Yale Nursing Matters

Belize
Hong Kong
New Haven
Romania
Vietnam

Fall 1999 Issue 1 Volume 1
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**matter** n. Something that occupies space and can be perceived by one or more senses: a physical body, a physical substance, or the universe as a whole. A subject of concern, feeling, or action. Something printed or otherwise set down in writing.

v. To be of importance or value. Signify.
Nursing is the most optimistic of sciences. All that we do is based on the assumption that human caring makes a difference in the health of individuals and societies. This inherent idealism is, of course, married to a deep pragmatism, because the things we do impact so strongly on the comfort and well being of our patients.

That is why Yale nurse researchers examine nursing interventions with the same rigor that our colleagues in other disciplines would apply to a new drug seeking approval: Nursing matters. Good nursing care has often been demonstrated to make life and death differences. It would be wrong to discount the importance of intuitive knowledge in nursing. But it would be dangerous folly to base our work on intuition alone, ignoring our responsibility to advance our science to better achieve our ideals.
I hope that as you read through this first issue of Yale Nursing Matters, you will realize how exquisitely Yale faculty discharge the responsibility to advance nursing science while also contributing as leaders in practice and educating the next generation of nursing leaders. And I hope you will come away with a clear vision of what this institution stands for:

**Excellence in clinical research.**
Good science begins with good questions. Dr. Margaret Grey could see that interpersonal issues were affecting how the adolescents in her practice managed their diabetes. She asked herself how teens could be helped to deal with those issues in a way that wouldn’t harm their health. That question led to the development of her coping skills training program, which in turn led to a group of healthier and happier kids with diabetes. Because the majority of our faculty members practice clinically, good questions find their way from the examining room to the research office.

**Support for people who live with chronic illness.**
At the opening of our Center for Excellence in Chronic Illness Care, Dr. Patricia Benner spoke eloquently about the urgency to, “provide the everyday support and attentive care needed to manage chronic illness.” That support is often lacking in the current health care system. Our faculty address this deficit everyday through programs of research that demonstrate the measurable good that arises from such interventions. The work of Drs. Ruth McCorkle, Margaret Grey and Ann Williams all empower patients to manage their illnesses rather than be managed by them.

**The need for health professionals to think and act globally.**
This issue finds faculty supporting breast feeding in Belize and helping to develop holistic nursing in China. I am proud of our faculty not so much for the number and scope of their international projects, but because of the quality of those projects. Our interest is in ongoing collaboration marked by a respect for different cultural views of health and illness.

**The necessary connection between health and justice.**
Dr. Linda Schwartz’s present research, indeed her whole career of advocacy for military women, is a testament to her courage and integrity. Those are qualities that I also find in faculty and students who reach out to those least able to access the health care system. Virginia Henderson wrote that nursing care should promote the patient’s independence. Good nursing always empowers. That is what we strive to do on an individual and a societal level.

As I begin my second year as dean, I feel proud to be part of the YSN community. I hope you share that pride as you thumb through the pages of Yale Nursing Matters. And I invite you to share my excitement and wonder at the stories yet to be written as this community continues the work of building a healthier world.

Catherine Lynch Gilliss, DNSC, RN, FAAN
Dean and Professor
Extending the talents of one scholar through a network of many

Dr. Ruth McCorkle, PhD, RN, FAAN, has done landmark research on the psychosocial ramifications of cancer.
Dr. Ruth McCorkle joined the faculty in 1998 to assume leadership of YSN's growing doctoral program and serve as founding director of the Center for Excellence in Chronic Illness Care, where she will collaborate with faculty at YSN and throughout the University. The center has been established to study the unique experience of chronic illness as it affects patients, families and survivors.

Work will focus on AIDS/HIV, cancer, cardiovascular disease and diabetes, all areas in which YSN faculty have a strong tradition of research. But the center's ultimate aim is to examine not so much specific diseases as the paradigm of chronic illness, the impact that it has on individuals, and the ways that the health care system can better help patients and families to manage that impact to achieve a better quality of life.

"The population is shortchanged if caregiving is based on intuition alone," said McCorkle. "But the reluctance to fund such research will continue until we prove that chronic illness care pays off for patients and their families."

While continuing her own research work, McCorkle will train developing scholars and foster innovative research among colleagues. Thus the talent and intellectual energy that she brings to nursing science will be extended through a network of scholars dedicated to innovation in the care of people with chronic illness.

