. The study of death involves intellectual interest as well as strong emotional and value-laden reflection on it. Nurses face death not only as individuals and within their families and close networks but also during their professional experience. They may witness “good” or “bad” death, and observe or be part of a “brave,” “tragic,” “peaceful,” or “dignified” ending. In all of these powerful and meaningful situations, care merges with the clinical, experience joins knowledge, and the public becomes personal.

I am honored to deliver this exciting issue in celebration of this topic. To me, end-of-life care reflects and signifies the crux of what we—as academics, professionals, and human beings—do: care for people, promote their well-being, and advance their and our lives’ meaning. The issue begins with three core articles written by our faculty, representing reflection and research on palliative care in nursing, novel approaches to support patients at end of life, and nurses’ perspectives on end-of-life care following COVID-19. Next, we are proud to introduce four graduate students in our department whose research focuses on end-of-life care, combining varied research methods and exploring fascinating questions in this area. The issue also provides recent updates on the rich activities of the Cheryl Spencer Institute of Nursing Research. It presents the global role our department plays in attracting undergraduate and graduate students from Norway, Portugal, and Cameroon. Finally, we report on some recent news and updates concerning faculty appointments, new programs, and scholarly achievements.

I wish you all fruitful and enjoyable reading of this issue and, as always, encourage you to continue to stay in touch with our department and faculty.

With all the best wishes,

Prof. Daniel Sperling

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Message from the Head of the Cheryl Spencer Department of Nursing



Dear friends, colleagues, and students,

I am pleased to open the 12th annual newsletter of the Cheryl Spencer Department of Nursing with exciting news of our first clinical master's program in palliative care, expected to begin in October 2022. In recognition, the theme of this year's newsletter focuses on palliative care as an integrative approach in nursing practice that strives to alleviate suffering and improve quality of life in patients facing chronic illness and end-of-life conditions.

Articles in this volume describe the history of the development of palliative care nursing in Israel, including accounts from the perspectives of two pioneering nurse practitioners; a multicentered project on the effects of psilocybin assisted therapy (PAT) on end-of-life issues among advanced and end-stage cancer patients; and changes in nurses' perspectives of palliative care following COVID-19. We are proud to present studies on end-of-life issues conducted by our graduate students. These include the development of a palliative care model for nursing home residents with dementia; associations between religion/religiosity, anxiety related to death and dying, and intention to receive palliative care in the Arab society; the work-family balance of nurses working in hospice units; and end-of-life decisions for end-stage renal disease.

Our Cheryl Spencer Institute for Nursing Research (CSINR) is bustling with activity. At the end of 2021, the center held a conference on health services for excluded/marginalized populations. Speakers included clinicians, policymakers, and recipients of care from special clinics devoted to individuals who lack health insurance because of their nonresident status. The meeting was highly attended and recognized the role of nurses in the development and day-to-day routine of these important health services.

We are proud to present two new faculty members: Dr Nosaiba Rayan-Gera, whose work focuses on cultural competency in healthcare and health equity; and Dr. Ricky Cohen, who studies health literacy, the positive deviance approach, and health risk communication.

Last but not least, two of our faculty members, Inbal Faran Perach and Ricky Cohen, set out to the Romania-Ukraine border to assist in building a mobile health clinic. We send our sincere hopes that their work will provide care, respite, and support for refugees from Ukraine in these difficult times.

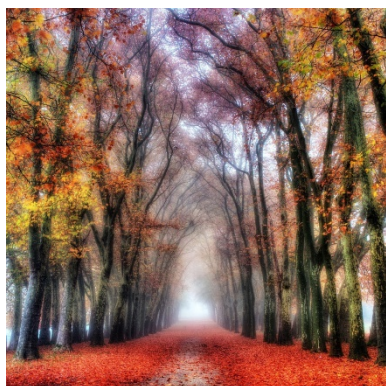
I wish you all peace and good health.

Tamar Shochat, Chair of the Cheryl Spencer Department of Nursing

Haifa

Palliative Care in Nursing

By Efrat Dagan and Efrat Shadmi



Palliative care is an approach that improves the quality of life of patients and their families facing life-threatening and chronic illness, by alleviating suffering while carefully identifying and evaluating symptoms, treating pain, and addressing other physical, psychological, and spiritual problems (Radbruch et al., 2020; WHO, 2002, n.d.). Throughout the continuum of illness, palliative care involves addressing physical, intellectual, emotional, social, and spiritual needs by facilitating patient autonomy, access to information, and choices. Integrating palliative care early in the course of illness, to benefit both symptom control and quality of life, should be advocated (Ferrell & Paice, 2019; Radbruch et al., 2020). In Israel, the development of palliative care began in 1983 with the opening of the first hospice for inpatients diagnosed with cancer and home hospice units within the community. According to the latest report published in 2016 regarding palliative care services in Israel (MOH, 2016), only two general hospitals operate hospice departments, and just three have operated palliative services as part of their general oncology departments for many years. Recently, 10 general hospitals have developed palliative counseling services, an additional six small and peripheral hospitals are trying to implement a palliative approach by various means, and in four, the issue has yet to be addressed. Several in-hospital palliative care units are coordinating with community palliative services, and over 20 home-hospice units are operated by health plans (Kupot) throughout the country.

Following the enactment of the Dying Patient Act (Knesset—The Parliament of Israel, 2005), an Israeli Ministry of Health (MOH, 2009) directive (#30/09) instructed health organizations to provide palliative care services. Yet the rates of medical and nursing professional positions are low, especially as the numbers of patients in need of palliative care increase each year (Bentur et al., 2015). In recent years, the Nursing Division of the MOH has developed palliative care nurse practitioner training programs. As of this writing, about 130 nurses have completed the program. These one-year programs serve as professional training for nurses who already hold a graduate degree in nursing but are not an integral part of MA-level academic advanced education.

The Cheryl Spencer Department of Nursing is advancing palliative care training even further and is launching an MA in Palliative Care nursing program. To illustrate the significance and the importance of the professional role in practice, we interviewed two palliative care nurse practitioners who received their specialty training in the first MOH one-year programs. Both serve in leading palliative care specialty roles in hospitals (as part of a large oncology center and palliative counseling service) in northern Israel, and they will take part in training the new generation of advanced MA Palliative Care nurse practitioners to be launched at the Cheryl Spencer Department of Nursing.

We asked the two nurses about their unique role, how their role was developed, and their vision for the future of palliative care nursing, and present key themes from the interview.

The Palliative Care Nurse Practitioner Role

The role of palliative care nurse practitioner has three pillars: caring for the patient and their family, care management and interdisciplinary coordination, and counseling provided to staff and professional teams. Together, these features are designed to generate continuity of care, accompanying patients and families throughout their illness journey, while providing comprehensive care and training professional teams in the palliative care approach. As one of the nurses indicated, “We are the central point of contact for patients and their families at an extremely fragile stage of the care trajectory.”

The Uniqueness of Nursing in Palliative Care

Nurse practitioners in palliative care provide a broad and holistic caring approach, including medical, mental, and social aspects, such as exhaustion of patients’ rights. They can provide counseling to patients and their family members about the

treatment options in plain language, “at eye level.” The palliative care nurse leads the discussion with patients and family members about their preferences and coordinates the interprofessional team’s holistic approach. “Our encounters,” one said, “may be very intimate; they touch on substantive matters and significant moments for the patients that lead to decisions that may change the therapeutic approach.”

The Role Development Process

“Our role develops and grows from strenuous fieldwork in which we are gradually instilling the palliative care approach into the professional team’s practice in diverse types of illnesses,” one of the nurses explained. “Over time, we demonstrated more and more professional competencies, and gained the trust of our counterparts in the value we bring to this setting.” From the interview it was evident that the certificate itself was not sufficient to provide recognition of their professional authority and that the nurses needed to gain experience and earn the trust of physicians and allied health team members. As one of the nurses pointed out: “The recognition in our professional role is evident through the fact that over time, we are being invited to more and more patients’ palliative care counseling in a variety of health conditions and not only in the oncology departments. If at the beginning, we would coordinate and document the consultation, and the doctor would sign, today we also complete the entire consultation process and provide care and follow-up recommendations. Our counterparts trust us. Moreover, palliative care nurse practitioners are leading organizational reforms, in terms of instilling a comprehensive palliative approach to policy and care.”

The Next Frontier in Advanced Palliative Care Training

Building on lessons learned to date, from how palliative care specialty training is structured and current gaps and needs of patients, family members, healthcare professionals, and the healthcare system, we have developed a unique Palliative Care Nurse Practitioner MA program at the Cheryl Spencer Department of Nursing. This program will further advance the role development and instill the concept of palliative care among nurses and all staff in the clinical settings at the theoretical and research level and at the level of policy and practice.

