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Yale Nurse: Yale School of Nursing Newsletter, May 1988

Yale University School of Nursing

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Yale Nurse

Yale School of Nursing Newsletter

May 1988

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The first patient has a follow-up visit with Sr. Janet Constantino at The Clinic in Stamford.
From the Dean

I was recently asked to address my colleague deans, members of the American Association of Colleges of Nursing, on the subject of academic leadership. I was reminded of the theme of our upcoming Alumnae/i College - The Future of Nursing: Can We Practice What We Research? It seems to me that the hopeful answers to that question rely on the quality of nursing leadership that will emerge during these times of adversity.

Yale School of Nursing has defined itself as a leadership school since its very inception. Leadership schools give new meaning to the concepts of leaders and followers - in a leadership school, even when you're following you're leading! Yale School of Nursing, through the collective wisdom of its alumnae/i, faculty, and students, has declared its mission as the reform of the health care system through its teaching, clinical and research activities for the purpose of improving the quality of and access to health care for all people.

During these times of adversity some would consider our mission short on vision and long on delusion. I think now is the time to be ambitious on behalf of nursing and the School - it is our mission that keeps us focused on issues that matter and keeps our decisions grounded in the values of both the university and nursing practice.

Our mission gives meaning to the School's triple commitment to practice, teaching and research at a time when it would be easier to aspire to lesser goals. Our mission distinguishes us from all other schools of nursing. Our mission lends energy and definition to our decisions and our actions.

All of us are engaged in a worldwide struggle for the future of nursing. Those of us who have an association with the Yale School of Nursing are privileged to share a credible vision of the future of nursing. We must, each of us, dedicate ourselves to its realization.

- Judy Krauss

From the President

Dear Fellow Alums,

It's that time of year when, once again, swallows return to Capistrano, emerging daffodils and crocuses herald spring, and Yale School of Nursing Alums begin planning for their annual reunion weekend. This year's program, June 9th through 11th, is filled with exciting speakers and events. There have been some changes in the program and we've extended the offerings into Saturday afternoon, so read your programs carefully when they arrive in the near future. Our theme is research and we have the honor of hostessing Ada Sue Hinshaw, MSN '63, Director of the National Center for Nursing Research, NIH.

Our Thursday evening program, always a relaxed and delightful event, will be a forum entitled "NURSING: The Discipline that Cares. What is it? How is it Changing?" Dean Judy Kraus '70 will moderate a panel of former graduates who have a lot to say about nurses and caring. Panel participants will be Anne Ryle '33, Tina DiMaggio '47, Priscilla Kissick '56, Helen Burst '63, Catherine Forrest '71, and Ed Branson '80.

Hope to see you all in June!

Beatrice R. Burns '79
President, YSN Alumnae/i Association
Students Participate in Community Project

A group of concerned YSN students are collaborating with a community organization to carry out a preventative health program in the Dixwell area of New Haven. Ann Kurth (Nurse-Midwifery), Rob Giallongo (Community Health), Richard Champoux (Psychiatric-Mental Health), and Cindy Perry (Family Nurse Practitioner), all in their first year of the Three-Year Program, volunteered to help the Dixwell Neighborhood Corporation assess the community's health care needs and find ways of meeting those needs.

Three projects are planned: a comprehensive community health care needs assessment examining existing health services in the area and surveying residents' health care usage and needs; community-based outreach for AIDS education in Dixwell, which will survey the community's attitudes and beliefs about AIDS transmission as well as implications of the disease and then utilize the data to prepare an educational campaign; and a teen pregnancy project which will target thirty young families for special interventions such as family planning, vocational training, nutrition classes, entitlement training.

Kurth, who has an M.P.H. from Columbia University, saw the request for volunteers in a neighborhood newsletter. "This is a grassroots project. I wanted to do more community health work and to work on an AIDS project." The students' participation in this project is voluntary and in addition to the course and clinical work of the three-year program.

Psychiatric Nurses Receive Research Award

The Delta Mu Chapter of Sigma Theta Tau, National Honor Society of Nursing, has awarded a research grant of $700 to fund a study of the "Effect of Psychiatric Liaison Nurse Specialist Consultation on the Care of Medical-Surgical Patients with Sitters." Co-investigators in this research are: Linda Brown, Ph.D., Assistant Professor, Yale University School of Nursing; Dianne Schilke Davis, '72, Associate Professor, Yale University School of Nursing, and Psychiatric Liaison Nurse Specialist, Yale-New Haven Hospital; Nora Goicoechea, M.N., Clinical Director of Psychiatric Nursing, Yale-New Haven Hospital; Sandra Talley, M.N., Associate Professor and Chairperson, Psychiatric Nursing Program, Yale University School of Nursing; and Linda Barber, '87, Psychiatric Liaison Nurse Specialist, Yale-New Haven Hospital. In this study, which is currently in progress, psychiatric liaison nurse specialists are providing nursing consultations regarding the care of a random sample of patients with sitters at Yale-New Haven Hospital. These are patients at high risk for accidental or deliberate self-harm due to confusion, suicidality, and/or difficult-to-manage behavior.

