

## PROMOTING STAFF COHESION: HAVE WE LEARNED THE SECRET OF MINIMIZING STAFF BURNOUT?

**Helena Ken-Dror, RN, BSN, Department of Bone Marrow Transplantation & Cancer Immunotherapy, Hadassah Medical Center. Elenak@hadassah.org.il**

**Yevgeni Frank-Kamenetsky, RN, BSN, Head Nurse, Department of Bone Marrow Transplantation & Cancer Immunotherapy, Hadassah Medical Center.**

**Ruth Radiano, RN, BSN, MPH, Nurse Director, Hemato-Oncology Division, Hemodialysis units & Psychiatry department, Hadassah Medical Center.**

**Introduction:** Team relations, satisfaction and cohesion are known to have organizational, professional, personal and financial implications, and a direct effect on quality of care. Every day we care for complex patients; we cope with suffering, death, work overload, ethical issues, all within a dynamic environment. Caregivers are known to be at risk for burnout, especially when they are lacking appreciation, encouragement and support. Burnout may present as physical and emotional fatigue, negative perception, loss of interest in work, low spirits and feeling of despair. All these may lead to increasing absence, turnover, and professional dropping out.

**Methods & Intervention:** Our objectives were to bolster the interdisciplinary functioning, renew emotional strengths, and promote team cohesion. We focused on group recreational events given our experience with staff members consistently resisting support groups built around issues of loss and mourning. The intervention included: weekly staff breakfasts after interdisciplinary rounds, annual outing, shared celebration of family occasions, and inclusion of family members in the staff's social activities. The administration of the department takes an active, constant role in arranging group activities. These activities do not occur spontaneously, but require forethought to arrange and to ensure maximal attendance. **Results:** The social activities are met by staff with great anticipation and afford the team quality time outside the hospital. Patients report that they feel more secure in the ward because they feel they are in good hands, and that the staff act as family, and function together well, even in the face of tremendous stress and loss. Rates of attrition,

both from the ward or from the profession, were notably lower than anticipated in a ward treating a high ratio of critically ill patients.

**Conclusion:** As in a strong family, a unified team enhances coping and fostering of a positive, growing environment. The goal of encouraging group social activities is to maintain a core staff with minimal changeover, and to foster the working relationships among staff members and between disciplines, thereby unifying and strengthening the team, and enabling them to respond together effectively in caring for patients. The group social and academic activities and overall involvement in projects reinforces open communication and unification of the staff, and helps prevent burnout.

## VENO-OCCLUSIVE DISEASE – VOD

**Sandra Huino, RN, BSN, Deputy Chief Nurse, Pediatric Hemato-Oncology department, Sheba Medical Center**

**Vardit Shemesh Mileguir, RN, MN, Chief Nurse, Pediatric Hemato-Oncology department, Sheba Medical Center**  
Shemesh.Vardit@sheba.health.gov.il

Veno-occlusive disease (VOD) is as a disease of occlusion of small blood vessels such as the ones in the liver. This serious and life threatening condition can occur in the first three to four weeks after BMT. A severe VOD may lead to high mortality rate up to 80%.

This article will describe a case study that took place in the Pediatric Hemato-Oncology department during 2014: a boy with VOD that was successfully treated to full recovery.

## IMMUNOTHERAPY IN BONE MARROW TRANSPLANTATION

**Bruria Yahini, RN, MA, Head Nurse, Bone Marrow Transplantation and Hemato-Oncology department, Tel-Aviv Sourasky Medical Center.**  
bruriay@tlvmc.gov.il

**Svetlana Kor, RN, BA, Deputy head nurse, Bone Marrow Transplantation and Hemato-Oncology department, Tel-Aviv Sourasky Medical Center.**

**Esti Rom, RN, BA, BMT Coordinator Nurse. Tel-Aviv Sourasky Medical Center.**

The immune system is one of the most advanced body systems. Its role is to fight against outside invaders. However, the immune system can also identify abnormal cells and accelerates their death. Because of this, the system has a major role in fighting cancer cells, for example: people who are born with an Immune Deficiency Syndrome have a greater chance of having cancer than that of the normal population.