An international leader in cancer nursing, education, and cancer control research, McCorkle has done landmark research on the psychosocial ramifications of cancer. She was the first research chair of the Oncology Nursing Society and a charter member of that organization as well as of the International Society of Nurses in Cancer Care and has served on the boards of both groups. McCorkle has been a member of the study sections of the National Cancer Institute and the National Institute of Nursing Research. As the first non-medical recipient of an NCI Institutional Research Training Grant, she opened the door for other nonmedical fields to become competitive in securing funding. She was also a member of the National Academy of Sciences Committee on National Needs for Biomedical and Behavioral Research Personnel. McCorkle was elected to the American Academy of Nursing in 1979 and to the Institute of Medicine in 1990. She has authored more than 70 articles, 30 book chapters, and three books. Her textbook, Cancer Nursing, co-edited with Marcia Grant, DNSC, RN, and Susan Baird, MPH, RN, won the American Journal of Nursing Book-of-the-Year award in 1991. She was recognized by the American Nurses Association in 1993 as Nurse Scientist of the Year.
On February 2, 1999, YSN opened its first center of excellence, The Center for Excellence in Chronic Illness Care, under the direction of Dr. Ruth McCorkle. The convocation marking this event featured a lecture by Dr. Patricia Benner, PhD, RN, FAAN, of University of California San Francisco on experiential learning in the care of people with chronic illness.

The following is an excerpt from Dr. Benner’s keynote address:

In a culture that places its faith in scientific and technical cures, chronic and terminal illnesses border on heresy. They show precious little reverence for biomedical cures and so challenge our faith in science triumphant. Rather than modify our beliefs, we follow the longstanding tradition of our species: we ignore realities that do not fit our world view. Caring for the incurable, therefore, lacks public space, language and understanding in its own terms.

I would not want the science of medicine to abandon the quest for cures. I, too, would like my chronic illnesses cured rather than “managed.” The power and money flow that accompanies a medico-centric cure approach to disease care, however, causes the human issues associated with experiential learning, craft or practical wisdom in managing a chronic illness to be overlooked.

By changing our point of emphasis we can begin to provide the everyday support and attentive care needed to manage chronic illness so that low technology or sustainable technology replaces highly technical cures. For example, treating leg ulcers and foot sores can prevent amputations, but this prevention requires attentive care. Likewise, prevention of heart disease would render unnecessary much of the current heart surgery. But prevention requires attentive care.

Nurses play unique roles in helping patients manage chronic illness. Learning good technical and scientific management of a disease occurs in the context of learning to cope with the personal, social and practical implications created by the illness. Like other Western cultures, but perhaps in a more zealous way, we have believed in the Enlightenment promise of disemburdenment and scientific triumph over darkness, pain and suffering. We prefer to think positively, citing the latest scientific breakthrough or the one just around the corner, and are prone to assign responsibility or blame the one whose life does not match our cultural illusions and promises of control (Lowenberg, 1989; Benner, Janson-Bjerklie & Ferketich, 1994). We protect ourselves by pretending that those who suffer must be masochistic or must not have controlled their bodies with their mind, “chosen” healthy lifestyles, or in some other way have earned their suffering (Benner, Janson-Bjerklie, Ferketich, 1994). Such folk beliefs stem from naive theories about a just world and form the moral dimensions of living with a chronic illness, defining what is considered “helpful.” This American cultural context shapes experiential learning for both nurses and people with chronic illness.


Appointments

Albert Alciene, MSN, Lecturer, Boston University, Graduate Entry Pre-Specialization in Nursing

Nancy Banasiak, MSN, Program Instructor, Catholic University of America, Pediatric Nurse Practitioner Specialty

Janine Cataldo, PhD, Lecturer, New York University, Psychiatric Mental Health Nursing Specialty

Patrick Cunningham, MSN, Lecturer, Yale University, Graduate Entry Pre-Specialization in Nursing

Harris Foss, MSN, Lecturer, Yale University, Graduate Entry Pre-Specialization in Nursing

Catherine L. Gilliss, DNSC, Dean and Professor, University of California, San Francisco

Rachel Goldberg, MSN, Lecturer, Yale University, Graduate Entry Pre-Specialization in Nursing

Lisabeth Johnston, PhD, Lecturer, Boston College, Graduate Entry Pre-Specialization in Nursing