Results of the study will be presented at the Second National Psychiatric Liaison Nursing Conference in San Francisco, California, on April 29, 1988, and at the Yale University School of Nursing Alumnae/i Research Day in June 1988.

WANTED:

Alums to interview for "Spotlight" column during Alumnae/i Weekend. Drop a note to Mary in the alumnae/i office.
Spotlight

Soup kitchen nursing: Caring for the homeless

Like many other service agencies in American cities, the Salvation Army Soup Kitchen in Stamford, CT, serves meals to the poor and the homeless twice daily. But this Salvation Army offers more than soup and meals. Two and one half days a week family nurse practitioner Pamela Hint- thorn, Associate Professor in YSN's Community Health Nursing Program, and her students practice there, tending to the health needs of the city's homeless people.

Q: Tell us how you initially became involved in this project.

A: In February of last year I was invited by the Coalition for the Homeless and the United Way to look at the health needs of the homeless in Stamford. It occurred to me that this might be a wonderful opportunity for students at the Yale School of Nursing and the Community Health Program as a clinical placement, both in the family nurse practitioner track and the clinical specialist track, to learn how to provide health care to a very different population they hadn't been exposed to before. I felt we had a certain obligation to society to meet the needs of these special populations such as the homeless.

Q: What is the Coalition for the Homeless?

A: The Coalition for the Homeless in Stamford is a group of people who represent various health care and service agencies who had joined together to coordinate their efforts in providing services to the homeless. There was a great deal of turf battle and I think it was primarily because people had different philosophies in terms of how one helps the homeless and also because they were always competing for money. There was so little available and the competition was fierce. So although they called themselves a coalition they were not exactly coalesced.

When I asked what they thought the health problems were—and they had already identified health care as a major need—I got 20 different opinions as to what the problems were and how they ought to be dealt with. The captain of the Salvation Army said he would give me a room, so I put on my lab coat and my stethoscope and started to see patients there.

Q: Do people eat there or sleep there?

A: At the Salvation Army they are served an early morning breakfast starting at about 6 am and they get a noon meal at the New Covenant House of Hospitality which is operated by the Archdiocese of Bridgeport. They're back in the evening for a light supper at the Salvation Army and at 8:30 they go to the Shelter for the night. There are actually two shelters. One is for single younger men and one for women and older men. They couldn't keep the two age groups of men together because the older people were victimized by the younger ones. Then there's also a family shelter operated by St. Luke's Parish that has approximately 20 families.

In the beginning my only contact with the homeless was through the Salvation Army and I decided to devote two hours once a week just to find out what kinds of problems they had.

The first gentleman that walked into the office was just in incredible circumstances. He was 65 years old, blind and, although I didn't know it at the time, he was the town drunk—you know, like the statue in the park kind of person. He was well known to all the agencies in town. He had been discharged from the hospital—this was at 8 o'clock in the morning—to the street and in his pocket he had five prescriptions, including Dilantin, Digoxin, Furosemide and an antibiotic, and he told me he had no money and he didn't know how he was ever going to get his medicine. He was so incoherent that I thought even if he had the money he wouldn't know how to get to the pharmacy and buy the prescriptions and take the medication.

That was my first patient encounter. I immediately called the hospital to talk to the discharge planning people to find out why they had just dropped this man off in the street with prescriptions in his pocket. Of course, that got them very defensive because they knew they weren't supposed to do that. When they discharge a homeless person they should discharge them to the shelter, but they needed the bed desperately so they put him out in the morning instead of waiting until the evening when he could be taken to the shelter. So they were feeling very vulnerable and here I called up demanding an explanation.

His visit was followed by consecutive visits from individuals who had incredible problems with no way to resolve them. They either
didn't have the mental capacity to negotiate the system to get treatment or they had no money or they were ineligible for any kind of welfare benefits in the state or city. So I very quickly began to see the enormity of the problem—people coming in who were diabetic, who had angina, who had frostbite, necrotic ulcers, jaundice, etc. who couldn't or wouldn't do anything to resolve these problems.

Q: All of this in Stamford which has a very low unemployment rate?

