

# The Cheryl Spencer Department of Nursing

Newsletter Issue no. 8, April 2018



*The Cheryl Spencer Department of Nursing faculty and staff. From left to right (standing): Dr. Sara Shahaf, Ms. Debbie Misor, Prof. Michal Granot, Prof. Tamar Shochat, Dr. Maayan Agmon, Prof. Hadass Goldblatt, Ms. Carol Ravid, Prof. Anat Drach-Zahavy, Dr. Einav Srulovici, Ms. Dalit Wilhelm, Prof. Dorit Pud, Prof. Efrat Dagan, Prof. Cheryl Zlotnick, Dr. Anna Zisberg. From left to right (sitting): Ms. Liat Gavron, Prof. Efrat Shadmi, Dr. Max Topaz, Dr. Roi Treister.*

*The Cheryl Spencer Department of Nursing  
Faculty of Social Welfare & Health Sciences*

*University of Haifa, Haifa, Israel*

**Newsletter Issue no.  
8**

*Editor in Chief:  
Dr. Einav Srulovici*

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**Message from the Editor**

Israel's population, like that of most countries today, is diverse, varying in ethnicity, education levels, occupations, religiousness, and other characteristics. The health system as well as the educational system must address the social and linguistic diversity resulting from the heterogenic composition of Israeli society.

To reduce disparities and reinforce equality, The Cheryl Spencer Department of Nursing at the University of Haifa encourages researchers to conduct research in this field. For example, Prof. Zlotnick found that psychological and social stressors were increased as adolescent immigrants of Ethiopian descent were less willing to seek parents as a source of health information, and reported experiencing poorer health services, than other immigrant adolescents; and Prof. Birenbaum-Carmeli discussed the unfortunate and unexpected disparities of a national health policy in Israel, which promotes fertility treatments to all its female citizens.

Prof. Shadmi advises PhD students in research on health and healthcare disparities: Dr. Spitzer-Shohat (graduated 2016) demonstrated that in an organization-wide disparity reduction initiative, cohesive intra-network structure and close relations with mid-level management increase the likelihood that teams perceive themselves as possessing the skills and resources needed to lead and implement disparity reduction efforts; and PhD(c) Rayan-Gharra found that language-concordant care and caregiver presence are associated with better patients' transitional-care experience among patients with low health-literacy levels and among minorities in general.

In the struggle to narrow disparities in education, The Cheryl Spencer Department of Nursing decided to develop and implement unique mentoring programs for improving minorities' educational experience and outcomes. Dr. Agmon and Dr. Shahaf lead a mentoring program for second-generation immigrants from Ethiopia, and Dr. Zisberg leads a mentoring program for Arab students who show difficulties in entering academia. Dr. Zisberg and Dr. Topaz are developing fully computerized courses that are accessible via the Internet to a wide audience, thus improving access to academic courses for students worldwide.

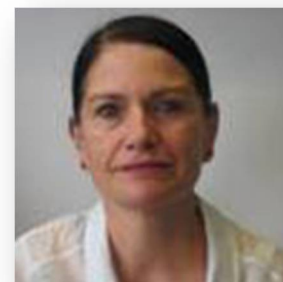
For more information regarding our faculty and staff, research, education program, and other activities and events, please visit our website:  
<http://hw.haifa.ac.il/index.php/en/departments/nursing>.

Sincerely, Einav Srulovici PhD MHA RN

## Message from Anat Drach-Zahavy, Head of The Cheryl Spencer Department of Nursing

Dear Friends and colleagues,

Another year has passed, and I am proud to introduce a new newsletter from the Cheryl Spencer Department of Nursing. As you browse through the pages of the newsletter, you will be able to grasp how our department has grown at the areas of research, academic programs, community-academia relationships, and staff members' achievements. As an overarching theme to this year's newsletter, we chose to focus on inequality in healthcare using evidence-based strategies that nurses can adopt to combat them, and on practices and programs that we, as a department, employ to reduce inequalities among students in our own academic programs.



As a diverse department, consisting of nurses, physicians, psychologists, a sociologist, and a social worker, our faculty members are tapping the issue of inequality in health at various levels and through multi-disciplinary lenses. In the first paper in this issue on health disparities in immigrant youth, Prof. Zlotnick illustrates the “triple challenge” of immigrant youth in getting equal healthcare: they encounter personal difficulties when trying to fit into the new culture, they are reluctant to refer to their parents for advice, and they face biases and misunderstanding from healthcare providers. As a result, these young individuals experience poor health services.