Ann Kaisen, MSN, Program Instructor, Yale University, Adult Nurse Practitioner Specialty

Peter Marone, MBA, Lecturer, Quinnipiac College, Pediatric Nurse Practitioner Specialty

Ruth McCorkle, PhD, Professor, University of Iowa, Research and Policy Program

Mary Ellen McGee-Brown, MS, Lecturer, Southern Connecticut State University, Graduate Entry Pre-Specialization in Nursing

Mikki Meadows, MSN, Lecturer, Yale University, Pediatric Nurse Practitioner Specialty

Kelly Mercer, MSN, Lecturer, Southern Connecticut State University, Graduate Entry Pre-Specialization in Nursing

Audrey B. Reinsmith, MSN, Lecturer, University of Delaware, Graduate Entry Pre-Specialization in Nursing

Linda S. Schwartz, DRPH, Associate Research Scientist/Scholar, Yale University, Research and Policy Program

Elaine Sherwonit, MSN, Lecturer, Yale University, Pediatric Nurse Practitioner Specialty

Christine Tocchi, MSN, Lecturer, Yale University, Adult Advanced Practice Nursing Specialty

Kimberly Updegrove, MSN, Lecturer, University of Pennsylvania, Nurse-Midwifery Specialty

Kimberly Weigel, MSN, Lecturer, Yale University, Graduate Entry Pre-Specialization in Nursing

Fellows of the American Academy of Nursing

Sally Cohen

Donna Diers

Catherine Gilliss

Margaret Grey

Tish Knobf

Judith Krauss

Ruth McCorkle

Paula Milone-Nuzzo

Pamela Minarik

Ann Williams

Courtney Lyder, induction November 1999


Adolescents with diabetes benefit from Grey’s award-winning research

The thing about teenagers with diabetes is that they’re teenagers. They don’t particularly like being controlled — by health care providers or parents — and they don’t like appearing different from their peers because of their health habits.

Associate Dean for Research Affairs Dr. Margaret Grey and her colleagues hypothesized that training adolescents in such areas as conflict resolution and bargaining techniques would help them do better with their diabetes. Because type-1 diabetes, the type of diabetes that occurs in children, requires frequent blood tests and regular insulin doses, the patient’s own willingness to manage the disease is very important. Grey found that adolescents often saw the management of their diabetes as a matter of parental control. They could rebel against that control by skipping blood tests or insulin doses. What was needed, Grey realized, was a way for her patients to feel in control without compromising their own health.

Grey’s research team took a sample of 77 adolescents receiving treatment for type-1 diabetes. The youths were divided into two groups. One received standard treatment. The other received standard treatment plus coping skills training, based on a model originally devised to combat drug and alcohol abuse. The training took place in small group sessions, where adolescents had the opportunity to role play and practice good problem solving skills. After six months, youths who had the skills training showed a 42 percent reduction in metabolic control over peers who had not had the training. They also scored better on quality of life measurements, including reporting fewer worries about their diabetes. The gains were so significant that researchers felt ethically compelled to offer the training to the control group as well.

Grey’s findings, published in Applied Nursing Research, won the ANA’s Applied Nursing Research Award.

“If the gains made by the adolescents in our study can be maintained, they can expect a 25 percent reduction in long term complications. This is a relatively inexpensive, brief intervention that has real potential to help adolescents.”

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“If the gains made by the adolescents in our study can be maintained, they can expect a 25 percent reduction in long term complications,” said Grey. “This is a relatively inexpensive, brief intervention that has real potential to help adolescents.”

Her clinical and research work have made Grey profoundly aware of the supportive care that people with chronic illness need, and how difficult that care can be to access. Grey is working to drive health care policy as a Robert Wood Johnson Executive Nurse Fellow. She is one of only 15 nurses in the country selected for the leadership program.

“The current health care system, based on an acute care, limited cost model, is patently inappropriate for my patients — children and adolescents with diabetes — and for many others with long-term, relatively stable chronic conditions,” said Grey. “These people would be best served by a system that does not exist: A system that allows for smooth movement of patients across treatment settings, with an emphasis on community-based services and a ready access to appropriate providers and information.”


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"People don’t take their pills in the clinic; they take them at home. The gulf between the exam room and people’s daily lives is just enormous."