A: Yes, it's a very wealthy community. So I went back to the Coalition at their next meeting and I said we have major problems. What we really need to do is a very systematic study—the demographics of the population, the kinds of problems they have and then we need to look at the resources within the community and come up with a plan on how to best meet the needs of this group.

I spent from February through early May collecting data by seeing people at the Salvation Army and then the Soup Kitchen, talking to the homeless people there, going all around the community to find out what kinds of services were available, and trying to get a handle on the city administration policy.

Q: What major health problems did you see?

A: Tuberculosis was one. We knew from state demographic information that the Black male population under 40 had ten times the rate of...
Soup kitchen nursing:  
cont. from previous page

tuberculosis than other groups and that was the bulk of the population that I was seeing in this clinic. Also there were a lot of IV drug users so the incidence of AIDS was very high and people who are HIV positive are at an incredible risk for tuberculosis. There were many prostitutes, both male and female, so transmission of disease was rampant. All of these problems were going undiagnosed, unscreened, and untreated.

After I had done the study I told the Coalition I should probably prepare a paper describing the demographics, the problem and a plan that could serve as a basis for any kind of funding for which we might want to apply. The Coalition was very supportive and voted to support my recommendations and implementation of the program. My work lent credibility to what they saw as problems all along and we had data to really say this is the problem.

A Subcommittee called the Medical Committee was formed to look at how this organization should be structured. We looked at issues such as liability, statutory regulation and reimbursement.

The first thing we began to deal with was organizational structure. Do you attach the program to an existing health care agency or not? I had recommended that because so many of the problems I saw were communicable disease problems, that it really belonged under the auspices of the Stamford Health Department and if that didn’t work out, since the two city hospitals were doing the bulk of emergency room and outpatient work with this population, we might consider an outpatient program with the hospitals. If all else failed, we might think of affiliating with existing service agencies such as the Salvation Army or the Shelters, although they are not health care agencies.

I told the Coalition an independent program would be our last choice and they agreed that we didn’t need any more programs for the homeless; we needed to consolidate what we had.

Next I met with the Acting Director of the Stamford Health Department. Her position was that these people don’t need to be treated any differently than anyone else in the population and services for identification and treatment of infectious diseases already existed. The Health Department has a clinic on Fridays to screen for TB and she said all the homeless had to do was call up and make an appointment. They also have a sexually transmissible disease clinic three days a week from 10:00 to 11:30 and again, she said all they had to do was call up and make an appointment.

I told her I knew the services were there and I wasn’t knocking the Health Department, but in order to deliver the services, they had to go where the homeless people were. The homeless person isn’t going to say, “Gee, I live in a high-risk environment. I wonder if I’m at risk for TB? I think I’ll walk a mile and a half to the Health Department and get screened for tuberculosis, but maybe I’d better call and make an appointment first. Now where should I find a phone and where will I find a dime if I find a phone?” She was just adamant that the Health Department was doing everything they needed to do and they were not going to get into any medical program that required expansion of the budget or staff. She also was sure that their nurses were not interested in taking care of the homeless and she felt the Mayor would not support such a program.

I determined that, at that point in time, the Health Department was unlikely to sponsor a health care program for the homeless and told the Coalition we had to look at other options. The rest of the Coalition felt very strongly that the City needed to be involved and that we should push the City using every means available to us to get the
Health Department to take a responsible position. We had many meetings between Coalition physicians and the Acting Director of Health, the Health Commissioner, and other City officials; there was no change in position.

I independently made arrangements to visit the hospitals. They were very supportive of the idea and felt there was a need, but were concerned about what it meant in terms of their liability and licensure.

I didn’t have the answers to those questions, so that led me to the State Health Department. Officials with the Connecticut Department of Health Services informed me that an ambulatory facility had to have a very specific structure. Number one, it had to be run by a director who was a physician. My proposal called for a nurse-run clinic because a physician couldn’t deal with the problems I was encountering. Physicians could diagnose the illnesses and hand out prescriptions, but that was only scratching the surface of what needed to be done.

It was made clear that any kind of ambulatory health care facility would also have to be licensed and therefore have to meet state health code requirements. There’s no way a practice in a soup kitchen or a shelter could ever meet these requirements. I didn’t even have running water!

One state official pointed out that the homeless deserve to be cared for in facilities that are as nice as those in which other populations are cared for and you wouldn’t want to do them the disservice of offering them a less-than-adequate facility. “Now, is it better to offer them a less-than-adequate facility or not provide health care at all?” I asked them.