Another problem that can increase disparities in healthcare is the low health literacy of minority patients. This issue is the focus of the study by Prof. Shadmi and her PhD student, Rayan-Gharra. Based on their findings with Hebrew, Russian, or Arabic native-speakers patients, the researchers suggest straightforward but simple practices that nurses can use to improve understanding and execution of hospital discharge instructions: ensuring that discharge briefings are given by language-concordant providers, and when caregivers are present. By doing so, nurses can substantially improve the transitional-care experience of minority patients. A different angle to combatting disparity is taken by Prof. Shadmi and another PhD. Student, Spitzer-Shohat. The researchers investigated a program to reduce disparity in healthcare through the innovative lens of social-network theory. They concluded that cohesive intra-network structure and close relations with mid-level management increase the likelihood that teams perceive themselves as possessing the skills and resources needed to lead and implement disparity reduction efforts.

Finally, exploring disparity at the policy-making level, Prof. Birenbaum-Carmeli focuses on the issue of Artificial Reproductive Technologies (ART) in Israel. The author asserts that although Israeli women have been the world's heaviest users of ART for decades, a closer examination demonstrates how even in an egalitarian health policy, like in Israel, ART is still embedded within the prevailing social order, thereby reinforcing class, gender and cultural disparities. These findings call for an egalitarian, inclusive policy to mitigate disparities.

Together, the findings from our department gathered in this newsletter join the calls around the globe that advocate for implementing a ‘cultural safe’ healthcare. Namely, an environment that is physically, spiritually, socially and emotionally safe for patients; where there is no assault, challenge or denial of their identity, of who they are and what they need. As is shown here, this environment could be achieved when nurses challenge beliefs based on bias or assumption, adopt culturally sensitive strategies, work in cohesive teams, and engage in partnership with patients, mid-level managers, and communities. A cultural safety climate can contribute to better healthcare experiences for minority peoples, and nurses are in the right place to make a real difference toward achieving this aim.

*Spring is here - welcome all the new beginnings,* Anat Drach-Zahavy

## Disparity Reduction Research

### Recognizing Potential Disparities in Immigrant Youth

**Prof. Cheryl Zlotnick**

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

Of the approximately 26,000 immigrants who came to Israel in 2016, more than a quarter were youth<sup>1</sup>. Adolescence is an important period of physical, social and mental development when youth formulate their identity, scrutinize differences between themselves and others, and establish lifestyle patterns, including diet and exercise. Many of these lifestyle patterns remain throughout their life course. It is a stressful stage of development. Immigrant youth are challenged not only by the direct effects of adapting to a new culture, foods, lifestyle, set of customs, and language, but also by living with parents, their primary support system, who also face the challenges of immigration. Adaptation may be even harder when the immigrant adolescents possess visibly different facial features or skin color from the host population, or come from a developing country and arrive into a developed one. The acculturation difficulties of immigrant adolescents have stimulated several studies<sup>2</sup>, including those examining the impact of immigrant youth born in another country to parents who also are born in a different country (1st generation); and immigrant youth who are born in the host country but whose parents were born in a different country (2nd generation)<sup>3,4</sup>.

Through a series of studies funded by the European Union (Marie Curie Career Reintegration Grant #303525), we found that adolescents of Ethiopian descent struggle with societal bigotry<sup>3</sup> and the differences in food and lifestyle<sup>5</sup>. Moreover, while all adolescent immigrants reported lower socioeconomic status, higher levels of psychological symptoms, and more frequent school difficulties, only 2nd generation Ethiopian adolescent male immigrants demonstrated the poorest health status compared to other immigrants and non-immigrant groups<sup>6</sup>. Adolescent immigrants of Ethiopian descent, although knowledgeable on healthy eating and exercise, consumed fast foods and adopted more sedentary behaviors common in Israel as a way of promoting societal integration. Simultaneously, they struggled with the stressors of pervasive and ubiquitous discrimination, living in low-income, high-crime areas, helping parents and other family members with language and cultural translation<sup>6</sup>. **These psychological and social stressors were increased as immigrants of Ethiopian descent were less willing to seek parents as a source of health information, and reported experiencing poorer health services, compared to other immigrant adolescents<sup>7</sup>.**



Israel states that health services need to be accessible to all. Accessibility does refer not solely to geographic proximity; it also refers to the belief that health service professionals are willing to listen and help their patients obtain needed care. Clearly, we as nurses can make a difference.