Meeting people w
While drug therapies are extending and improving the lives of people with AIDS, complex and demanding medication schedules can be burdensome for patients. If the schedules are not followed, the patient’s own well-being is threatened and drug resistant strains can develop. Dr. Ann Williams, EDD, RN, FAAN, is directing a $1.8 million, three-year study, funded by the National Institute of Nursing Research, to help people with AIDS master and therefore benefit from their drug regimens. The ATHENA (Adherence Through Home Education and Nursing Assessment) Project will use a home-based educational intervention.

Williams will send teams of nurses and peer educators to patients’ homes to help people with AIDS work out strategies to make the demands of their medication schedule fit better with the demands of their lives. Williams will adapt a model developed by Paulo Freire, a Brazilian educational theorist who worked on adult literacy during the 1960s and 1970s. Freire's work centers on the idea that education should be a dialogue between teacher and learner in which they together identify barriers and supports to success.

Home visits not only allow for the provider to gain factual information, but foster new levels of intimacy and trust, a lesson Williams learned in her own clinical practice, where she serves people with HIV: “The whole nature of the relationship with them changed. The patients were flattered, where I'd feared they'd find the home visits intrusive. There are such differences between me and my patients, in terms of class, race and gender. But they were very welcoming. The patients' lives were suddenly in three dimensions, in a way they couldn't have been in the clinic, and that made it easier for them to talk.”
Banasiak, N. Booklet on Child Care. $1200, Virginia Henderson Scholarship Award from Sigma Theta Tau Delta Mu Chapter.


Chyun, D. Diabetes and coronary heart disease management in the elderly following hospitalization for coronary heart disease: $4,000, Hartford Foundation; $3,000, Connecticut Nurses Foundation; $5,000, Intramural-Yale Small Grants, June 1998-present.


Crowley, A.A. Contributed to the health component of the grant, Laboratory School and Model Early Childhood Learning Grant Program. $600,000, Submitted by the Yale University Child Study Care Center and the New Haven Board of Education, January 1999.


Funk, M. Atrial Fibrillation in Patients Discharged after Cardiac Surgery. $5,000, Yale University School of Nursing, June 1, 1999-May 30, 2000.

Funk, M. Atrial Fibrillation in Patients Discharged after Cardiac Surgery. $5,000, Delta Mu Chapter, Sigma Theta Tau, June 1, 1999-May 30, 2000.

Gilliss, C. Project Director. Professional Nurse Traineeship, Yale University School of Nursing. Total direct costs $130,063, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing (#5-A1NU00242-23), July 1, 1998-June 30, 1999.


Grey, M. & Tamborlane, W. Co-Investigator. Long-term Follow-up of Adolescents on Intensive Therapy. $5,000, MiniMed Corporation; $10,000, Lilly Corporation; and $7,500, AADE Research Award, 1997-present.

Grey, M. & Tamborlane, W. Co-Investigator. Nursing Intervention to Implement DCCT Therapy in Youth. $1.15 million, NINR, NIH (RO1NR04009), September 20, 1995-July 31, 1998; $249,800, pilot funds, provided by the Culppepper Foundation; $224, 204, Supplement, funded April 1, 1999-December 31, 1999.


Lee, K. Principal Investigator. Taylor, D., Yewoubdar, B., Gilliss, C., Green, N. & Gutierrez, Y. Bio-behavioral Health in Diverse Midlife Women. Total direct costs, $1,300,000, NIH, NINR (RO1 NR04259), September 1, 1995-August 31, 2000.


Lyder, C. Principal Investigator. Identifying Stage 1 pressure ulcers in darkly pigmented skin using portable ultrasound. $30,000, Longport, Inc. 1999-.


McCorkle, R. Co-Investigator. Given, B. Principal Investigator. Family Home Care for Cancer—A Community Based Model. $637,630, NIH, NINR, (1R01NR01015), April 1, 1998-March 31, 2002.

McCorkle, R. Co-Investigator. Norman, S. Principal Investigator. Breast Cancer Patterns of Care and Morbidity. $257,164, NIH, NINR. (R01 CA65442), September 30, 1997-March 31, 2002.


Mekus, G.D. Nursing Interventions for Black Women with Type 2 Diabetes. $10,000, Bayer Pharmaceuticals, 1998.

Pasacreta, J.V. Principal Investigator. Psychosocial sequelae to predisposition genetic testing for breast cancer. $277,830, National Cancer Institute, (Ro1CA76959), September 1, 1997–September 1, 2000.