I was also informed that if the hospitals decided to do this as an outreach program they would have to seek a Certificate of Need. They pointed out that the Certificate of Need was to prevent duplication of services in the community. Some City officials would probably determine that a shelter-based program that did tuberculosis screening was

"Can you remember what medication you were taking?"
They come in all ages and sizes.
Soup kitchen nursing:  
cont. from page 7

a duplication of services.  
At the same time, we were looking at reimbursement of nursing services and there was some promise on that front because in December the President signed legislation that allocated funding in block grants to directly reimburse nurses providing health care to the homeless.

Q: While you were trying to find a way to set up the organization, did you continue to see patients at the soup kitchen?

A: Yes. In August the Coalition decided one way to implement this program was to have me available to work on it on a regular basis. The United Way of Stamford, representing the Coalition, entered into a contractual relationship with the Yale School of Nursing whereby I would provide 2½ days or 50% of my time to that project and the United Way would provide funding for half my salary. That contract is good through June 30 of this year. So I've been spending 2½ days a week since September 1st working on this.

Q: And you run it as an independent clinic?

A: Actually I run it as a private practice. It just wasn't possible to affiliate the program with an existing health care agency under the circumstances.

Q: Do you think people are trying to deny that there are homeless in the city?

A: Perhaps. But there's a belief that everything the homeless need is there. The health care providers in the hospitals and the agencies are not aware of the problems of the homeless. I wasn't either until I went down to the soup kitchen and the shelter. Then I began to understand the enormity of the handicaps that the homeless people have in terms of accessing services. I think one of the major thrusts of what we will be doing in the future will be to try to provide education to community health care providers.

I had gone full circle with every model known to man on how this thing could be organized and I finally said to the Coalition, "Look, I'm going to open this as a private practice because as a private practice the program is not under the jurisdiction of the state health department." They all thought that was a wonderful idea. Now had I said that back in June of last year, it would never have been an acceptable idea but because they were all involved in it all the way through and could see nothing else was possible, they welcomed it.

On January 11 we opened our doors. We have received many donations so I have a fairly well-equipped clinic. Now we're going to duplicate that at the soup kitchen so when we go there we'll have a nice place to take care of people as well.

Q: Is it the same population in both places?

A: To some extent. There's a large contingent of working homeless that I treat in the morning who come in to have breakfast before they go to work. I was very concerned about this group because they are ineligible for any kind of insurance benefits. They have jobs that pay minimum wage with no benefits, so they are uninsured by their employers.

Q: And they can't afford housing?

A: They can't afford housing because Stamford housing is very expensive. They stay at the shelter because it is the only place they can afford. Obviously they can't afford to buy health care. I shared my concern about the working homeless with a faculty colleague, Phyllis Pallett, who also teaches in the School of Public Health. When the School of Public Health asked Dr. Pallett if she had projects for students in a community project course, we sent them a proposal to study the health insurance needs of the working homeless. We needed to determine the size and demographic profile of this group . . . i.e., who do they work for, what kinds of jobs do they have, what do they get paid . . . hopefully we could then go after legislation mandating something be done to provide health care coverage for them.

I was explaining this project at a Coalition meeting and the woman sitting next to me, whom I'd never seen before, got very excited by what I was saying and she immediately identified herself as a state senator's legislative assistant. The senator was planning to propose legislation mandating health insurance for all employers in Connecticut and this was just the kind of data he needed.

We now have five students involved from the School of Public Health doing the research and working with a state senator.

Q: How many YSN students do you have here?

A: I have three first-year students from the family nurse practitioner program three days a week, a total of eighteen hours a week.

Q: How is it working out? Are you able to give the kind of health care you would like to give?

A: We're still in the implementation phase. I don't have a back-up physician yet and my capacities as a primary health care provider are limited since I can't prescribe and I haven't got 'til now had access to a laboratory. But the physician is coming and I made arrangements with a lab which will now bill city and state Medicaid programs for laboratory work. A family nurse practitioner with a master's degree who's worked with indigent people is going to be joining the program soon and we will expand services to five days a week.
Soup kitchen nursing: cont. from previous page

Q: Is hers a paid position also?
A: Yes, it will be paid. At this point it will be paid through funding raised by the community. We’ve had our medications and supplies paid for by the Council of Churches and Synagogues. The Stamford Advocate, a newspaper, raised money for the program and I wrote a grant to the United Way of Greenwich and received $5,000 towards the physician’s salary. All of this is beginning to fall into place.