References

- Bentur, N., Laron, M., Azoulay, D., & Oberman, A. (2015). *Palliative services in general hospitals and geriatric hospitals in Israel*. <https://www.jdc.org.il/brookdale>
- Ferrell, B. R., & Paice, J. A. (Eds.). (2019). *Oxford textbook of palliative nursing*. Oxford University Press. <https://doi.org/10.1093/MED/9780190862374.001.0001>
- Israeli Ministry of Health. (2009). *Palliative services (hospice) in the community, in a general hospital and in a nursing home*. Retrieved February 5, 2022, from https://www.health.gov.il/hozer/mk30_2009.pdf
- Israeli Ministry of Health. (2016). Recommendations on a national program for palliative care and end-of-life situations. Retrieved May 24, 2022, from [palliativeCare_brochure.pdf \(health.gov.il\)](https://www.health.gov.il/palliativeCare_brochure.pdf) (Hebrew)
- Knesset—The Parliament of Israel. (2005). *The Dying Patient Act—2005*. https://www.nevo.co.il/law_html/law01/999_527.htm
- Radbruch, L., De Lima, L., Knaul, F., Wenk, R., Ali, Z., Bhatnagar, S., Blanchard, C., Bruera, E., Buitrago, R., Burla, C., Callaway, M., Munyoro, E. C., Centeno, C., Cleary, J., Connor, S., Davaasuren, O., Downing, J., Foley, K., Goh, C., . . . Pastrana, T. (2020). Redefining palliative care—A new consensus-based definition. *Journal of Pain and Symptom Management*, 60(4), 754–764. <https://doi.org/10.1016/J.JPAINSYMMAN.2020.04.027>
- WHO. (2002). *National cancer control programmes: Policies and managerial guidelines* (2nd ed.). Retrieved February 5, 2022, from <https://apps.who.int/iris/handle/10665/42494>
- WHO. (n.d.). *Palliative care*. Retrieved February 5, 2022, from <https://www.who.int/health-topics/palliative-care>

Psilocybin Assisted Therapy Effects on Death Anxiety and Suffering in Advanced Cancer Patients

By Michal Granot

Cancer patients in progressive stages deal with suffering, distress, and affective syndromes, mainly death anxiety, that represent a fundamental psychological difficulty among this population (Grossman et al., 2018; Wang et al., 2020). It has been proposed that the lack of control over one's death negatively affects psychological well-being, which emphasizes the need to apply novel approaches to assist this challenging population (Caruso & Breitbart, 2020).

Psilocybin assisted therapy (PAT) delivered by trained professional staff in a supportive setting induces robust neuropsychological changes and long-term positive effects expressed as reductions in demoralization and hopelessness together with improved quality of life and well-being. However, the processes by which such experiences lead to alterations in well-being and death perceptions have yet to be elucidated. Psilocybin, a naturally occurring compound of mushrooms, is a serotonin receptor agonist (5-HT_{1A/2A}) that evokes transformative modifications in awareness and mediates long-term positive effects on emotion regulation, cognition, and behavior as well as perception and experience of the self (Carhart-Harris et al., 2021). The beneficial effect of a single dose of PAT was also shown for progressive cancer patients experiencing related existential distress as well as a lack of coherence and meaning (Davis et al., 2021). Facing the challenge associated with resisting both physical symptoms and near-death burden, PAT was found to induce in end-stage cancer patients a powerful reconciliation of conflicts and anger due to the expected dying that endured beyond the therapeutic sessions (Lee et al., 2020). It has been suggested that brain plasticity—which forms self-awareness—reduces distress, mental pain, and suffering along with transcendent and unitive consciousness experiences perceived as ego dissolution (Smigielski et al., 2019). However, whether psilocybin affects death anxiety through its direct anxiolytic and antidepressant effects or whether the PAT experience alter perceptions of death remains vague.



Given that palliative care and symptoms management are key domains in the research activity at the Cheryl Spencer Department of Nursing, as a pain researcher and a volunteer in community hospice service during the past decades, I collaborate in the initiation of a comprehensive multicenter research project that aims to promote the well-being of end-stage patients. More specifically, the goal of this study is to further elucidate the underlying mechanisms that lead to alteration in death perception by exploring how PAT affects the particular end-of-life issues that characterize patients dealing with advanced cancer. Using a quantitative and qualitative investigation approach, the project team intends to focus on several domains that oncology and palliative nurses and health-care providers face by investigating

1. whether a single-dose oral PAT affects the **meaning of loss** of function and role among advanced/end-stage cancer patients,
2. whether changes in loss, suffering, separation, and functioning ability following PAT are associated with symptoms reduction, and
3. whether psychological constructs, demoralization, and death perception play a mediating/moderating role in these changes.

So far, few studies have focused on the particular experience of palliative care nurses as part of healthcare provider teams that face the challenges these patients deal with. Therefore, I assume that better understanding of the additive value of PAT

in near-death experiences among these patients will expand knowledge in this area and allow better training and supervision for professional nurses who treat patients during the end stage of life.

References

- Carhart-Harris, R., Giribaldi, B., Watts, R., Baker-Jones, M., Murphy-Beiner, A., Murphy, R., Martell, J., Blemings, A., Erritzoe, D., & Nutt, D. J. (2021). Trial of psilocybin versus escitalopram for depression. *New England Journal of Medicine*, 384(15), 1402–1411. <https://doi.org/10.1056/NEJMoa2032994>
- Caruso, R., & Breitbart, W. (2020). Mental health care in oncology: Contemporary perspective on the psychosocial burden of cancer and evidence-based interventions. *Epidemiology and Psychiatric Sciences*, 29, Article e86. <https://doi.org/10.1017/S2045796019000866>
- Davis, A. K., Barrett, F. S., May, D. G., Cosimano, M. P., Sepeda, N. D., Johnson, M. W., Finan, P. H., & Griffiths, R. R. (2021). Effects of psilocybin-assisted therapy on major depressive disorder: a randomized clinical trial. *JAMA Psychiatry*, 78(5), 481–489. <https://doi.org/10.1001/jamapsychiatry.2020.3285>
- Grossman, C. H., Brooker, J., Michael, N., & Kissane, D. (2018). Death anxiety interventions in patients with advanced cancer: A systematic review. *Palliative Medicine*, 32(1), 172–184. <https://doi.org/10.1177/0269216317722123>
- Lee, S. A., Nam, C. M., Kim, Y. H., Kim, T. H., Jang, S.-I., & Park, E.-C. (2020). Impact of onset of psychiatric disorders and psychiatric treatment on mortality among patients with cancer. *The Oncologist*, 25(4), Article e733. <https://doi.org/10.1634/theoncologist.2019-0396>
- Smigielski, L., Scheidegger, M., Kometer, M., & Vollenweider, F. X. (2019). Psilocybin-assisted mindfulness training modulates self-consciousness and brain default mode network connectivity with lasting effects. *NeuroImage*, 196, 207–215. <https://doi.org/10.1016/j.neuroimage.2019.04.009>
- Wang, Y. H., Li, J.-Q., Shi, J.-F., Que, J.-Y., Liu, J.-J., Lappin, J. M., Leung, J., Ravindran, A. V., Chen, W.-Q., Qiao, Y.-L., Shi, J., Lu, L., & Bao, Y.-P. (2020). Depression and anxiety in relation to cancer incidence and mortality: A systematic review and meta-analysis of cohort studies. *Molecular Psychiatry*, 25(7), 1487–1499. <https://doi.org/10.1038/s41380-019-0595-x>

How Has COVID-19 Changed Nurses' Perspectives Regarding End-of-Life Care?

By Daniel Sperling



The COVID-19 pandemic has been and remains a global event whose implications far transcend the health and well-being of enormous numbers of people. Among many other things, it has affected how we regard life, death, and dying. This is mainly because the pandemic has brought intense experiences of fear, isolated dying and grief, and the constant threat of death. As a result of isolation protocols in hospitals and care homes, patients have remained alone during hospitalization and until their last moments. Not only have they been deprived of their right—acknowledged by the World Health Organization—not to die alone; the condition of dying alone has also been stigmatized in the public discourse and media as a nonnormative event (Nelson-Becker & Victor, 2020). Further, the pandemic has caused restrictions of transfer and lack of time to discuss advance care planning, and it has overall worsened the situation of commitment to planned dying (Hirakawa et al., 2021). No doubt, COVID-19 has restructured the social spheres engaging with both the dead and the living, thereby viciously challenging the way we grab immortality (Gupta, 2021) and suggesting creative rituals of mourning, such as through online environments—via Zoom, Skype, Facetime—and social media, most notably via Facebook and Messenger (Corpuz, 2021).

Nurses are the primary health professionals working at the front lines. They provide care to patients with COVID-19 and often witness their suffering and dying process, at times without their loved ones nearby, using remote communication, if at all. Among other ethical dilemmas and difficult organizational challenges raised by the pandemic (Sperling, 2021a, 2021b), the care provided to dying patients and their confrontation with death are, perhaps, most demanding.

Studies surveying the ways nurses cope with death in their practice reveal a higher level of fear of and avoidance of death by trying not to think about death in order to reduce the stress associated with such thoughts during the pandemic compared with other situations (Cardoso et al., 2021). In one study, more than a third of sampled nurses stated that the pandemic had greatly changed their way of caring. Training in palliative care during the pandemic resulted in more positive attitudes toward end-of-life care among nurses compared with nontrained nurses (Chisbert-Alapont et al., 2021). In another study, although nurses showed high levels of empathy and willingness to provide holistic care, they experienced high levels of psychological and moral distress and acknowledged a shift toward a less patient-centered model of care (Voultzos et al., 2022). Other studies referred to various gestures and personal acts of care or compassion, such as greeting the patient from outside the room, making them laugh or smile, making sure they look nicer to minimize family distress before video calls, and so forth (Mitchinson et al., 2021).

In a fourth-year research seminar course that I taught in our department of nursing during the period 2020–2021, students conducted qualitative research and used phenomenological analysis to explore major themes obtained from 34 in-depth, semistructured interviews with nurses who provided end-of-life care during COVID-19. Interviews lasted 1 to 1.5 hours and were recorded and transcribed. Major themes identified from the interviews were developed and reorganized into a scheme of codes and central themes. Most interviews were analyzed by two students each, and I also commented on and provided independent analysis of each interview. Before the interviews, potential participants were informed of the research process, objectives, expected benefits, and possible risks to them. Following this information, each potential participant declined or consented to participate. The research program was approved by the Research Ethics Committee of the Faculty of Social Welfare and Health Sciences at the University of Haifa (approval #018/20, dated October 25, 2020).