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## Universal Funding and Social Disparities: The Case of Reproductive Policy in Israel

**Prof. Dafna Birenbaum-Carmeli**

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

Assisted reproductive technologies (ART) are often regarded as a major reflection of and contribution to 'stratified reproduction', i.e., the differential import bestowed on the reproduction of some social groups vs. others. The state of Israel is a world exception in this respect, providing funded, high-quality fertility treatments to all its female citizens, up to the age of 45, irrespective of the woman's family status, sexual orientation, or any other sociodemographic parameter, until she has two children with the current partner (if applicable). Not surprisingly, Israeli women have been the world's heaviest users of ART for decades.

**While this policy indeed renders ART accessible to all Israeli women, several types of disparity still persist.**

**Class and social standing.** Women living in the periphery need to spend long hours as well as more money on the multiple, frequent hospital visits that ART treatments entail. Moreover, women who are more traditional often seek accompaniment for the clinic visit, thereby expanding the treatment cost in terms of lost work days and income. Some women require accompaniment for the sake of linguistic assistance. Almost invariably, the women who have to invest greater resources in the treatment are those coming from disempowered groups, whose resources are fewer to begin with.



**Gender.** Since the development of ICSI – the technological insertion of a sperm into an IVF-retrieved egg – in vitro fertilization became the standard solution for male infertility. As such, it is the only medical problem that is being resolved via intervention conducted on the body of another person, the infertile man's female partner. Moreover, this treatment strategy is being applied without sufficient research, let alone evidence, regarding the health implications of the invasive procedure and massive hormone intake on the women's bodies.

**Cultural strain.** Even more foundational is the cultural significance of this universal, unlimited state funding. Whereas the policy is indeed egalitarian, the funding of treatments that have but a slim chance of success, e.g., after multiple unsuccessful cycles, especially when the woman is of advanced reproductive age, conveys a strong message. One might say that the policy is but an option, allowing individuals to make their own choices. However, the extremity of the policy suggests, possibly implies an expectation, that Israelis will pursue treatment even when it is likely to fail. Some Israeli women thus invest long years, in the prime of their lives, struggling to give birth to a biologically related baby. Such construction of childbearing as a supreme life goal may benefit many women and men. For those who feel differently, however, it may seriously impede treatment termination and wrap with guilt a major life choice that is presumably personal.

**All in all, ART policy in Israel might exemplify how even an egalitarian health policy may enact and enhance class, gender and cultural disparities.** In the broader scheme, this is to be expected, as ART policy, like any other health policy, is couched in prevailing social order and existing power relations. Yet, while a single health policy cannot eliminate social rifts, an egalitarian, inclusive approach can definitely contribute to their mitigation.

## "Paying it Forward": PhD Students' Success Stories in Healthcare Disparities Research

*Sivan Spitzer-Shohat, PhD [Advisor: Prof. Efrat Shadmi]*



**Dr. Spitzer-Shohat** completed her PhD ("A Realist Inquiry of an Organization-Wide Initiative to Reduce Disparities in Health and Health Care") in 2016 and is currently a postdoctoral fellow at the Center for Health and the Social Sciences, University of Chicago [mentor: Dr. Marshal Chin], and a Rivo-Essrig Fellow at the Department of Population Health, Azrieli Faculty of Medicine, Bar-Ilan University, Israel. Sivan's PhD centered on evaluating and understanding complex interventions aimed at reducing health and health care disparities through the prism of organizational change. Part of her PhD work, as summarized below, in collaboration with the late Dr. Goldfracht, Dr. Hoshen, Ms. Key and Prof. Balicer (Clalit Health Services), utilizes Social Network Analysis to study how primary care clinic teams of nurses, working with physicians and administrative managers, achieve effectiveness in efforts to improve care at clinics serving low-socioeconomic-status and minority populations and thus reduce disparities.