But I have to go back to this: On January 11, we started an independent private practice. The first week in January I got a call that the Mayor had appointed a new Director of Health. I had expected that the Acting Director would be appointed, but out of the blue he appointed a physician with an MPH from Yale who has been working with homeless populations in Washington, DC, as Deputy Directory of Health. The second day that this man was in his position he came to see me and asked, “What can I do for you?” At this point he’s putting into his budget the funding for the full-time nurse practitioner and funding for a drug and alcohol counselor for the program. And he’s offered to pay us $10,000 a year to supply the Health Department with the demographic information on the health care problems of the homeless. I think the Mayor’s decision to appoint this Director is very significant. Somewhere along the way he began to understand the nature of the problem. During the past year I tried to stay out of the limelight and let other people to the negotiating because I didn’t want people to perceive I was doing this because I wanted to be in the newspaper or because I was some kind of crusader on a mission . . . I wanted it to be very professional, to be able to say, “Look, I’m a professional. I’m from Yale. I’m a nurse and these are the problems I’m seeing and these are the data to support what I’m saying.” I think it was the right approach and helped to facilitate change in perceptions about the health care needs of the homeless.

Q: Approximately how many homeless people are there in Stamford?
A: Between 200 and 250 single people and about 25 families. It’s a very manageable sized group. We have just submitted a grant proposal to the Division of Nursing to fund the program as a three-year project to demonstrate that such a program is improving access to nursing services, that we can get direct reimbursement for nursing services—and to demonstrate cost effectiveness. That’s not going to be difficult to do but it’s going to involve evaluation research.

It didn’t take very long for everybody to see the benefits of having the program. I get referrals already from service agencies and hospitals—they’ve seen a patient in the hospital and they call me and say, “This is what I want this patient to do now. Can you facilitate it?” It’s been terrific.

We hope eventually to have a psychiatric clinical specialist, a drug and alcoholism counselor, a social worker, a consulting physician and consulting dentist and a clinic assistant to help with the clerical work.

Q: Are you going to involve YSN students from other programs as well as from community health?
A: We could use students from maternal newborn nursing as I do a lot of prenatal care and from psy-

Collegial cooperation between (from l. to r.) Pamela Hinthorn, Sr. Janet Constantino, and Shirlee Neil.
chiatric mental health nursing also.

Q: Speaking of psychiatric care for the homeless, have you been following the case of "Billie Boggs" in New York City, where the City took a homeless woman who was living on the streets in dire condition, publicly soiling herself, etc., and committed her to a psychiatric ward as a test case? There was a widely publicized civil liberties court case in which she fought the hospitalization.

A: I thought her case was very interesting. She obviously responded very well to the process of being singled out and given media attention and being taken to hotel rooms and fed, bathed, clothed and put on national television. Her case demonstrates that homeless persons respond very well to nurturing and care. Can you imagine the price tag on Billie Boggs' rehabilitation program? Nurses would be more cost effective!

Q: And yet, she and her lawyers were arguing the the City had no right to do that.

A: I've had to rethink nursing theory because I've always been taught that my job is to facilitate the patient assuming responsibility for his/her own care. That's not always possible with this group. The trick of it is, you have to assess the individuals to determine how much capacity they have to be involved in their own care: promote independence when it's possible, but take complete responsibility when it's not, and monitor them so that you change your approach with the patients appropriately and help them grow. You can't use the model of joint goal-setting for health care in a shelter. You have to sit down and decide whether the person is capable of taking medication three times a day.

Interestingly, since I can't prescribe I have to refer. Of all the patients I've kept track of since January 11th, less than 2% have kept their referral appointments, and some of them have had serious illnesses such as pneumonia. They'll come in in agony with a tooth that is hurting them and they needed a dentist yesterday. I set them up with an appointment and get a church to pay for it and they don't keep it—maybe they ran into a party and got bombed and slept through the appointment . . .

What I realized about the population is there is something about their maturational development—I don't know whether it is the result of drugs, alcohol, or the result of chronic poverty—but they're at an adolescent level of development. They have to have their needs gratified immediately. They're very "now" oriented—they don't think in terms of the future. So if I could get them to that dentist right away, they'd be taken care of . . . but if I make a referral and see them later in the week and ask them why they didn't go, I'll get answers like, "I just didn't feel like going;" "My tooth didn't hurt;" "It was snowing." I could go on and on with the stories.
After more than twenty years as a nursing educator, I was curious to know how the reasons of the young men and women who are presently entering the nursing profession might differ from mine when I chose my career thirty years ago, or from my mother's when she chose hers seventy-five years ago. Certainly the society in which they will practice is markedly different, and the knowledge and skills they must have vastly more complex. But are their motives for choosing a career in nursing that different? I rather hoped not, for I believe nursing is the last great bastion for caring and that the main reason young people choose the profession is because they care and want to be caring.