The project revealed major themes: (1) *a different death*—participants explored how dying during COVID-19 is different from what they knew from many aspects. This was a “different death, a sad death. Unexplainable death.” It is also exceptional because death can happen very quickly and the family is absent. In addition, and with regard to the first two waves of COVID-19, death is an intensive experience (“In one weekend, we had five incidents of deaths . . . one nurse saw two deaths. That of her patient and the one, lying next to him. She didn’t show up again to the next shift. She just

collapsed”). (2) *difficult management of corpses*—because of fear of contamination, corpses were wrapped in black plastic bags that resembled “garbage bags.” Such handling of corpses was perceived as dehumanizing and evoked anxieties (“This is something that takes you back to the bombings and terror attacks era. These black bags, which you saw only in the newspapers . . . this is terrible”). (3) *the need for family at end of life*—nurses reflected how important it was for dying patients to have their families near them and how they had complemented the role of the family, when it was absent (“To feel there is something out there also helps the parents, the family. It’s care in itself, just be there, hold the hand, give him the feeling he is not alone. That’s the best care, because nothing would help him”). (4) *weaker enforcement of advance care directives*—despite the fact that advance care directives aim to reduce conflicts at end of life and to promote autonomy during that stage, interviews with nurses revealed that they were not fully enforced by healthcare teams. The atmosphere was to keep patients alive and use resuscitation as a default, despite clear directives (“Now you’re asking me to resuscitate a corpse? On a corpse which has been expiring for 24 hours already and now you come to help him instead of ease him?”).

No doubt, these insightful cites open up complex and rich experiences, attesting to the broader challenges COVID-19 has brought for nurses having to provide care in these extreme and tough situations. Although death is a social phenomenon and the perception of death and dying is influenced by culture (Oliviere et al., 2011), there is also something universally basic in it. The perspectives explored in this research provide a bridge for their understanding, especially under pandemic-specific circumstances.

References

- Cardoso, M. F. P. T., Martins, M. M. F. P. D. S., Trindade, L. D. L., Ribeiro, O. M. P. L., & Fonseca, E. F. (2021). The COVID-19 pandemic and nurses’ attitudes toward death. *Revista Latino-Americana de Enfermagem*, 29.
- Chisbert-Alapont, E., García-Salvador, I., La Ossa-Sendra, D., Jesús, M., García-Navarro, E. B., & La Rica-Escuín, D. (2021). Influence of palliative care training on nurses’ attitudes towards end-of-life care during the COVID-19 pandemic in Spain. *International Journal of Environmental Research and Public Health*, 18(21), Article 11249. <https://doi.org/10.3390/ijerph182111249>
- Corpuz, J. C. G. (2021). Responding to the fear of dying alone during COVID-19 pandemic. *Journal of Public Health*, 43(3), e543–e544. <https://doi.org/10.1093/pubmed/fdab135>
- Gupta, Y. R. (2021). Death in the time of COVID-19. In A. Telepcakova, M. Bílik, M. Dudžáková, & D. Cséfalvay (Eds.), *The world after the pandemic* (pp. 44–59). BISLA.
- Hirakawa, Y., Saif-Ur-Rahman, K. M., Aita, K., Nishikawa, M., Arai, H., & Miura, H. (2021). Implementation of advance care planning amid the COVID-19 crisis: A narrative review and synthesis. *Geriatrics & Gerontology International*, 21(9), 779–787. <https://doi.org/10.1111/ggi.14237>
- Mitchinson, L., Dowrick, A., Buck, C., Hoernke, K., Martin, S., Vanderslott, S., Robinson, H., Rankl, F., Manby, L., Lewis-Jackson, S., & Vindrola-Padros, C. (2021). Missing the human connection: A rapid appraisal of healthcare workers’ perceptions and experiences of providing palliative care during the COVID-19 pandemic. *Palliative Medicine*, 35(5), 852–861. <https://doi.org/10.1177/02692163211004228>
- Nelson-Becker, H., & Victor, C. (2020). Dying alone and lonely dying: Media discourse and pandemic conditions. *Journal of Aging Studies*, 55, Article 100878. <https://doi.org/10.1016/j.jaging.2020.100878>
- Oliviere, D., Monroe, B., & Payne, S. (Eds.). (2011). *Death, dying, and social differences*. Oxford University Press.
- Sperling, D. (2021a). Ethical dilemmas, perceived risk, and motivation among nurses during the COVID-19 pandemic. *Nursing Ethics*, 28(1), 9–22. <https://doi.org/10.1177/0969733020956376>
- Sperling, D. (2021b). Nurses’ challenges, concerns and unfair requirements during the COVID-19 outbreak. *Nursing Ethics*, 28(7–8), 1096–1110. <https://doi.org/10.1177/09697330211005175>
- Voultsov, P., Tsompanian, A., Deligianni, M., & Tsaroucha, A. K. (2022). A qualitative study of nursing practitioners’ experiences on dying alone due to COVID-19 in Greece [Preprint, under review at *BMC Nursing*]. <https://doi.org/10.21203/rs.3.rs-1345751/v1>

Graduate Students Working in the Area of End-of-Life Care

The Self-Transcendence Model Applied to Informal Caregivers of Nursing Home Residents with Advanced Dementia



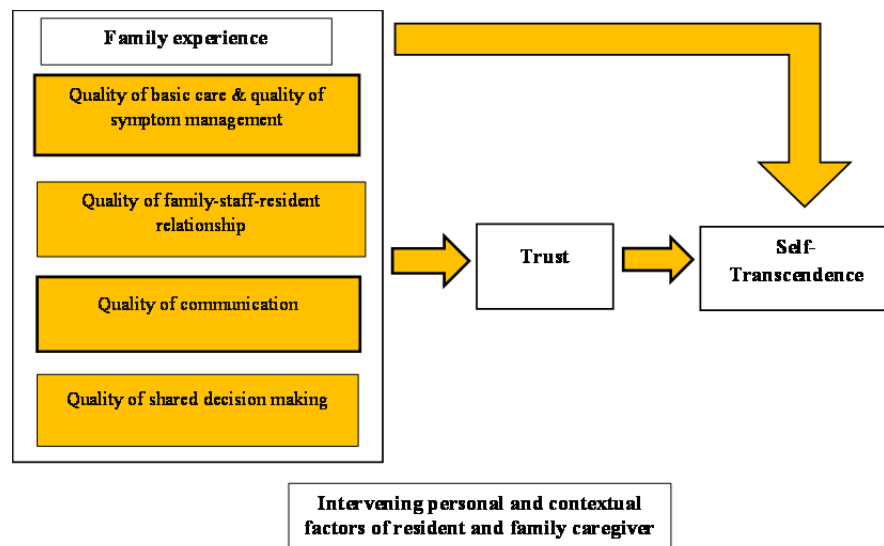
Dalit Zaguri-Greener, PhD student

Supervisors: Prof. Anna Zisberg and Prof. Ruth Palan Lopez

Background: Affecting 80 million people worldwide, Alzheimer’s disease and related dementias are a terminal condition with no known cure. As a leading cause of death and economic burden, it is a 21st-century challenge, locally and globally.

Advanced dementia (AD), the final stage of the disease, is characterized by profound memory deficits, limited verbal ability, and inability to ambulate. While the vast proportion of care to people living with dementia is provided by family members in the community, most people with AD receive their terminal care in nursing homes (NHs), and family members remain involved as key decision-makers. Research suggests that these family members experience higher levels of stress, depression, anxiety, and poor physical health. They hold themselves responsible for monitoring and evaluating the quality of care and are often unprepared for their role. Many report dissatisfaction with the course of care, especially as their family members near the end of life. Those feelings can last for years and continue to take a high physical and emotional toll.

Qualitative studies suggest that when families experience high-quality care, good symptoms management for their loved ones, close relationships, good communication, and shared decision making with staff, they experience fewer negative outcomes, are able to trust the staff, and emerge strengthened (transcend) from the experience. Therefore, the purpose of this dissertation is to develop and test a theoretical model of transcendence for family caregivers of older adults with AD receiving care in NHs. The proposed model suggests that family members’ experience of NH care consists of quality of basic care and symptom management, quality of family–staff relationships, quality of communication, and quality of shared decision making.



care and symptom management, quality of family–staff relationships, quality of communication, and quality of shared decision making. We hypothesize that higher “family experience” will lead to increase in trust in staff and enable self-transcendence (ST) (Figure).

Figure. The self-transcendence model for family members of nursing home residents with advanced dementia.

Methods: To test the model, we will conduct a cross-sectional study assessing the relationships between family experience, level of trust, and ST. The main study constructs

will be assessed using valid instruments after equivalent translation and content validation into Hebrew and Russian using an expert panel technique. The main study sample will comprise 200 family members who consider themselves primary

caregivers of residents with AD from a number of large NHs in northern Israel. To test the fit between the data and the theoretically proposed model of caregivers for AD NH residents' ST level, we will apply structural equation modeling (SEM) techniques using the AMOS SPSS statistical package. The analysis will be conducted in two stages: the first stage will include evaluating the measurement model, and the second, testing mediation and total model fit using predetermined model-fit indexes.

Significance: Given that the suggested model will be supported by empirical evidence, we assume the study will begin to fill in the gaps in understanding how perceived quality of care is connected to trust and ST. This knowledge will contribute in the future to building treatment programs aimed to promote family caregivers' ST theory. Development and testing middle-range ST theory will significantly contribute to the discipline of nursing philosophy and theory.