### Primary Care Networks and Team Effectiveness: A Large-Scale Quality Improvement Disparity Reduction Program

The study investigated how the social network and structural ties among primary-care-clinic team members relate to their perceived team effectiveness (TE), in a large-scale quality improvement disparity reduction intervention. The study was conducted in Israel's Clalit Health Service, investigating a primary-care-based quality improvement disparity reduction program to reduce gaps between disadvantaged and general member populations. I used a mixed-methods design of Social Network Analysis and qualitative data collection. The researcher performed 108 interviews with medical, nursing, and administrative teams of 26 clinics and their respective managerial units. Information was also collected on the organizational ties, analyzing density and centrality. Pearson correlations examined the association between network measures and perceived TE.

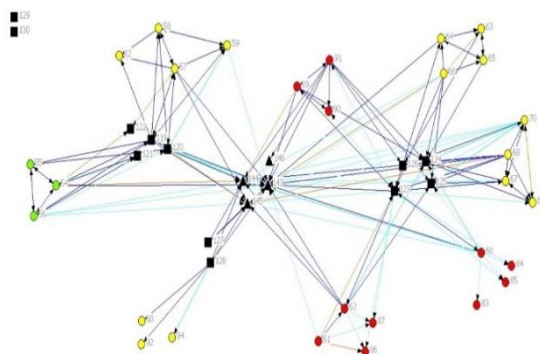


Figure: inter and intra organizational ties among clinic, sub-regional and regional team members. Green, Yellow and Red circles denote high, medium and low levels of TE (respectively); line colors denote strength of ties (from light (weak) to dark (strong)).

Clinics with strong intra-clinic density and high clinic-subregional-management density were positively correlated with perceived TE ( $r=0.406$   $p<0.05$ ;  $r=0.464$   $p<0.05$ ) and reported by primary care teams as central to the implementation of the program. Clinic in-degree centrality was also positively associated with perceived TE ( $r=0.482$   $p<0.05$ ). Qualitative analyses support these findings, with teamwork emerging as a factor which can facilitate teams' ability to design and implement disparity reduction interventions. Findings show that conflicts between team members about their roles within the disparity reduction initiative resulted in low cohesiveness and a sense of low ability to reach the organizational goal. Lessons from this study on the

role of teamwork and intra-organizational ties are currently used to inform subsequent research and cross-national US-Israel learning, as part of my postdoctoral studies.

**The study demonstrates that in an organization-wide disparity reduction initiative, cohesive intra-network structure and close relations with mid-level management increase the likelihood that teams perceive themselves as possessing the skills and resources needed to lead and implement disparity reduction efforts.**

**Nosaiba Rayan-Gharra, MHA [Advisor: Prof. Efrat Shadmi]**

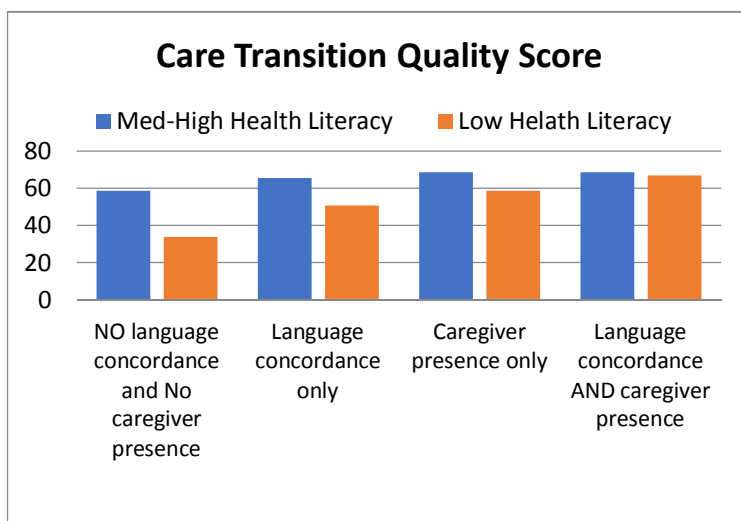


**Ms. Rayan-Gharra** is currently performing her PhD studies on “Care transition from hospital to the community among minority patients: multi- dimensional model testing the effect of system and cultural factors on outcomes”. Her dissertation examines factors related to cultural characteristics and health care processes during transitions from the hospital to primary care, and their effect on outcomes (the quality of the transitions and readmissions). Her research was supported by a scholarship from the Israeli Council for Higher Education (Planning & Budgeting Committee) for excellent doctoral students from Arab and minority groups in Israel. The initial findings from her study (outlined below), in collaboration with Drs. Tadmor, Prof. Balicer and Ms. Flaks-Manov (Clalit Health Services), were recently accepted for oral presentation at the International Conference on Integrated Care and are currently under review in a leading scientific journal.