During the Victorian and Progressive eras, nurses exemplified some of life's most respected values: humanism, tenacity and altruism. Although social and political climates are radically different today, nurses need not forsake those positive attributes. They need to provide nursing care in highly technical acute-care settings, in long-term facilities, and in the home where patients previously hospitalized are now expected to care for themselves with the help of family members who are often ill-equipped for the stress and strain. In all of these settings, it is the nurse who has to grapple with the ethical issues associated with advanced technology.

Caring and nurturing are still central to the professional practice of nursing, though very specialized pharmacological and technological knowledge is also essential. Nursing education must foster well-rounded individuals who are capable of critical decision-making in addition to applying their enhanced technological skills (Fitzpatrick, 1987).

Aspiring young professionals enter nursing programs with positive feelings about a nursing career (Cassells et al. 1986). In their studies of generic baccalaureate programs, Cassells et al. noted that in 1985 the major reasons given for the selection of a career in nursing were, in order of frequency, a desire to work in the health care field, opportunity to work with people, the availability of jobs and diverse positions, and "always wanted to be a nurse." In truth, these reasons are not so different from those I had thirty years ago, nor from those of my mother in 1908.

I wanted to know if the students I was teaching had similar reasons. Therefore, I developed a questionnaire and distributed it to ninety-six juniors at the end of the first semester in our baccalaureate program. Two of the questions were open-ended and probed the basis for their choice of nursing as a career and two were ordered metric scales measuring their perceptions of the role of nursing.

Seventy-seven students returned the questionnaire. Many students offered more than one response to questions, although they did not order them by preference.

Student's reasons for selecting nursing careers were similar to those reported by Cassells et al. However, in the present survey, the order of the most frequent two reasons was reversed, with the opportunity to work with people the most frequent (N=55). Students stated, "I am a people person and I like to take care of others—as simple as that..." "I enjoy being around people and helping them..." "I had a desire to help people and make a difference in someone's life..." "I was a Boy Scout and wanted to do something to help people."

The second most frequent reason given was interest in health care fields and the medical sciences (N=30), "I have always had an interest in health and biological functions of the human body..." "I like the medical field; I felt nurses do more and get more out of it than doctors."

Other reasons also similar to those found by Cassells et al. included the availability of jobs and diverse employment opportunities (N=15), "I always wanted to be a nurse" (N=10), and five gave miscellaneous reasons.

A total of seventy students responded to the question requesting their second career choice, many indicating more than one second choice although again, they did not order them by preference. Most choices were in "helping professions" such as other health-related fields (N=39): medicine (N=10); health education, physical therapy, social work, nutrition, pharmacy and clinical psychology (N=29). Other fields selected were teaching and teaching-related fields (N=19), business (14) and creative arts (5).

There was considerable diversity in the responses to the question on the students' favorite course before entering nursing, with a concentration of interest in health (N=11) and health-related sciences: biological (N=25), physical and math (N=11) and social (N=11). Other responses included: Humanities (N=10), Child Development (N=3), miscellaneous (N=6). Four students did not respond to this question.

Fifty-one students planned to obtain advanced degrees and an additional twelve said they were undecided but might eventually. Nearly all (N=47) who wanted to pursue further education indicated that they would do so within five years of completing their undergraduate programs, and of these, thirty-three through they would like to do so after two years.

The last two questions studied student's perceptions of nursing. Students were asked to prioritize four nursing care activities (Assessment—Observation, Comfort of the Patient—Hygiene and Safety, Technical Skills—Therapies and Treatments, and Education of the Patient—Instruction) and then four potential functional roles of nursing (Practice, Education, Research—Scholarly Activities and Administration) on a scale from 1 through 4, with the highest value for both. Totals were obtained by summing all the respondents' scores on each.

Nursing care activities scores were: Assessment—Observation, 267; Comfort of the Patient—
Hygiene and Safety, 199; Technical Skills—Therapies and Treatments, 182; and Education of the Patient—Instruction, 138. These data demonstrate awareness that the nursing process is directed toward helping and caring for the patient’s overall well-being.

Priority scores for functional roles were: Practice, 265; Education, 252; Research—Scholarly Activities, 131; and Administration, 129. Students gave highest priority to those functions with which they were most familiar.

The answers to this questionnaire reflect a profile of people-oriented persons with a keen desire to help others in some direct way. They are interested in the health-care field in general and in the biological and social sciences. They want to practice nursing and use the nursing process to help their patients feel better; they are aware that they need to be both knowledgeable and caring and that to grow in their profession they will probably need to pursue an advanced degree.

If these young professionals remain dedicated to the caring aspect of nursing, they will work hard to obtain the knowledge and skills necessary for the safe and meaningful practice of the profession. They are the future: we who are educators should endeavor to enhance this concern for others with which students enter the profession.