The Relationship Between Religion and Level of Religiosity and Level of Death Anxiety and Dying Anxiety and Their Effect on Intention to Receive Palliative Care within Arab Society



Nidaa Natour, PhD student

Supervisor: Prof. Daniel Sperling

Background: Palliative care is a supportive treatment that aims to improve the quality of life of patients who are nearing the end of their lives because of incurable or advanced stages of disease. This is accomplished by preventing and relieving pain and by addressing physical, mental, and spiritual issues. Among the main obstacles to the development and provision of palliative services are misconceptions and lack of awareness, both among medical professionals and among the general public, specifically cultural minorities such as the Arab community.

Cultural and religious beliefs are strong determinants of end-of-life (EOL) care and decisions, with an influence on illness, EOL experience, symptom attributions, and health beliefs. They are also correlated with behaviors including uptake of services, communication, and information exchange between patients and health professionals, decision-making, and notions of autonomy; and they interact with people's general fears and anxiety of death and dying. Understanding the relationship between religion, religiosity, death anxiety, and dying anxiety and culture more generally is an essential step toward developing palliative care services at the EOL.

The proposed study follows the theory of planned behavior (TPB), which attempts to explain and predict human behaviors such as personal traits and social attitudes. TPB will provide new insights into the examination of such relationships and the decision-making process pertaining to the intention to access palliative care at EOL as a result of such a relationship.

Methods: The current study will be conducted throughout the country, focusing on Israeli Arabs as the target population, and will examine two main questions: (1) What are the beliefs, attitudes, and perceptions of members of Israeli Arab society concerning access and referral to palliative care at EOL? (2) What is the relationship between religion, religiosity level, death and dying anxieties, and intention to seek or decline palliative care among Israeli Arabs?

The study combines qualitative and quantitative research designs. This combination provides greater objectivity and a better understanding of and strong evidence for Israeli Arabs' intentions to seek referral to or decline palliative care at EOL.

The qualitative study will include 50 in-depth interviews at six different medical centers (25 terminally ill patients defined as "dying patients" under the law, and 25 health professionals, mostly physicians and nurses). The quantitative study will include approximately 400 participants over the age of 50 as well as physicians and nurses from various districts, Arab cities, and villages. For the qualitative research, we will use purposive and snowball sampling; for the quantitative study, we will use a stratified cluster sampling.

Significance: The study's findings will be used to develop a culturally appropriate program to increase referral to palliative care in Arab society and to improve the quality of life of Arab patients in EOL situations, as well as their family members.

Between the Professional and the Personal: The Impact of Work on Family Life Among Palliative Home Hospice Care Nurses



Sharon Gan-El Alalouf, MA student

Supervisor: Prof. Hadass Goldblatt

Background: This study explores the relationship between work and family life among palliative supportive care nurses working in home hospice. The intervention is provided in patients' homes and involves a holistic approach to both the patients and their family members. The work of palliative supportive care nurses is intensive, necessitating around-the-clock availability and sensitivity to the expectations of patients and their family members. These nurses are required to address patients' needs such as reducing physical pain and responding to emotional suffering. The continuous exposure to patients' dying and death might result in diverse emotional reactions on the nurses' side, both at work and within their private life milieu.

Whereas extensive literature documents the role of palliative supportive care nurses, little is known about how they experience supportive care at the end of patients' lives; how they cope with the challenging encounters they face at work and with the daily exposure to their patients' death—and, moreover, how such experiences at work affect nurses' personal life space. The literature stresses palliative supportive care nurses' conflict or difficulty in achieving a balance between work and personal life. However, the connection between the experience of engaging in supportive care and the spillover of content from work to the personal life space of nurses and vice versa has not been sufficiently investigated. The aim of the present study is to enrich and deepen understanding of the meaning of palliative supportive care for nurses who care for people at the end of their lives in a home-hospice setting and its impact on their personal lives. The research question is: What is the meaning of palliative supportive care for nurses, and what is the affinity between the professional and personal contexts of their lives?

Methods: This was a qualitative study, informed by the phenomenological approach. Participants were 18 nurses (16 women and 2 men) engaged in supportive care in a home hospice. The study sample was purposive. Criteria for participants' selection were working as a palliative supportive care nurse in a home-hospice setting and being in this position for at least 2 years. The study received the approval of the University of Haifa Committee for Ethical Research with Humans. Data were collected through semistructured individual in-depth interviews conducted via Zoom or face to face, according to participants' preferences.

Preliminary findings: Data analysis was performed using thematic analysis. Four themes were revealed. The first deals with participants' choice to become nurses in general and palliative supportive care nurses in particular. Participants drew meaning and experienced personal growth from their daily involvement in treating people at the end of life. The second theme addresses nurses' worldview in relation to suffering and death. Apparently, the loss of a close person in their own family evoked in them feelings of closeness toward both patients and their families. This experience was also linked to nurses' worldview related to death and feelings of suffering, loneliness, and emptiness. The third theme addresses the desire to be meaningful in palliative care versus the desire to be meaningful and also present in one's own family. The nurses described the significance of two life domains: family and work-career. Evidently, in the field of palliative care, the boundaries between these domains are blurred. The fourth theme explores the affinity between nurses' work and family

and spillover versus a balance between the two domains as an existential issue in their lives. Participants noted their dedication and simultaneous commitment to their patients and their family members, which was challenging at times.

Significance: An in-depth understanding of work experiences of hospice nurses and their connection to their personal lives can provide some essential answers to these nurses' professional needs, improve their quality of life, and thus also optimize the care they provide to patients and families. In addition, understanding nurses' personal experiences will enable the development of support systems and tools for managing and dealing with such emotionally burdened situations.

Shared Decision-Making at End-of-Life Care for End-Stage-Renal-Disease Patients in Israel



Wassiem Abu Hatoum, MA student

Supervisor: Prof. Daniel Sperling

Background: End-stage renal disease (ESRD) is the final stage of chronic kidney disease (CKD). When a patient reaches ESRD, six treatment modalities may be relevant: kidney transplantation (KT), hemodialysis (HD), peritoneal dialysis (PD), suboptimal dialysis, dialysis in old patients, and conservative care. While hemodialysis is the treatment used most often for ESRD, some ESRD patients are deemed not suited for dialysis treatment, while others become too frail to tolerate continued dialysis. As a result, dialysis in this population may reduce their quality of life. Thus, conservative treatment and/or palliative care in certain subsets of patients may be better alternatives to dialysis.

According to the American Renal Physicians Association (RPA), shared decision making (SDM) is the recognized preferred model for medical decision-making, especially at stage 5 CKD (ESRD) requiring dialysis. Reported barriers to end-of-life (EOL) discussions included the long time they take, difficulty in determining prognosis for less than 6 months' survival, patient and family unwillingness to have such discussions, patient and family misconceptions about these topics, and insufficient hospice resources. Recent studies found that poor coordination of care was the main barrier to collaboration between nephrology and palliative care teams.

Little is known about EOL care and SDM in the practice of nephrology physicians and nurses caring for ESRD patients in Israel. Since there are no guidelines in Israel pertaining to EOL care for such patients or for SDM, physicians usually make a decision based on a patient's age and comorbidity as well as on their explicit or implicit preferences. All too often, and as evidenced in the literature, life may be prolonged in pain or discomfort, with medical interventions and procedures precluding an opportunity for loved ones to communicate and convey their wishes with one another and their healthcare professionals.

Methods: The proposed research examines to what extent nephrologist doctors and nurses pursue an SDM model while managing ethical dilemmas and clinical discretion pertaining to EOL care of ESRD patients in Israel. It has two purposes: (1) to measure the frequency, extent, characteristics, and factors encouraging or inhibiting the use of SDM at EOL care of ESRD patients; and (2) to explore the decisional conflicts, ethical dilemmas, and sources of decision-making pertaining to EOL care of ESRD patients.

The study follows a descriptive quantitative approach. To provide a sufficient picture of the specific research population, our sample will include 70 nephrology doctors and 340 nurses' attitudes toward and views on the use of SDM in the context of EOL care of ESRD patients in Israel (almost 25% of the study's research population). We developed two relatively similar questionnaires (digital and printed) on EOL care and SDM for ESRD patients: one for nephrology doctors and one for

nephrology nurses. The questionnaires adapted existing items from valid and credible questionnaires published in the literature, which were translated into Hebrew, discussed by the researcher and his supervisor, and revised in accordance with the research purposes. Most of the items are closed-ended questions and multiple-choice questions; the rest are open-ended questions. The first part of the questionnaires includes 12 biographical questions; the second part includes seven questions. These items pertain to nephrologists' and nurses' education and training in EOL care and decision-making. The third part follows the conceptual framework of this research examining various components of SDM, and the fourth part includes 33 items referring to EOL care provided to patients with ESRD, as well as nephrologists' attitudes toward such care based on theoretical categorization of EOL care. After a pilot with 15 respondents and survey revision thereof, a link to an online survey will be sent to medical nephrologists and nurses across the country through social media, WhatsApp groups, and snowball sampling.

Significance: The proposed study will be the first in the country to refer to decision-making at EOL care of ESRD patients. Other than exploring the opinions of the nephrology medical doctors and nurses on EOL care, the proposed research will help build clinical and ethical guidelines focusing on SDM. Since no such guidelines exist in Israel, our research will contribute significantly to the clinical field and increase the quality of care provided to patients and their family members, thereby extending the possibilities to deliver optimal conservative care.

The research received funding from the Minerva Center for Interdisciplinary Study of EOL at Tel-Aviv University.

Updates from the Research Center



Dear colleagues and friends,

On behalf of all the researchers in the Cheryl Spencer Department of Nursing and the committee members of the Cheryl Spencer Institute of Nursing Research (CSINR) at the University of Haifa, I am pleased to present our activities for the year 2021.

The year was full of various research activities and related events:

1. The Establishment of Unique Areas of Research in Nursing

In an effort to promote connections and collaborations between researchers at the Cheryl Spencer Department of Nursing and other researchers in Israel and around the world, we decided to focus on a number of nursing research areas.