Since 40 years ago, the idea that a new immune system will know how to recognize cancer cells instead of the

immune system of the patient of him or herself, has been used in Bone Marrow Transplantation. This helped to develop new protocols in BMT that would not be based on aggressive chemotherapy, but on minimal chemotherapy, and in addition, by utilizing the immune system. This article describes how one can use the immune system during and also after Bone Marrow Transplantation, and will define more in detail the role and significance of immune-therapy in BMT.

## BONE MARROW TRANSPLANTATION IN CHILDREN WITH A NON-MALIGNANT DISEASE – THE CHALLENGES, AND NURSING INTERVENTION

**Danino Segal Efrat, RN, MSc, Head Nurse of the Pediatric department, Hadassah Medical center**  
defrat@hadassah.org.il

**Natan Gorelik, RN, BSN, Head Nurse of Pediatric Hemato-Oncology department, Hadassah Medical center.**

**Naomi Shoshani, RN, BSN, Head Nurse of Pediatric Hemato-Oncology department, Hadassah Medical center.**

**Paulina Stephansky, MD, Head of the Pediatric Bone marrow transplants unit, Hadassah Medical center.**

During the last decade there has been an increase in Bone Marrow Transplantation (BMT) among children, especially among children suffering a non-malignant disease. The first successful allogeneic BMT was done in 1968 by Dr. Robert Good in a child that suffered from Severe Combined Immune Deficiency (SCID) and in 1973 for a child with a similar disease.

This article will address the issue of BMT in children who suffer from a non-malignant disease.

The survey was conducted over a period of seven months and 11 students completed it. The questionnaires were answered voluntarily and anonymously. Four aspects were examined as having major influences on the student involved in the clinical rotation in the above wards: supervision by the clinical teacher; the gap between theoretical and practical aspects; satisfaction level of the students with the rotation; the atmosphere in the ward. In a review of findings, it was found that there is very limited knowledge in this area.

The findings showed therefore, that a focused education by the clinical teacher is very important to give a greater intellectual stimulation to students in the clinical experience to which they will be exposed to, and which will minimize threats and decrease the gap between the theoretical and practical aspects of care. Overall it will increase their satisfaction with their clinical experiences.

The drawback of the survey is the small number of students who were involved in it. Our future goal is to perform a survey in two departments in which one of them will have an oncology orientation, with focus on aspects of pain, suffering and death.

### **BONE MARROW TRANSPLANTATION AND SEXUALITY – INFORMATION LEAFLETS FOR PATIENTS**

**Rachel Barhad, RN, BSN, Bone marrow transplant Nurse Coordinator, Department of Hematology and BMT, Rambam Health Care Campus. [r\\_barhad@rambam.health.gov.il](mailto:r_barhad@rambam.health.gov.il)**

According to the European Bone Marrow Transplant Organization (EBMT), in 2013 there were 20,209 Bone Marrow Transplants (BMT) with an increase in transplants every year. The more BMT became a standard treatment and its survival rates improved, there was a growing increase in the long term effects of BMT and the related Quality of Life issues for patients. One of the most prominent effects on patients who undergo BMT is an effect on sexuality.

This manuscript will describe the rationale for writing such leaflets in Hebrew, both for men and for women going through BMT, and discussing the issue of sexuality. Moreover, it suggests simple and clear leaflets for patients,

based on similar leaflets written in the Memorial Sloan Kettering, NY, USA. These leaflets are available at: [www.mskcc.org](http://www.mskcc.org).

### **THE DEPARTMENT OF BONE MARROW TRANSPLANTATION AT HADASSAH: AN INNOVATIVE CLINICAL SETTING, PROMOTING QUALITY OF CARE AND IMPROVING PATIENT'S EXPERIENCE.**

**Yevgeni Frank-Kamenetsky, RN, BSN, Head Nurse, Department of Bone Marrow Transplantation & Cancer Immunotherapy, Hadassah Medical Center. [frank053@hadassah.org.il](mailto:frank053@hadassah.org.il)**

**Naomi Van Dam, RN, BSN, Department of Bone Marrow Transplantation & Cancer Immunotherapy, Hadassah Medical Center.**

**Marina Ben-Izhak, RN, BSN, Deputy Head Nurse, Department of Bone Marrow Transplantation & Cancer Immunotherapy, Hadassah Medical Center.**

**Revital Zelker, RN, MN, Academic Consultant, Hemato- Oncology Division, Hemodialysis units, Psychiatry dep. & Nursing Administration, Hadassah Medical Center.**

At the BMT department at Hadassah, we believe in using any resource to alleviate the suffering of our patients, which at times, is the last chance for their recovery. Therefore, we encourage research aimed in developing new ways of nursing care that will increase the patients' quality of life and their BMT experience. We believe that high quality nursing care is encouraged by optimal communication among the staff members. Throughout the years, since the department was established, we have had many projects within the department, as well as to the outside community. This manuscript describes some of these projects.