Mary S. Brodish ’57 is an Assistant Professor at the School of Nursing, University of North Carolina at Greensboro.

**Meet Some YSN Students**

**Christi Clark ’89**, a first-year student in Psychiatric-Mental Health Program (Child track), received the “Outstanding Student Award” in September from the Delta Omicron Chapter of Sigma Theta Tau at Purdue University.

**Doris Foell ’88** presented a research paper at Rush University in Chicago in October. She is a final-year student with the Med Surg Program and is working as a research assistant with **Marjorie Funk ’84**, studying the “Predisposing Factors to Lower Limb Ischemia in Patients Treated with the Intraaortic Balloon Pump.”

**Melissa Chase** is in her first year of the three-year program at YSN. She graduated from Simmons College with B.S., then worked in Hartford on a Health Care Team with WIC as a nutrition counsellor. Melissa was very impressed with a Pediatric Nurse Practitioner with whom she worked there. She decided on nursing, and felt that Yale offered a superior medical community in which to learn and grow. The fact that professors here have joint appointments (both teaching and practice) means that they are keeping up on current issues. Melissa wants to work with minorities and with people in 3rd World countries.

**Sr. Janet Constantino ’89.**

**Pam Townshend** is in her first year of the 3-year program, and will enter the nurse midwifery program. She chose Yale because “the excellence in education here will carry over for me into excellence in practice, and I feel that midwifery practice is a combination of the quintessential and poignant elements of clinical expertise and human compassion.” Pam is the mother of 3 school-age children, and is a graduate of Quinnipiac College with major in biology.

**REFERENCES**


Rosenfeld, P. (1986). Nursing and professionalism. Nursing and Health Care, 7(6) 408-413.
Carolyn Ladd Widmer '29 was the recipient of the Josephine Dolan Award for Outstanding Contributions in Nursing Education. This is one of the highest awards presented by the Connecticut Nurses' Association.

Jean Milligan '46W Ed.D. retired June 30, 1987 from her position as Dean, School of Nursing at University of Vermont. She was appointed Dean in 1974 having served as a faculty member for nineteen years. Jean has worked in nursing education for 37 years starting in 1947 at Yale. She plans to live in Burlington, VT, and is enjoying retirement.

Thea McLeod Edwards '48 was re-elected President of the Alliance for the Mentally Ill of Savannah, Georgia. She also serves on the Savannah Task Force for the Homeless and on the Advisory Board of the Georgia Regional Hospital.

Vicky Sellens Conn '48 presented a workshop in March on "Helping Families Help Their Relatives Accept Their Illness." This was presented at a conference in Los Angeles on New Directions in Work with Families of the Mentally Ill sponsored by the National Alliance for the Mentally Ill and The Pacific Clinic.

Claudette Barry '61 will receive her Ed.D. degree from Seton Hall University in 1988.

Angela Barron McBride '64 became the new President of Sigma Theta Tau International at the 29th Biennial Convention in San Francisco in June 1987. Also, Angie has recently received the 1988 MacDonald Hospital Award given by University Hospitals of Cleveland in recognition of outstanding contributions to the health care of women and their families. The funds she received are for the continuation of scholarship in that area.

Esther Lowenstein '71 earned Psy.D. degree from the University of Denver in 1983. She is in private practice as a Clinical Psychologist in Denver.

Debbie Ward '77 got her Ph.D. degree in health policy at Boston University in 1987 and is now on School of Nursing faculty at University of Washington in Seattle.

Martha MacAloon Delicata '78 delivered a son, Alexander, on January 5, 1988.

Joan Monchak Lorenz '80 is founder and president of Hygeia, Inc. and Panacea of Baltimore! She provides stress management workshops and lectures for businesses and individuals—and "teaches people to live healthier lives." She says, "One takes risks, as an entrepreneur, but it's fun!"

Linda Norton '80 is doctoral student in Dept. of Physiological Nursing at University of California at San Francisco.

Tom Weaver '80 is enrolled in doctoral study at the School of Education, Purdue University.

Linda Curgian '81 authored an article, "Enhancing Sexual Performance in COPD," which was published in Nurse Practitioner, February 1988.

Elizabeth Ercolano '81 is Associate Chief-Nursing Service for Education at the V.A. Medical Center in West Haven.

Jayma Hall '81 is secretary of the Beta Tau Chapter of Sigma Theta Tau in Dania, Florida.

Jim Fernicola '82 is in doctoral study at the University of Louisiana.

Linda Miller '82 is doctoral student at the School of Epidemiology and Public Health at Yale.