Pollack, C.D. Post-hospitalization referral to home health care and subsequent re-hospitalization for Medicare patients with congestive heart failure. $1,000, Sigma Theta Tau, Delta Mu Chapter, October 1997–May 1998.


Zawalich, W. Principal Investigator. Phosphoinositide Hydrolysis and Beta Cell Secretion. $73,703, NIH, (2R01DK41230-06), May 1, 1997–October 30, 1998.


Zawalich, W. Principal Investigator. Prolactin, Pregnancy and Insulin Secretion. $70,507, American Diabetes Association.

Speaking truth to power
"many of my friends who served in Vietnam are dying," said Schwartz, DRPH, RN, a retired Air Force major. "These are women who don't have an answer. Dean Gilliss has given me this wonderful opportunity to bring all the expertise and the resources of the Yale School of Nursing to help unravel the mysteries plaguing these women."

Schwartz will measure the levels of dioxin, the toxin in Agent Orange, antimalarial drugs and other substances common in Southeast Asia, in the blood of women who served in Vietnam and compare them with military women who did not serve in the war and with civilian women. She will examine health problems in these women and in their children.

A longtime veteran's advocate, Schwartz was instrumental in the establishment of the Vietnam Women's Memorial in Washington, D.C. and has served as president of the Vietnam Veteran's Assistance Fund, a charitable organization that helps Vietnam and Gulf War veterans and their families. She is co-director of Project Partnership, which develops homes for homeless and disabled veterans in the West Haven area. As chair of the U.S. Dept. of Veteran's Affairs Advisory Committee on Women Veterans and vice chair of its Advisory Committee on the Readjustment of Combat Veterans, Schwartz frequently testifies before Congress to improve the services offered to veterans and active members of the armed forces.

She learned on her first trip to Capitol Hill "that you don't have to have all these charts and graphs, that when you speak truth to power, they listen," Schwartz said. "I've gotten better at coming with more truth. In the past, Vietnam veterans used very poignant stories. Increasingly we're coming with facts and figures that are even more devastating than poignant stories."

Like many women who served in the Vietnam War, Dr. Linda Schwartz wonders about the effects of Agent Orange, a herbicide established to have grave health consequences in men but never studied in women—until now. Schwartz's research shows an increased level of cancers, miscarriages and other health problems in women exposed to the herbicide. She recently began work as a research associate at her alma mater, YSN, to gather more extensive data on the health of women who served in Vietnam with the aim of getting her comrades answers and help.

Cohen, S.S. Politics of Child Care Legislation.

Diers, D. High Cost Users. Yale-New Haven Hospital.


Gustafson, E. Principal Investigator. School-based Nursing Intervention for Youth with Asthma, 1998-99.


Olsen, D. & Marenholtz, D. Co-Investigators. A Descriptive Study of Research Protocols Reviewed by a School of Nursing IRB.


Advanced practice makes a world of difference

For Michelle Davis, it started in high school, when she saw a magazine picture of rows upon rows of cribs in a Thai orphanage.

"I thought, 'I'd love to be able to work with those kids,'" remembers Davis, whose Yale School of Nursing master's thesis was a developmental study of children in Romanian institutions. Davis, who graduated in May, won the Milton and Anne Sidney Prize for her thesis work.

Under a Yale University Downs Fellowship, Davis visited five settings in Romania: a conventional day care center, a center where children stayed overnight during the work week and returned to their parents on the weekends, and three live-in institutions commonly called orphanages. Actually orphanage is a misnomer, as most of the children there have living parents who simply cannot afford to take care of them.

Davis found that developmental problems increased as the amount of individual attention the children received decreased. The children in the daily daycare situation fell within what would be considered a normal range in the United States. Those in the overnight daycare had more problems. Those in the institutions fared the worst, particularly in one very understaffed institution. There she saw cribs shaking violently as children thrashed about inside to relieve their own boredom.

"Nobody held them," said Davis. "There was no eye contact. It was like nothing I've ever seen."

Davis gathered data in settings designed to care for children from birth to three. Children progress to different levels of institutions as they age, until they reach age 18 and are expected to live independently. But institutional life has ill-prepared them to fend for themselves. "The streets of Romania are filled with adolescents and adults with multiple psychiatric problems who have never attached to anyone, unemployed and begging," said Davis. "They have children of their own and the cycle starts again."