**Transitional Care among Minority Patients: The Role of Health Literacy, Caregiver Presence and Language-concordant Care**

Patients with low health literacy (HL) and minority patients encounter many challenges during transition from hospital to community care. I aimed to assess care transitions of patients from minority Arab and immigrant population groups and various HL levels and to test whether presence of caregivers and provision of language-concordant care are associated with better transitions.

This prospective cohort study included 598 internal medicine patients, Hebrew, Russian, or Arabic native speakers, at a tertiary medical center in central Israel, from 2013 to 2014. Baseline measures included: HL (Brief Health Literacy Screen); mental and physical health status (SF-12v.2); and daily functioning. A follow-up telephone survey assessed patients’ care transitions (Care Transition Measure [CTM]). Additionally, patients reported on care provisions at discharge: caregiver presence and patient–provider language concordance (i.e., concordance between the language spoken by the patient and by the discharge nurse or physician). Patients with low HL and without language-concordance or caregiver presence had the lowest CTM scores (33.1). When language-concordance and caregivers were available, CTM scores did not differ between the medium-high and low HL groups (72.30 and 68.40, respectively,  $p=0.118$ ). The adjusted analysis with tests of interaction showed that language-concordance and caregiver presence during discharge moderate the relationship between HL and patients’ care transition experience ( $p<0.001$ ).



**These findings show that the negative impact of low HL is potentially mitigated when language concordance and caregiver presence are available during discharge. Moreover, the independent effects of caregiver presence and language concordance, at both low and medium-high HL levels, show that transitional care of all patients is better when these provisions are available. Nonetheless, for patients with low HL, absence of caregivers and lack of language concordance is detrimental for their transitional care.** Our findings point to a need to identify patients at risk for poor understanding and execution of hospital discharge instructions. This entails determining patients’ HL levels and ensuring that discharge briefings are given by language-concordant providers and when caregivers are present.

## Educational Disparity Reduction Programs

### Mentoring for second-generation immigrants from Ethiopia

*Dr. Maayan Agmon and Dr. Sarah Shahaf*

Our department supports six students who are second-generation immigrants from Ethiopia. These students entered Haifa University as part of an affirmative action initiative, which the University has undertaken to reduce social inequality. As part of the mentoring process, these students have been consistently supported and guided in their studies on various levels. This scaffolding includes the introduction and practice of learning techniques, emotional support, and the development of strategies for navigating the academic system. To date, all six students have successfully completed the requirements of their first and second years. Miriam, a second-year student, expresses her satisfaction with the program:

This program opens a door for me and gives me hope for a better future. The support enables me to achieve my goals and reach my potential. I know that the psychometric exam is an obstacle for many students like me who wish to enter the university. Because of the support I have received in this program I can be successful in any academic endeavor.



### TAMKIN ("empowering" in Arabic) program for Arab students

*Dr. Anna Zisberg and Prof. Efrat Dagan*

The Cheryl Spencer Department of Nursing designed and implemented the TAMKIN (*empowering* in Arabic) program that promotes cross-cultural flexibility and academic skills in freshman nursing students. The intervention project focused specifically on equipping minority Arab students who show difficulties in entering academia with tools to successfully manage their first academic years. Preliminary results demonstrated that students who participated in the intervention program met the academic requirements of the first semester with less failure and higher average grades. Roba, a fourth-year student, shares her experience as a mentor in this program:



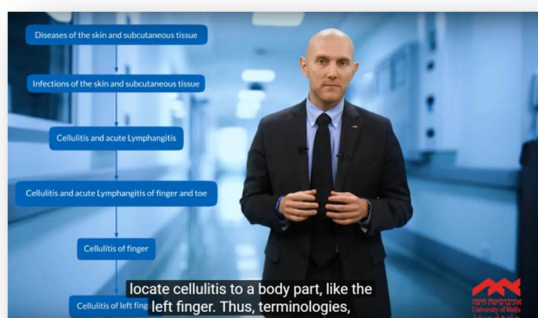
It was an honor to be selected as a mentor for the TAMKIN program. An experienced student like myself, who successfully undergoes the first three years of the undergraduate studies, can walk 1st year students through the challenges of the nursing studies. I learned that availability, even via phone, fulfills the social, mental, and physical needs of the 1st year students.