## **REDUCING ANXIETY AND PAIN LEVELS BEFORE AND DURING BONE MARROW BIOPSY IN THE HEMATOLOGY DEPARTMENTS: A PROJECT OF IMPLEMENTING EVIDENCE BASED ON NEW FINDINGS.**

**Riki Bokobza, Head Nurse, RN, MN, Department of Hematology, Soroka University Hospital. bokobzi@post.bgu.ac.il**

**Raya Kravzov, RN, MN, Department of Hematology, Soroka University Hospital.**

Coping with cancer can involve variety of factors' such as: experiencing symptoms and difficult treatments that may affect the quality of life of patients and their families. Some major changes in the psychosocial elements may also result in changes in body image and life style. One of the main challenge of the medical and nursing staff is to reduce anxiety and suffering during procedures in order that the patient may continue with his or her normal life as much as possible.

## **CHALLENGES OF COMPREHENSIVE CARE FOR BMT PATIENTS FROM THE PALESTINIAN AUTHORITY**

**Noga Atar, RN, MHA, Clinical instructor, BMT department, Sheba Medical Center. nogatar@gmail.com**

**Ula Abu-Halua, BA, Social worker and M.A student.**

**Iris Sabah, RN, MHA, Deputy Head nurse, BMT department, Sheba Medical Center.**

During the last decade, there has been a significant increase in Health Tourism of patients from around the world, including patients from the Palestinian Authority, whose health care and hospitalization is paid for by the International Bank.

From statistical data that was collected by the Department of Health Tourism it was found, that about 100 Palestinian patients arrive to Sheba Medical Center every day for hospitalization or for follow up treatments. Between the

years of 2012 and 2014 there were 438 Bone Marrow Transplantations in the BMT unit. About ten percent (10%) carried out for Palestinian patients with hematological diseases that were life-saving procedures. The age range of these patients was 20-63 years, 60% were men, 50% was autologous and 50% allogeneic BMT. Whereas 86% received the Bone Marrow from a relative, only 14% were from a non-relative, and this is because of the limited availability of donors in the Palestinian community. The idea behind this project is to improve cultural competence towards this community of patients in the department. It is also to reinforce the issue among the health care workers as it had created a special task for the social workers at the BMT unit. This article will describe the variety of Palestinian patients and the project which was developed and implemented in the last three years in the BMT department at Sheba Medical Center.

## **THE INFLUENCE OF THE CLINICAL EXPERIENCE OF NURSING STUDENTS IN THE HEMATO-ONCOLOGY AND BONE MARROW TRANSPLANTATION DEPARTMENTS ON THE NURSE – THREATS, FUTURE DECISION MAKING AND AN INCREASE IN PROFESSIONAL KNOWLEDGE:**

**Tzeela Maatuf, RN, BSN, Hemato-Oncology and Bone Marrow Transplantation nurse clinical guide, Davidoff, Beilinson. simchitzeela@gmail.com**

**Advisors:**

**Anat Pek, RN, MA, Head Nurse of Hemato-Oncology and Bone Marrow Transplantation, Davidoff, Beilinson.**

**Amira Morag, RN, MA, previously Nurse Director, Davidoff, Beilinson.**

This article deals with the factors influencing nursing students during their clinical experience in the Hemato-oncology and the Bone Marrow Transplant Units, in order to find the optimal focused educational method. Evaluating the aspects that influence the students' clinical experience was done by giving each student survey questionnaires in two different time frames, one covering their pre experience and one, their post clinical experience.

the patient experiences many physical and emotional symptoms. Ethical and moral issues may be discussed concerning decision-making, including the wishes of the family, the wishes of the patient, and the wishes of the medical team. Furthermore, during this stage some issues may arise in the nursing team such as uncertainties and aspects related to prognosis and the necessity of the continuation of treatment. Regarding practical concerns, it is important to encourage an open dialogue with the nursing, the medical and the para-medical staff. This is important in order to support each member of the team in coping with these issues. Moreover, it helps in supporting the patient to be more involved in the decision-making and to enable and continue discussion about a legal guardian before and after the BMT.