Policy in Nursing

Prof. Cheryl Zlotnick, Prof. Efrat Shadmi, and Prof. Efrat Dagan.

This area of research focus is developing a collaboration between our department and the nursing director at the Ministry of Health to examine the policy outcomes of nurses with advanced clinical training in the field of palliative care (the most popular area of expertise). We will first examine the actual job components of these nurses and then how palliative care contributes to hospitalization outcomes such as intensity of symptoms, frequency of rehospitalizations, and patients' satisfaction and quality of life.

Resilience in Nursing

Prof. Anat Drach-Zahavy, Dr. Einav Srulovici, Dr. Nadia Levi, and Prof. Daniel Sperling.

The focus of this area of research is to establish a forum at the University of Haifa for nurses' resilience, where researchers and students will work together. Research and discourse on resilience will be promoted and developed by the forum. Initial activities include forming a group of researchers and students. Further, the forum will begin a collaboration with the Israeli Nurses' Bureau of Ethics Research Committee. This collaboration includes conducting qualitative research with nursing decision-makers in Israel. In order to build resilient healthcare organizations and prepare for future crises, this research is intended to understand lessons learned from the COVID-19 pandemic.

Symptom Management and Palliative Care

Prof. Efrat Dagan, Prof. Hadass Goldblatt, Prof. Dorit Pud, Prof. Tamar Shochat, Prof. Daniel Sperling, Prof. Roi Treister, and Prof. Anna Zisberg.

This research domain will establish a forum for researchers and graduate students in the field of symptom management and palliative care in diverse health conditions throughout life. The forum will promote research and discourse related to topics such as ethical, clinical, and practical issues in this field, as well as patients' and healthcare professionals' well-being.

Body Politics

Prof. Daphna Birenbaum Carmeli and Dr. Maayan Agmon.

This research domain addresses the embodied clinical, social, and demographic intersections. A focus of interest is the area of fertility, which is to be investigated from various perspectives, such as abortion in different sectors of Israeli society or Israel's natural demographic growth. Participants will be primarily students from the university's sustainability program and from the department's research students.

Excluded Populations

Inbal Faran Perach, Prof. Anna Zisberg, Prof. Cheryl Zlotnick, and Dr. Einav Srulovici.

This research area is focused on studying statusless populations and other populations who do not receive health services through the general healthcare system. Because of these populations' circumstances, individuals require a specific range of health services that are provided through a unique and defined approach.

2. Conferences and Events

A conference was held in December 2021 to begin the work of the research focus "Excluded Populations." The conference presented different perspectives on this complex issue and its related activities taking place in Israel. The conference's speakers included policymakers and the founders of unique clinics and health services for statusless and marginal populations in Israel. The conference was attended by about 300 participants from all over the country.



The research forum *Symptom Management and Palliative Care* began with two meetings for researchers, nurses from the clinical setting, and graduate students. The first meeting was led by faculty member Prof. Roy Treister, who discussed the issue "Challenges in Assessing Pain within the Context of the Challenges of Assessing Other Symptoms." The second meeting was led by Prof. Ruth Lopez, School of Nursing, MGH Institute of Health Professions, and the Jacques Mohr Endowed Chair, who described research trends concerning patients with dementia and their primary caregivers.

The CSINR was chosen to present its activities in a virtual booth at the university's 49th Board of Governors Meeting. Please see <https://haifa2021.b2b-wizard.com/expo/exhibits/7684>.

3. Supporting Research Activities in Our Faculty

The CSINR continues to support:

- A preliminary proposal for competitive fund agencies.
- Publications in prestigious peer-reviewed nursing journals.
- The preparation and analyzing of materials for publication.
- The purchase of research software.

4. Supporting Nursing Graduate Students

- Preparation and analyzing materials for publication in prestigious journals.
- Presentation at conferences.
- Purchase of research software.

As Head of the CSINR, I am proud to continue and contribute to the long tradition of our academic excellence in the Cheryl Spencer Department of Nursing.

All the best,

Efrat Dagan

Efrat Dagan, PhD, RN, LGC

Head, the Cheryl Spencer Institute of Nursing Research
University of Haifa

The Cheryl Department of Nursing—A Global Perspective

The International Nursing Program is a program for BA and MA nursing students from countries outside Israel. The BA students come for a semester, during which they take two to three courses (Transcultural Nursing; Critical Clinical Thinking; Health Psychology) and attend hospital clinics in the Haifa area. Typically, these were students from various colleges in Norway, coordinated by the VID Norwegian universities (a consortium of colleges from three Norwegian cities). We are now working intensively to revive this internship, which was sadly suspended because of the COVID-19 pandemic.

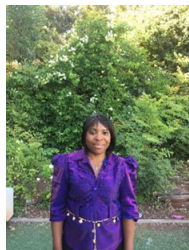
The MA students until now have come from Portugal and received a full academic day of lectures (orientation to the university, the Israeli nursing system, PTSD prevention, health promotion, the role of the vagal nerve in diseases) and one month of attending clinical work in Rambam Hospital (surgery and emergency room). Currently, we have four MA students from Portugal in Israel (three from emergency departments and one from surgery). They received their academic day and are now attending clinical visits in Rambam Hospital and the Magen David Adom emergency ambulances, and they may also visit a military base. The feedback so far has been very positive.

We are proud to introduce our current two international graduate students.



Mariana Agostinho is a Portuguese PhD student participating in a dual doctoral program at the Portuguese Catholic University and the University of Haifa, funded by the Fundação para a Ciência e Tecnologia (2020.09061.BD). Her doctoral work is supervised by Prof. Treister. Mariana holds a bachelor's degree in psychology from the University of Aveiro and a master's degree in neuropsychology from the Portuguese Catholic University.

Her research focuses on the topics of pain perception, perception of bodily signals, and how expectations modify perceptions. In her PhD project, she focuses on how certainty in ascending sensory signals modulates the effects of top-down mechanisms on the perception of pain. To achieve her project aims, Mariana employs physiological, neurophysiological, and neuropsychological approaches.



Essabela Fewo is visiting the Department of Nursing from Cameroon, an English- and French-speaking country located in western Central Africa. Her dissertation proposal is supervised by Dr. Nadya Golfenshtein and Dr. Einav Srulovici. The proposed dissertation research is concerned with the joint effects of objectively measured infant growth and parents' perception of infant feeding problems on parenting stress and healthcare utilization among parents of infants born with congenital heart disease (CHD). By integrating person–environment fit theory, a new perspective of subjectivity and objectivity interactions predisposing parenting stress levels will be examined. Additionally, this study will expand the parental stress model by introducing additional stress-evoking factors, which are currently absent from the parenting stress model and are among the most salient challenges in the CHD population. Moreover, it may indicate additional adverse outcomes in the CHD population through possible linkages between parenting stress and increased healthcare utilization.

Updates

Two New Faculty Appointments

Ricky Bitton Cohen, BSN, RN, MHA, PhD



Dr. Cohen earned a bachelor's degree in nursing from 2007 from the University of Haifa and the Technion (when the curriculum was common to both institutions).

In 2005 she had already begun working as a student in the orthopaedic department at Rambam Health Care Campus and, upon receiving the certification, went on to pursue a master's degree (MHA) in the School of Public Health.

She worked as a nurse for 9 years, during which she held several positions: a Pain and Diabetes Coordinator Nurse in the Orthopaedic Department, a Clinical Instructor, and a managerial position as an Infection Prevention and Control Specialist Nurse.

In 2018 Dr. Cohen began her preliminary doctoral study in the Health Promotion Program in the School of Public Health at the University of Haifa. She completed her thesis with honors; it focused on locating barriers that prevent health care professionals from adhering to infection prevention and control guidelines and identifying practices in maintaining hygiene based on the "Positive Deviance" approach.

In 2019 she continued her doctoral studies and serves as a researcher and research coordinator in the Health and Risk Communication Research lab, headed by her supervisor, Prof. Anat Gesser-Edelsburg. Among the research fields she focused on are health behaviors, health literacy, infection control, positive deviance approach, adherence with guidelines, health and risk communication, social networks, and qualitative research.

In 2021 she completed her doctoral studies in a publication-format dissertation. Her PhD research title was "Development of a Theoretical-Applied Model Based on the Positive Deviance Approach (PD), for Behavioral Change in Maintaining Infection Control Guidelines and to Reduce Healthcare Associated Infection (HCAI) Rates in Israeli Hospitals" and includes complex data collection and intensive ongoing work in three hospitals with management, infection control units, and medical staff. The project required extensive clinical knowledge alongside high-level research abilities and skills.

As a faculty member, Dr. Cohen teaches the master's-level courses "Orthopaedics," "Fundamentals of Health Promotion," "Interpersonal skills," and "Practicum." Among her various roles, she also serves as Online Simulations Coordinator in the Clinical Unit and as a freelance stoma and wound home-care consultant nurse for Philtel Pharmaceuticals Ltd., and she volunteers at the Veahavta Clinic.

Dr. Cohen believes that in light of current challenges facing the world, there is a critical need for an ongoing connection between theory, research conducted in academia, and the voices rising from the field ("the reality"). Especially in a profession that deals with human life and well-being, it is immensely important to conduct research that will help solve issues that nursing addresses each day. Above all, she believes that the nursing profession, which is the largest workforce in the health system, has the power to strengthen social solidarity and reduce social disparities, especially in a diverse and multicultural society such as Israel.

Dr. Nosaiba Rayan-Gharra, PhD



Dr. Rayan-Gharra completed her PhD (2019) in the Department of Nursing at the University of Haifa (advisor: Prof. Efrat Shadmi). She completed her master's degree in Public Health and Health System Administration (MHA, 2010). Currently, she is a postdoctoral fellow in the Health Equity Advancement Lab at the Faculty of Medicine at Bar Ilan University.