Isabella Clemente '84 works for OMNI Home Health Services in New Haven where she is the Director/Supervisor of the Private Duty Nursing Program and also consultant to the Family Care Program.

Mary Heery '84 had a son in September 1987.

Sandra Flood '87 is Director of Planning for John Dempsey Hospital in Hartford.

Mary Johns '87 is coordinator of Cardiac Rehabilitation Program at Suburban Hospital in Bethesda.

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Office of Student Affairs
Yale School of Nursing
855 Howard Avenue
P.O. Box 9740
New Haven, CT 06536
Deborah Chyun '82 had an article published in the *American Journal of Nursing*: “Myocardial Contusion: The Hidden Menace in Blunt Chest Trauma.”

Angela Crowley, Assistant Professor, Pediatrics, has been appointed to the Connecticut Chapter, American Academy of Pediatrics, Day Care Committee. She was speaker: “Who Cares for the Children? A Workshop on Child Care Resources for Health Educators and Health Care Professionals” sponsored by the Greater New Haven Healthy Mothers, Healthy Babies Coalition, January 1988.

Andree delisser '79, lecturer, Med-Surg Program, gave a workshop on Developing a Liaison Private Practice at the First National Psychiatric Liaison Nursing Conference in Chicago in April 1987. Now she’s doing just that! She resigned her CNS job at Hospital of Saint Raphael in February 1988 and is doing a liaison private practice in Stamford, CT. The majority of her clients are persons with cancer, or their families, but she also runs a support group for the local Hospice clinical staff and is contracting for services at Stamford Hospital. She is president of the Southwestern Connecticut Chapter of the Oncology Nursing Society, chairs the Image of the Nurse Task Force at Delta Mu (Sigma Theta Tau), is on three journal review boards and continues to chair the Nursing Research Committee at Hospital of Saint Raphael! Andree is also one of YSN’s representatives to the Association of Yale Alumni.

Donna Diers '64, Professor of Nursing, Research, gave a paper in Sydney, Australia, on February 19th on “Nursing Intensity,” at the second international conference on the Financing and Management of Hospital Services. An hour later she addressed a group of Australian nurses on nursing shortages in the U.S. Two days (and 4,000 miles) later she gave the keynote address, “Part of the Problem or Part of the Solution?” to the invitational conference on the nursing shortage sponsored by the Division of Nursing, HRSA, in Washington, D.C. And, later that week she was keynote speaker at the Delta Mu Chapter of Sigma Theta Tau Induction Ceremony.

Sharon Holmberg, Assistant Professor, Psychiatric Mental Health Nursing Program and Clinical Nurse Specialist at Conn. Mental Health Center, has had published three chapters in a book entitled *Mental Health-Psychiatric Nursing: A Holistic Life Cycle Approach* by Beck, C., Rawlins, R., and Williams, S., 2nd edition. St. Louis; C.V. Mosby Co.: “Trust-Mistrust” (Chapter 17), “Pain” (Chapter 18), and “Therapy for clients with psychophysiological illnesses” (Chapter 34).


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**IN MEMORIAM**

Charlotte VanCleve McKeown '31 died February 9, 1988  
Elizabeth Ferguson King '34 died December 31, 1987  
Mary Sullivan Carey '37 died February 13, 1988  
Alberta Hays Hartman '37 died March 15, 1988  
Margaret Fish Gardner ex '39 died December 31, 1987  
Dorothy Mae Haskins '45W died January 9, 1988  
Winifred Donohue Kenady ex '49 died November 8, 1987  
Ray Stefan '75 died February 10, 1988

Evanita A. Morse, widow of Arthur H. Morse, died in Newport Beach, California, on December 23, 1987, at the age of 90 years. Dr. Morse was, for many years, Chief of the Department of Obstetrics and Gynecology at the Yale Medical School.  
A long-time resident of New Haven, Mrs. Morse was born in Hurley, New York. She graduated from Wilson College in Chambersburg, Pennsylvania, and was a member of the first class to enter the Yale School of Nursing. She was a very active and loyal alumna and served as her class agent for many years. She was the recipient of YSN’s Distinguished Alumna Award in June 1987 for service to Yale.  
Mrs. Morse is survived by two sons, James H.-L. Morse of Newfane, Vermont, and Arthur H. Morse II of Newport Beach, California; eight grandchildren and five great-grandchildren.  
A memorial service for Mrs. Morse is to be held on Sunday, May 1, 1988, at St. Thomas’ Church in New Haven. Contributions in her memory may be sent to the Arthur H. Morse Memorial Fund, Box 2038, Yale Station, New Haven, CT 06521.
1988
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