### **MALGLYCEMIA – A NEW PERSPECTIVE OF LOOKING AT GLYCAEMIA IN PATIENTS UNDERGOING BONE MARROW TRANSPLANTATION:**

**Noga Atar, RN, MHA, Clinical instructor, BMT department, Sheba Medical Center.**  
nogatar@gmail.com

**Sigal Torati, RN, MA, Chief nurse, Hemato-Oncology division, Sheba Medical Center.**

**Simone Tal, RN, MBA, BMT coordinator, Sheba Medical Center.**

**Hava Nefesh, RN, BA, Hemato-Oncology nurse, Sheba Medical Center.**

Glycaemia is a metabolic disease characterized by high blood sugar levels due to a problem with insulin levels, a malfunction of insulin, or both. The WHO declared Glycaemia as the “epidemic of the 21st century”. In Israel there are about 400,000 people living with Glycaemia and about 200,000 with latent Glycaemia. Glycaemia is a disease that has a major effect during BMT procedure, on any complications and even on the outcome including death. Malglycemia is a term used in recent years for a dramatic change in sugar levels from hyper to hypo which can severely affect the process of BMT. There are no clear protocols in Israel to address and treat Malglycemia in patients undergoing BMT. However, there are some

institutional guidelines. This issue is fully addressed in this article.

### **PHYSICAL ACTIVITY FOR INCREASING WELLBEING THROUGHOUT BONE MARROW TRANSPLANTATION:**

**Liliya Katzir, RN, MA, Head Nurse, Department of BMT and Hematology, Rambam Health Care Campus.**  
liyakatzir@gmail.com

**Tsila Zuckerman, MD, Head of BMT unit, Rambam Health Care Campus.**

**Rachel Barhad, RN, BSN, Bone marrow transplant Nurse Coordinator, Department of BMT and Hematology, Rambam Health Care Campus.**

Bone Marrow Transplantation (BMT) is a treatment for a variety of malignant conditions such as Leukemia, Lymphoma Myeloma and others. Before the BMT, the patient receives conditioning treatment according to his or her disease. This conditioning treatment may include chemo and/or radiotherapy. Many side effects are involved and may delay the process of rehabilitation and returning to normal daily life, post treatment. In the last two decades some studies have been conducted on physical activity and its effect on patients undergoing BMT. They have looked at aspects such as physical symptoms, strength, body stature, emotions, the immunological system, fatigue and quality of life. These studies showed that physical activity may have a positive effect on all the elements mentioned above. This review suggests, in at least two of the studies, giving patients the option of engaging in physical activity as early as possible after diagnosis, will increase their process of rehabilitation after the BMT.



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## ETHICAL ISSUES IN TREATMENT OF BMT PATIENTS WITH ACUTE GVHD: NURSING STAFF DILEMMAS

**Marina Ben-Izhak, RN, BSN, Deputy Head Nurse, Department of Bone Marrow Transplantation & Cancer Immunotherapy, Hadassah Medical Center.**

**Yevgeni Frank-Kamenetsky, RN, BSN, Head Nurse, Department of Bone Marrow Transplantation & Cancer Immunotherapy, Hadassah Medical Center.**

**Helena Ken-Dror, RN, BSN, Department of Bone Marrow Transplantation & Cancer Immunotherapy, Hadassah Medical Center.**

**Revital Zelker, RN, MN, Academic Consultant, Hemato-Oncology Division, Hemodialysis units, Psychiatry dep. & Nursing Administration, Hadassah Medical Center. [revitalz@hadassah.org.il](mailto:revitalz@hadassah.org.il)**

### Abstract

Patients undergoing Bone Marrow Transplantation may develop a serious disease called GVHD – 'Graft versus Host Disease'. The disease may present in various forms of severity – from minor to life threatening conditions. In the advanced stage of the illness, the illness is severe and death rates are high, even with recently advanced treatment. With the agony and suffering of patients during this long period, many ethical issues are faced by the multidisciplinary and the nursing team. This article will discuss the ethical issues that nurses have to deal with when a patient has severe GVHD and suggest some coping strategies.

Some ethical concerns which the nursing team may also face are identified in the instructions given before BMT, because during the severe stages of the disease,

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