Her doctoral dissertation examined factors related to cultural characteristics and health care processes during patients' transitions from hospital to home and their effect on outcomes (the quality of the transitions and hospital readmissions). Specifically, her dissertation examined the degree to which cultural competency, discharge explanations, and provision of language-concordant care by physicians and nurses contribute to positive posthospitalization outcomes. This work is groundbreaking, as it uniquely examined sociocultural aspects affecting readmissions and provides knowledge on pathways to improving equity in transitions between health care settings. Her studies have been published in leading scientific journals (including *BMJ Quality & Safety*) and have generated interest in the scientific community in professional associations' meetings (nationally and internationally) and in editorials written in response to two of her papers. Her doctoral studies were supported by a scholarship from the Israeli Council for Higher Education for excellent Arab and minority doctoral students.

Upon completing her PhD (September 2019), Dr. Rayan-Gharra began a postdoc position at the Bar Ilan School of Medicine, under the supervision of Dr. Sivan Spitzer, whose expertise is in organizational sociology, public health, and health equity. During her post, Dr. Rayan-Gharra is collaborating with researchers at the new Russell Berrie Galilee Diabetes SPHERE—Social Precision-medicine Health Equity Research Endeavor—performing transdisciplinary research on the health-risk behaviors and health-related needs of diabetic patients.

Dr. Rayan-Gharra began working as a course instructor in 2015 at the Cheryl Spencer Department of Nursing. She teaches several courses, including fundamentals of nursing and cultural competency in health care systems, and she serves as a co-instructor of a MOOC (open source) course on geriatrics and gerontology in Arabic. Also, as part of her postdoc, she is teaching in the Department of Medicine at Bar Ilan University (population health).

Her future plans include continuing the study of intersectionality and its effects on health care systems and processes, examining various types of populations in different types of health care settings.

Faculty Collaboration

Recently, **Raifa Jabareen** accepted an appointment as a member of a COST action committee: the European Cooperation Program in Science & Technology. COST is a European network providing a platform for scientific collaborations and complementing national research funds to participate in meetings, conferences, and workshops on selected topics. The action of my appointment is titled: Transformative Practices for Times of Uneven and Accelerating Change. Our COST group has been divided into several working groups. In my multidisciplinary group, we are discussing transformative practices in health and welfare through engagement and collaboration. Community service users will be central to this working group, particularly the dispersion of care into complex relations between the different local agencies of social and health care. A particular concern will be to overcome the division between academic knowledge and expertise through experience, and to develop a dialogic practice through which knowledge is developed and transmitted through service user networks and organizations.

Palliative Care in Nursing—A New Master's Program

The Cheryl Spencer Department of Nursing is honored to launch a novel master's program in Nursing in Palliative Care, starting in the next academic year, October 2022.

Facing complex, chronic, and incurable conditions, palliative care aims to address a range of problems and symptoms, physical, psychological, and spiritual. The goal of the program is to enhance research and practice in the field of palliative and supportive care, so as to contribute to the formation of a solid research-based theoretical paradigm. The evolving knowledge will then be applied to improve patients' quality of life and alleviate their suffering alongside that of their families.

We expect the program to attract outstanding candidates considering graduate studies in the Department of Nursing at the University of Haifa.

The Highest Ranking for the Cheryl Spencer Department of Nursing



The Cheryl Spencer Department of Nursing has received the highest Shanghai Ranking ever received by a nursing department in Israel!

The Academic Ranking of World Universities (Shanghai Ranking) presents the world's top 1,000 research universities annually based on transparent methodology and objective third-party data. The Global Ranking of Academic Subjects (GRAS) contains rankings of universities in 54 subjects across Natural Sciences, Engineering, Life Sciences, Medical Sciences, and Social Sciences. More than 1,800 of 4,000 universities across 93 countries and regions are finally listed in the rankings. The GRAS rankings use a range of objective academic indicators and third-party data to measure the performance of world universities in respective subjects, including research output (Q1), research influence (CNCI), international collaboration (IC), research quality (Top), and international academic awards (Award). The index of international academic awards is based on the Academic Excellence Survey (AES) conducted by Shanghai Ranking since 2017.

Subject areas ranked highest at the University of Haifa are Communication (36), Education (in the 51–75 category) and Nursing, Sociology and Public Administration (in the 76–100 category). This is the first time in the history of our department that such a high rating has been received. While this is only one among many methods for rating academic institutes and achievements, it provides one more indication of the quality and impact of research in our department!

Top Rank of the Standardized Citation Indicators

Congratulations to Prof. Anat Drach-Zahavy, Prof. Hadass Goldblatt, Prof. Michal Granot, Prof. Dorit Pud, Prof. Tamar Shohat, Prof. Anna Zisberg, and Prof. Cheryl Zlotnick—all of whom are ranked in the top 2% of the Standardized Citation Indicators!

This ranking is based on a publicly available database of over 100,000 top scientists that provides standardized information on citations, h-index, co-authorship adjusted hm-index, citations to papers in different authorship positions, and a composite indicator. Field- (22) and subfield- (176) specific percentiles are provided for all scientists who have published at least 5 papers. Career-long and single-year data are updated to the end of 2020. The selection is based on the top 100,000 by c-score (with and without self-citations) or a percentile rank of 2% or above.

No ranking system is “perfect” or the “gold standard”—and this ranking is also prone to biases (such as greater chance of representation of senior faculty). Nonetheless, it is one of many venues by which the accomplishments of our faculty members is evident.

Of all researchers at the University of Haifa—85 (about 14%) are represented in this list. Our Nursing Department proudly includes 7 members (~41%!). Moreover, the only Israeli nurses and Nursing Department faculty represented on this list (with the exception of one researcher from the Hebrew University) are from our department!

Prof. Efrat Shadmi Nominated Vice Dean of Research Affairs at the Faculty of Social Welfare and Health Sciences



Prof. Efrat Shadmi was recently nominated to serve as Vice Dean of Research Affairs at the Faculty of Social Welfare and Health Science. In her new role, Prof. Shadmi is charged with supporting enhancement of the scope and quality of research at the Faculty's ten schools and departments, including the Cheryl Spencer Department of Nursing. This mission will be achieved by promoting interdisciplinary, local and global research collaborations, and via integrative social—academic partnerships that advance health, social justice, and environmental Sustainable Development Goals, in line with the University of Haifa's vision. Specifically, with the support of the Faculty's Research Committee, she aims to promote submissions to competitive grants; support new faculty members; increase visibility of research achievements; and enhance

internal, national, and international collaborations.

In her words: “Our Faculty is unique in that it encompasses a broad range of health and social welfare disciplines and professions. This structure generates the perfect conditions for groundbreaking interdisciplinary research, as evident from the scientific advancements and accomplishments of our researchers. This advantage is also manifested within our nursing department, as the only department in Israel, and one of its kind worldwide, which includes scientists from a wide range of health and social welfare fields. This generates unique integrative research opportunities, such as manifested in the study ‘Psychological and Biological Risk Factors for Insomnia and Depressed Mood among Hospital Nurses Working in Shifts,’ by Dr. Kochav Ben Haroush, who recently won the Young Investigator Award with her mentor Prof. Tamar Shochat, at the annual meeting of the World Sleep Society (congrats!).”

Congratulations to **Prof. Anna Zisberg**, who was nominated a Fellow of the American Academy of Nursing!

Faculty Care for Ukrainian Refugees

We are very proud to announce that **Dr. Ricky Bitton Cohen** and **Ms. Inbal Faran-Perach** joined a delegation as part of the *Humans for Humans* NGO to provide humanitarian and medical care to refugees from all over Ukraine who came to Bucharest (Romania). They were housed in hotels, shelters, and converted schools. Their activities have focused on providing care for chronic diseases, supportive care for cross-contamination gastrointestinal and upper respiratory infections, and training and health promotion. Most of the refugees they cared for were women—grandmothers, mothers, and their children. In their words, “We went to help vulnerable people who affected by the war, displaced from their homes, asking for freedom and peace. We are asking for freedom and peace too.”



Grants and Awards

Congratulations to **Prof. Daniel Sperling**, who together with Dr. Hedva Vinarsky Peretz received a research grant from the Israel National Insurance Institute in the amount of 191,950 NIS. The research title is “Wellbeing of working family members who care for the elderly entitled to long-term care insurance benefits.”

Congratulations to **Prof. Yori Gidron** for receiving a research grant in the amount of 45,000 NIS from the Israel Cancer Association. His research title is “Effects of vagal nerve activation by biofeedback on prognosis of patients with pancreatic cancer.”

Congratulations to **Dr. Maayan Agmon**, who together with Stav Bar-Shany received a grant in the amount of 748,678 NIS from the Israel Innovation Authority for a project titled “ESG and sustainability account training program for climate-tech sector.”

Congratulations to **Dr. Nadia Golfenstein, Prof. Anat Drach-Zahavy, and Dr. Einav Sroulovici** for receiving a research fund for the project “Combating challenging behaviors in children with intellectual and developmental disabilities by adopting the resilience perspective from a private foundation on children with cognitive challenges” (500,000 NIS).

Congratulations to **Prof. Efrat Dagan and Prof. Anat Drach-Zahavy** for receiving a second stage of their research “Stigma, its expression in medical encounters with cancer patients and its influence on patient centered care,” from the Israel Cancer Association in the amount of 30,000 NIS.

Congratulations to **Prof. Anat Drach-Zahavy**, who together with Dr. Galia Shefer Hillel received a grant of 40,000 NIS for their research titled “Towards effective interdisciplinary teamwork for quality of diabetic care: Leadership as attenuating the negative effects of professional stereotypes.”