**Improving access to courses via the internet**

**Dr. Anna Zisberg and Dr. Max Topaz**

Two Cheryl Spencer Department of Nursing faculty members are developing computerized courses that will be accessible via the Internet to a wide audience: ‘Geriatrics and Gerontology’ (Dr. Anna Zisberg) and ‘Multidisciplinary Health Informatics for Better and Safer Healthcare’ (Dr. Max Topaz). While the former provides critical content related to broad topics of elderly care and is expected to be accessible in Hebrew and Arabic, the latter provides basic tools for working with health information systems and is expected to be accessible in Hebrew and English. This



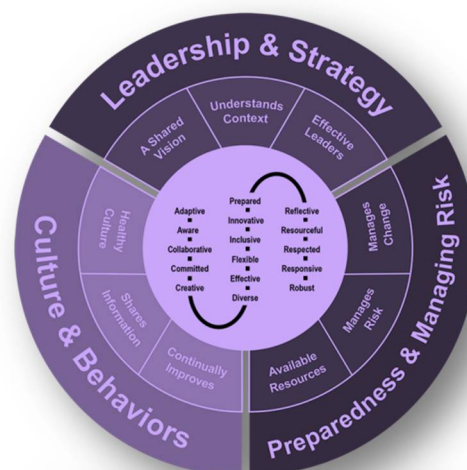
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e global learning system allows students to view content and perform various interactive activities at a convenient time and place. Learning in the student’s mother tongue allows a better learning experience, enjoyment and a deeper understanding of the content, and therefore a greater affinity with the subject of aging.

**News Programs**

In October 2017, a new *accelerated nursing program* was introduced by The Cheryl Spencer Department of Nursing. This program offers a Bachelor of Science in Nursing for entry-level non-nurses who hold a bachelor’s degree in a different major. Graduates are prepared to assume nursing careers not just as competent nurses but also as healthcare managers and leaders.

From October 2018, two master’s degree expertises will be available for new master’s-level nursing students in The Cheryl Spencer Department of Nursing: Symptoms Management and Organizational Resilience Management. Graduate students in the *Master in Nursing with Symptoms Management expertise* will gain unique knowledge and skills to conduct research in the clinical field of symptoms management, and will focus on specific clinical issues that promote the quality of care in both acute and chronic healthcare services. Graduate students in the *Master in Nursing with Organizational Resilience Management expertise* will gain knowledge and skills in research, management and leadership that are essential today, in the 21st century, to leading resilient organizations, which reduce human errors and promote quality of care.



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## Recent and Future Events

During the past year, two faculty members of The Cheryl Spencer Department of Nursing organized a conference. **Prof. Hadas Goldblatt** was the co-organizer and co-chair of a one-day roundtable conference titled *Breaking the Taboo: Sexual Abuse among Older Women*, in Tel Aviv. **Dr. Max Topaz** was the organizer of a recent conference (March 18th, 2018) titled *Technology in Patient Centered Care Services*, which was held in Haifa.



The Cheryl Spencer Department of Nursing, the Israeli Sigma Theta Tau International (STTI) Honor Society of Nursing, and the Nursing Cheryl Spencer Research Institute invited **Prof. Catherine R. Van Son**, PhD, RN, from Washington State University, College of Nursing, to be a guest speaker at a STTI meeting. Prof. Van Son presented how to educate students about challenging topics. Another honored guest is **Prof. Heather M. Young**, PhD, RN, Dean and Professor, at the

Betty Irene Moore School of Nursing, UCD, USA. Prof. Young will arrive this upcoming autumn and is expected to present her research in academic, clinical, and educational forums. She also intends to record one of her lectures for the students in the Cheryl Spencer Department of Nursing.



## Grants, Funds and Awards

**Prof. Hadas Goldblatt** was awarded two grants: from The Israel Cancer Association in the amount of 30,000 NIS for one year (with Prof. Yagil from the Department of Human Services), and from the Israeli Science Foundation in the amount of \$105,602 for three years (with Dr. Band-Winterstein, from the Department of Gerontology). The first study examines perceptions and coping strategies in the context of people recovering from cancer returning to work, and the second study examines sexual abuse among older women as a multifaceted phenomenon.