Congratulations to **Prof. Dorit Pud** for receiving a research grant from the Israel Pain Association. The research is titled “Response to lidocaine treatment by intravenous administration to patients suffering from chronic pain—An exploratory study” (10,000 NIS).

Selected List of Recent Faculty Publications

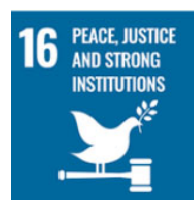
- Abdelhadi, N., **Drach-Zahavy, A.**, & **Srulovici, E.** (2022). Work interruptions and missed nursing care: A necessary evil or an opportunity? The role of nurses' sense of controllability. *Nursing Open*, *9*(1), 309–319. <https://doi.org/10.1002/nop2.1064>
- Ali-Saleh, O., **Goldblatt, H.**, & Baron-Epel, O. (2022). "My problem is that I live next door to my mother-in-law": Arab women's postpartum experiences with positive and negative social interactions and the impact on their well-being: A qualitative study. *Health & Social Care in the Community*. Advance online publication. <https://doi.org/10.1111/hsc.13792>
- Aviram, J., Lewitus, G., **Pud, D.**, Procaccia, S., Berman, P., Yellin, B., Vysotski, Y., Hazan, O., Eisenberg, E., & Meiri, D. (2021). Specific phytocannabinoid compositions are associated with analgesic response and adverse effects in chronic pain patients treated with medical cannabis. *Pharmacological Research*, *169*, Article 105651. <https://doi.org/10.1016/j.phrs.2021.105651>
- Aviram, J., **Pud, D.**, Berkovitch, T., Schiff-Keren, B., Ogintz, M., Vulfsons, S., Yashar, T., Adahan, H.M., Brill, S., Amital, H., Goor-Aryeh, I., Robinson, D., Green, L., Segal, R., Fogelman, Y., Tsvieli, O., Yellin, B., Vysotski, Y., Morag, O., Tashlykov, V., Sheinfeld, R., Goor, R., Meiri, D., & Eisenberg, E. (2021). Medical cannabis treatment for chronic pain: Outcomes and prediction of response. *European Journal of Pain*, *25*(2), 359–374. <https://doi.org/10.1002/ejp.1675>
- Band-Winterstein, T., **Goldblatt, H.**, Lev, S., & Harel, D. (2021). Forms of sexual assault against older women in the context of acquaintance relationships: An intersectional perspective. *Health & Social Care in the Community*. Advance online publication. <https://doi.org/10.1111/hsc.13672>
- Band-Winterstein, T., **Goldblatt, H.**, Lev, S., Harel, D., & Harel, D. (in press). Sexual assault of women in old age?! An intersectional perspective. *Gerontology*. (In Hebrew).
- Bin Alam, Z. M., Hia, M. S., **Gidron, Y.**, & Al-Hakeem, M. (2021). Mental health care of patients with breast cancer in Bangladesh. *Lancet Psychiatry*, *8*(1), 18–19. [https://doi.org/10.1016/S2215-0366\(20\)30494-6](https://doi.org/10.1016/S2215-0366(20)30494-6)
- Birenbaum-Carmeli, D.** (2021). Israeli demography: A composite portrait of a reproductive outlier. *Israel Affairs*, *27*(6), 1053–1081. <https://doi.org/10.1080/13537121.2021.1992222>
- Birenbaum-Carmeli, D.**, & Chassida, J. (2021). Health and socio-demographic implications of the COVID-19 second pandemic wave in Israel, compared with the first wave. *International Journal for Equity in Health*, *20*, Article 154. <https://doi.org/10.1186/s12939-021-01445-y>
- Birenbaum-Carmeli, D.**, Inhorn, M. C., Vale, M. D., & Patrizio, P. (2021). Cryopreserving Jewish motherhood: Egg freezing in Israel and the United States. *Medical Anthropology Quarterly*, *35*(3), 346–363. <https://doi.org/10.1111/maq.12643>
- Carraso, S., Fishman, B., Stelmach Lask, L., **Shochat, T.**, Geva-Zatorsky, N., & Tauber, E. (2021). Metagenomic analysis reveals the signature of gut microbiota associated with human chronotypes. *The FASEB Journal*, *35*(11), Article e22011. <https://doi.org/10.1096/fj.202100857RR>
- Caton, L., Bolzon, M., Boschiero, D., Thayer, J. F., & **Gidron, Y.** (2021). Pre-surgical heart-rate variability strongly predicts less post-operative pain in patients with epilepsy. *Journal of Psychosomatic Research*, *145*, Article 110421. <https://doi.org/10.1016/j.jpsychores.2021.110421>
- Cohen Castel, O., **Dagan, E.**, Keinan-Boker, L., Low, M., & **Shadmi, E.** (2021). Patients' perceived continuity of care and adherence to oral anticancer therapy: A prospective cohort mediation study. *Journal of General Internal Medicine*, *36*(6), 1525–1532. <https://doi.org/10.1007/s11606-021-06704-w>
- Cohen-Stavi, C., Givon, S., Key, C., Molcho, T., Balicer, R., & **Shadmi, E.** (2021). Guideline deviation and its association with specific chronic diseases among patients with multimorbidity: A cross-sectional cohort study in a care management setting. *BMJ Open*, *11*(1), Article e040961. <https://doi.org/10.1136/bmjopen-2020-040961>

- Drach-Zahavy, A., Goldblatt, H., Admi, H., Blau, A., Ohana, I., & Itzhaki, M. (2022). A multi-level examination of nursing students' resilience in the face of the COVID-19 outbreak: A cross-sectional design. *Journal of Advanced Nursing*, *78*(1), 109–120. <https://doi.org/10.1111/jan.14951>
- Fanti-Oren, S., Birenbaum-Carmeli, D., Eliakim, A., Pantanowitz, M., Schujovitzky, D., & Nemet, D. (2021). The effect of information placebo on physical activity in overweight and obese children. *Pediatric Exercise Science*, *33*(3), 120–124. <https://doi.org/10.1123/pes.2020-0062>
- Flaks-Manov, N., Shadmi, E., Yahalom, R., Peri-Mazra, H., Balicer, R., & Srulovici, E. (2021). Identification of patients at-risk for 30-day readmission: Clinical insight beyond big data prediction. *Journal of Nursing Management*. Advance online publication. <https://doi.org/10.1111/jonm.13495>
- Flint Bretler, O., Tzischinsky, O., Asraf, K., & Shochat, T. (2022). The effects of parental intervention on sleep patterns and electronic media exposure in young adolescents. *Clocks & Sleep*, *4*(1), 129–144. <https://doi.org/10.3390/clockssleep4010013>
- Gal, G., Shadmi, E., Hoter-Ishay, G., Gelkopf, M., & Roe, D. (2021). Comparing outcome measures of persons with severe mental illness in vocational rehabilitation programs: A dual perspective of consumers and providers. *International Journal for Quality in Health Care*, *33*(IS_1), ii106–ii111. <https://doi.org/10.1093/intqhc/mzaa030>
- Gidron, Y., Levy, E., Farchi, M., & Rapaport, C. (2021). Effects of an automatized psychological inoculation (PI) intervention on anxiety, resilience and adherence to COVID-19 recommendations. *Psychology & Health*. Advance online publication. <https://doi.org/10.1080/08870446.2021.1984485>
- Golfenshtein, N., Hanlon, A., Naixue, C., Srulovici, E., Lozano, A., & Medoff-Cooper, B. (2021). Parental post traumatic stress predicts healthcare utilization in infants with congenital heart defects. *The Journal of Pediatrics*, *238*, 241–248. <https://doi.org/10.1016/j.jpeds.2021.06.073>
- Granot, M., Srulovici, E., Granovsky, Y., Yarnitsky, D., & Kuperman, P. (2022). Dispositional and situational personal features and acute post-collision head and neck pain: Double mediation of pain catastrophizing and pain sensitivity. *PLoS One*, *17*(1), Article e0262076. <https://doi.org/10.1371/journal.pone.0262076>
- Gur-Yaish, N., Shulyaev, K., Bathish, M., Shadmi, E., & Zisberg, A. (2021). Perception of staff and family responsibility to provide hospitalized older adults with basic activities care and emotional support. *Geriatric Nursing*, *42*(6), 1247–1252. <https://doi.org/10.1016/j.gerinurse.2021.05.003>
- Harel, D., Band-Winterstein, T., & Goldblatt, H. (2022). Between sexual assault and compassion: The experience of living with a spouse's dementia-related hypersexuality—A narrative case-study. *Dementia—International Journal of Social Research and Practice*, *21*(1), 181–195. <https://doi.org/10.1177/14713012211032068>
- Heumann, Z., Youssim, I., Kizony, R., Friedlander, Y., Shochat, T., Weiss, R., Hochner, H., & Agmon, M. (2022). The relationships of fibrinogen and C-reactive protein with gait performance: A 20-year longitudinal study. *Frontiers in Aging Neuroscience*, *14*, Article 761948. <https://doi.org/10.3389/fnagi.2022.761948>
- Hochman, L., Moran, G. S., Gelkopf, M., Roe, D., & Shadmi, E. (2021). Prospectively identifying adults with serious mental illness at risk for poor physical health: The role of person reported outcomes. *International Journal for Quality in Health Care*, *33*(IS_1), ii65–ii69. <https://doi.org/10.1093/intqhc/mzaa033>
- Hussein, S., Sadeh, Y., Dekel, R., Shadmi, E., Brezner, A., Landa, J., & Silberg, T. (2021). Using a biopsychosocial approach to examine differences in post-traumatic stress symptoms between Arab and Jewish Israeli mothers following a child's traumatic medical event. *International Journal for Equity In Health*, *20*(1), Article 89. <https://doi.org/10.1186/s12939-021-01429-y>
- Inhorn, M. C., Birenbaum-Carmeli, D., & Patrizio, P. (2021). Egg freezing at the end of romance: A technology of hope, despair, and repair. *Science, Technology, & Human Values*, *47*(1), 53–84. <https://doi.org/10.1177/0162243921995892>
- Inhorn, M. C., Birenbaum-Carmeli, D., & Patrizio, P. (2022). Elective egg freezing and male support: A qualitative study of men's hidden roles in women's fertility preservation. *Human Fertility*, *25*(1), 99–106. <https://doi.org/10.1080/14647273.2019.1702222>