**Dr. Anna Zisberg, Dr. Maayan Agmon, Prof. Efrat Shadmi** were awarded (with Dr. Nurit-Gur Yaish) a grant from the Israeli Science Foundation in the amount of 800,000 NIS for three years. Their study aims to develop and test a multilevel model of in-hospital mobility among acutely ill older adults. **Dr. Zisberg** was also awarded a grant from The Israeli Council for Higher Education in the amount of 300,000 NIS for one year to develop a massive open online course (MOOC) on geriatrics and gerontology for the national platform Campus.

**Prof. Cheryl Zlotnick** received a grant for 176,000 NIS for three years to examine resilience in non-immigrant, and 1st and 2nd generation immigrant, young adults.

**Dr. Max Topaz** was awarded two grants: the first from The Israeli Institute for Health Policy Research in the amount of \$35,000 for one year, to test whether electronic health records enable patient-centered care; and the second, from The Israeli Council for Higher Education in the amount of \$170,000 for one year, to develop a massive open online course (MOOC) on multidisciplinary health informatics for better and safer healthcare for edX. Additionally, he earned funding from the Tel-ha-Shomer Innovation Fund in the amount of \$20,000 for one year, for a pilot study that uses word-embeddings to extract comorbid conditions and health interventions from clinical narratives.

**Dr. Einav Srulovici** was awarded a grant from the Faculty of Social Welfare & Health Sciences at the University of Haifa in the amount of 8,000 NIS for one year, to examine nurses' decision making in missed nursing care.

**Dr. Maayan Agmon** was awarded as an excellent junior researcher for 2017 by the Rector of the University of Haifa.

## Spotlight on a Faculty Member

## Aspiring nurse-triathlete

### Dr. Max Topaz

Dr. Max Topaz has been a Senior Lecturer at the Cheryl Spencer Department of Nursing for the past two years. Despite being a lecturer and a researcher, he defines himself as an aspiring nurse-triathlete. Triathlon is a sport that includes three core disciplines: swimming, road cycling and running. Most of the triathlon competition distances are endurance races, culminating with an Ironman distance triathlon that takes about 12 hours to complete over the course of 3.86 kilometers (2.4 miles) of swimming, 180 kilometers (112 miles) of biking, and 42 kilometers (26.2 miles) of running (a marathon).



Dr. Topaz's passion for triathlon began about 5 years ago during his postdoctoral fellowship at the Harvard Medical School in Boston. He used to run several times a week and bike frequently, but he did not swim freestyle (the most common type of swimming stroke used in triathlons). As a passionate online learner, he watched several online tutorials and began figuring out how to swim freestyle by himself, first, and then he trained with a few swimming groups around Cambridge (MA, USA). Two years ago, when Dr. Topaz returned to Israel, he joined a local triathlon team, TriMax. Today, Dr. Topaz trains with the TriMax team 4–5 times every week, combining running, swimming (including open-water swimming in the Mediterranean Sea) and cycling. Over the years, he has participated in several triathlon competitions in Israel and in the USA. He even took third place in a sprint triathlon about a year ago (see photo). A few weeks ago, he completed his first marathon in Jerusalem.

For Dr. Topaz, triathlon training provides inspiration and guides his scientific work in health informatics. According to him, the main benefits of endurance training are learning about your personal limitations and discovering the amazing potential that one can achieve through dedicated training.



## About Us

### The Head of the Cheryl Spencer Department of Nursing

#### **Drach-Zahavy Anat, PhD**

Associate Professor  
[anatz@research.haifa.ac.il](mailto:anatz@research.haifa.ac.il)

- Leadership in healthcare settings
- Workplace safety
- Nurses' health
- Teamwork in healthcare



## Faculty Members

#### **Agmon Maayan, PT, PhD**

Senior Lecturer  
[magmon@univ.haifa.ac.il](mailto:magmon@univ.haifa.ac.il)

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



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



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

#### **Cohen Castel Orit, MD**

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



**Dagan Efrat, RN, PhD**

Associate Professor  
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- Hereditary breast-ovarian cancer
- Cancer genetics
- Oncology
- Genetic susceptibility to late onset diseases
- Genetic counseling



**Goldblatt Hadass, PhD**

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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



**Granot Michal, RN, PhD**

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



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- Shift work and other Circadian Rhythm Sleep Disorders
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- Improving quality of care
- Policy development
- Identification of at-risk populations to reduce disparities among different populations
- Missed nursing care
- Intervention effectiveness examination



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- Peripheral neuropathic pain
- Assessment and development of potential therapeutic
- Patient education



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- 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



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