- Jean-Louis, G., **Shochat, T.**, Youngstedt, S. D., Briggs, A. Q., Williams, E. T., Jin, P., Bubu, O. M., & Seixas, A. A. (2021). Age-associated differences in sleep duration in the US population: Potential effects of disease burden. *Sleep Medicine, 87*, 168–173. <https://doi.org/10.1016/j.sleep.2021.09.004>
- Josefsberg Ben-Yehoshua, L., **Sperling, D.**, & Ran, A. (Eds.). (2021). *Ethics and panic in the world of information(al) sciences, copyrights and academic publication*. MOFET Institute.
- Kirshner, D., Spiegelhalter, K., Shahar, R. T., **Shochat, T.**, & Agmon, M. (2022). The association between objective measurements of sleep quality and postural control in adults: A systematic review. *Sleep Medicine Reviews, 63*, Article 101633. <https://doi.org/10.1016/j.smr.2022.101633>
- Lukačičinová, A., Fialová, D., Peel, N. M., Hubbard, R. E., Brkic, J., Onder, G., Topinková, E., Gindin, J., **Shochat, T.**, Gray, L., & Bernabei, R. (2021). The prevalence and prescribing patterns of benzodiazepines and Z-drugs in older nursing home residents in different European countries and Israel: Retrospective results from the EU SHELTER study. *BMC Geriatrics, 21*(1), Article 277. <https://doi.org/10.1186/s12877-021-02213-x>
- Magzal, F., **Shochat, T.**, Haimov, I., Tamir, S., Asraf, K., Tuchner-Arieli, M., Even, C., & Agmon, M. (2022). Increased physical activity improves microbiota composition and reduces short-chain fatty acid concentrations in older adults with insomnia. *Scientific Reports, 12*(1), Article 2265. <https://doi.org/10.1038/s41598-022-05099-w>
- Mol, M. B. A., Straus, M. T. A., van Osch, F. H. M., Vogelaar, F. J., Barten, D. G., Farchi, M., Foudraïne, N. A., & **Gidron, Y.** (2021). Heart-rate-variability (HRV), predicts outcomes in COVID-19. *Plos ONE, 16*(10), Article e0258841. <https://doi.org/10.1371/journal.pone.0258841>
- Overmeire, R. V., **Gidron, Y.**, Six, S., Deschepper, R., Vandekerckhove, M., & Bilsen, J. (2021). Suicide in Flanders, Belgium, after terrorist attacks. *Psychology, Health & Medicine*. Advance online publication. <https://doi.org/10.1080/13548506.2021.1894342>
- Reijmen, E., de Mey, S., Van Damme, H., De Ridder, K., Gevaert, T., De Blay, E., Bouwens, L., Collen, C., De Coster, L., De Couck, M., Laoui, D., De Grève, J., De Ridder, M., **Gidron, Y.**, & Goyvaerts, C. (2021). Transcutaneous vagal nerve stimulation alone or in combination with radiotherapy stimulates lung tumor infiltrating lymphocytes but fails to suppress tumor growth. *Frontiers in Immunology, 12*, Article 772555. <https://doi.org/10.3389/fimmu.2021.772555>
- Shochat, T.**, Santhi, N., Herer, P., Dijk, D.-J., & Skeldon, A. C. (2021). Sleepiness is a signal to go to bed: Data and model simulations. *Sleep, 44*(10), Article zsab123. <https://doi.org/10.1093/sleep/zsab123>
- Segal, N., **Pud, D.**, Amir, H., Ratmansky, M., Honigman, L., & **Treister, R.** (2021). Additive analgesic effect of transcranial direct current stimulation together with mirror therapy for the treatment of phantom pain. *Pain Medicine, 22*(2), 255–265. <https://doi.org/10.1093/pm/pnaa388>
- Sheffer-Hilel, G., **Drach-Zahavy, A.**, **Goldblatt, H.**, & Endevelt, R. (2021). Dietitians' change in practice: Threat or challenge? *Topics in Clinical Nutrition, 36*(3), 189–201. <https://doi.org/10.1097/TIN.0000000000000247>
- Smitchenko, Y., **Shochat, T.**, & Zisberg, A. (2022). Assessment of sleep duration and number of awakenings based on ankle and wrist actigraphy in medical hospitalized older patients. *Biological Research for Nursing*. Advance online publication. <https://doi.org/10.1177/10998004221095567>
- Sokolow, P. S., Buck, H. G., & **Shadmi, E.** (2021). An integrative review of chronic illness mHealth self-care interventions: Mapping technology features to patient outcomes. *Health Informatics Journal, 27*(3), Article 14604582211043914. <https://doi.org/10.1177/14604582211043914>
- Sperling, D.** (2021). Peer review ethics. In L. Josefsberg Ben-Yehoshua, D. Sperling, & A. Ran (Eds.), *Ethics and panic in the world of information(al) sciences, copyrights and academic publication* (pp. 137–157). MOFET Institute.
- Sperling, D.** (2022). “Could you help me die?”: On the ethics of researcher-participant relationships and the limitations of qualitative research. *International Journal of Qualitative Methods*. Advance online publication. <https://doi.org/10.1177/16094069221105076>
- Sperling, D.** (2022). Travelling to die: Views, attitudes and end-of-life preferences of Israelis considering receiving aid-in-dying in Switzerland. *BMC Medical Ethics, 23*, Article 48. <https://doi.org/10.1186/s12910-022-00785-w>

- Sperling, D.** (2022). Why we need to reconsider moral distress in nursing. *Nursing Ethics*, 29(2), 261–263. <https://doi.org/10.1177/09697330221085763>
- Srulovici, E., & Yanovich, O.** (2022). Missed nursing care: Testing the moderation-mediation energetic and motivational pathways via a nested design. *Journal of Advanced Nursing*. Advance online publication. <https://doi.org/10.1111/jan.15144>
- Swedberg, K., Cawley, D., Ekman, I., Rogers, H. L., Antonic, D., Behmane, D., Björkman, I., Britten, N., Buttigieg, S. C., Byers, V., Börjesson, M., Corazzini, K., Fors, A., Granger, B., Joksimoski, B., Lewandowski, R., Sakalauskas, V., **Srulovici, E.**, Törnell, J., Wallström, S., & Lloyd, H. M. (2021). Testing cost containment of future health care with maintained or improved quality—The COSTCARES project. *Health Science Reports*, 4(2), Article e309. <https://doi.org/10.1002/hsr2.309>
- Sznitman, S. R., **Shochat, T.**, van Rijswijk, K., Greene, T., & Cousijn, J. (2021). Cannabis and alcohol use and their associations with sleep: A daily diary investigation of single-use and co-use in college students. *Cannabis and Cannabinoid Research*. Advance online publication. <https://doi.org/10.1089/can.2021.0106>
- Tonkikh, O., **Zisberg, A.**, & **Shadmi, E.** (2021). The role of nurse staffing in the performance of function-preserving processes during acute hospitalization: A cross-sectional study. *International Journal of Nursing Studies*, 121, Article 103999. <https://doi.org/10.1016/j.ijnurstu.2021.103999>
- Treister, R.**, Honigman, L., Berger, A., Cohen, B., Asaad, I., Kuperman, P., Tellem, R., Hochberg, U., & Strauss, I. (2022). Temporal summation predicts de novo contralateral pain after cordotomy in patients with refractory cancer pain. *Neurosurgery*, 90(1), 59–65. <https://doi.org/10.1227/NEU.0000000000001734>
- Vechter, T., & **Drach-Zahavy, A.** (2021). Effect of nurses' resilience on fall prevention in acute-care hospital: A mixed-methods qualitative study. *Journal of Nursing Management*, 29(7), 2199–2207. <https://doi.org/10.1016/10.1111/jonm.13373>
- Zisberg, A.**, Shulyaev, K., Gur-Yaish, N., **Agmon, M.**, & **Pud, D.** (2021) Subgrouping hospitalized older adults based on symptoms experienced and its relationship to characteristics and outcomes. *Geriatric Nursing*, 42(1), 240–246. <https://doi.org/10.1016/j.gerinurse.2020.08.007>
- Zlotnick, C.**, Lavon-Manor, I., & **Srulovici, E.** (2022). Resilience in late adolescence/young adulthood: Rising to the occasion? *Military Psychology*. Advance online publication. <https://doi.org/10.1080/08995605.2021.2017190>
- Zontag, D., Honigman, L., Kuperman, P., & **Treister, R.** (2021). Effects of pain-reporting education program on children's pain reports—Results from a randomized controlled post-operative pediatric pain. *Frontiers in Pediatrics*, 9, Article 672324. <https://doi.org/10.3389/fped.2021.672324>
- Zontag, D., Kuperman, P., Honigman, L., & **Treister, R.** (2022). Agreement between children's, nurses' and parents pain intensity reports is stronger before than after analgesic consumption: Results from a post-operative study. *International Journal of Nursing Studies*, 130, Article 104176. <https://doi.org/10.1016/j.ijnurstu.2022.104176>

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