Many things could be done to improve the conditions in Romania's institutions, said Davis, including increased staff, regularly scheduled social activities and the introduction of smaller group homes. But ultimately, she asks if the government would not do better to simply give direct aid to parents in the hope that more children could be kept at home to be raised in a family setting.

After honing her clinical skills in the United States, Davis will embark on a career in international health. "That's where my heart is," she said, "health care in the developing world."
Bringing in resources,
All the students who accompany Assistant Professor Carrie Klima, RN, MSN, CNM to Belize during Spring Break bring two suitcases, one for their own belongings and one filled with medicine, a precious commodity in the tiny Central American country that Klima visits every year.

One year she found a boy who was in congestive heart failure because his family could not obtain the drug he needed. Klima and her students worked out a system for the family to get the medicine regularly from Mexico.
“It helped that particular child, but it didn’t empower Belizians,” said Klima, a member of the midwifery faculty. She is more proud of the work she did to help a community hospital set up support groups and other measures to encourage breast feeding.

“It’s more a matter of life and death that women in Belize breast feed,” she said. “They often can’t afford formula in sufficient quantities, or there may be problems with their water quality.”

Klima first visited Belize in 1992 on a trip organized by her alma mater, Loyola of Chicago. “When I came to Yale, I decided that I wanted to give that opportunity to students here.”

Last spring, the students visited during Belize’s National Women’s Week and performed pap smears, taught breast self exam and did education sessions on breast cancer.

In the beautiful country of Belize, people enjoy higher immunization rates than citizens of the United States. But while Belize’s system draws heavily on nurses and midwives to excel in prevention and primary care, high-tech biomedical interventions are not available in the tiny country of 220,000.

“Belizians are trying to prioritize their resources to bring in technology without giving up their primary care initiatives,” said Klima.

Students who accompany Klima get to provide primary care, design education programs for community health workers and work in settings that vary from a district hospital to a mobile clinic.

“They interact with various health care providers—nurses, doctors, aides—and learn a great deal about the cultural aspects of health,” said Klima. “They have the opportunity to interact with people who are cultural strangers to them. That’s something they can’t get at home.”
Pamela Minarik, MSN, CS, FAAN, examines the development of holistic nursing in the United States and in China.
Pamela Minarik started training as a presenter very early in life.

“When I was in junior high, my father said that I mumbled and muttered,” remembers Minarik, an associate professor of psychiatric-mental health nursing. “So he made me read aloud with a cork in my mouth. Well, I was still mumbling, so he got a bigger cork.”
Why would one system promote holistic nursing and then lay off RNs and make it impossible to do holistic nursing?

Minarik’s education on the importance of clear communication continues as her career focuses on international nursing and holistic care, two areas where nuances of meaning loom large in their importance. At the first Pan-Pacific Nursing Conference, held in Hong Kong in June, Minarik presented on the development of holistic nursing in the United States and China. Hers was one of ten Yale-China Association presentations at the conference. Half the presentations were in English, given by YSN-connected scholars. Half were in Chinese, the work of scholars from YSN’s sister school, Hunan Medical University. Minarik then traveled to mainland China to repeat her talk for nurses at three different locations.

“In the development of holistic nursing,” Minarik noted, “a Chinese and American nursing exchange creates the opportunity to meld the strengths of the Chinese nurses in integrating traditional Chinese therapies with the strengths of the U.S. nurses in having a longer history of a nursing identity and the biopsychosocial and spiritual approach.”

Through her work with the Yale-China Association, Minarik has often collaborated with Chinese nurses to help them develop biopsychosocial care and to talk about the role of the psychiatric consultation liaison nurse. Because communication is paramount in this kind of care, the language barrier can present a challenge. She tried last year in a patient interview to demonstrate how open ended questions can draw out patients and urged nurses to avoid the common why questions, such as, Why were you admitted? Why were you angry with your brother? etc. Such questions force patients to explain their actions, rather than invite patients to tell their stories. Minarik later found that all the carefully put open ended questions she had used in the demonstration interview were translated into why questions. She said that she’s drawn on her old elocution skills, speaking slowly and clearly, to make it easier for the many English speakers she meets in China to understand her without the aid of a translator.

To get her points across, Minarik also finds herself “translating” the U.S. healthcare system. In China, where health care is centralized, education, practice and policy are unified. So her Chinese colleagues found it difficult to understand how nursing schools in the U.S. could teach holistic care even while hospital reorganization made it difficult to practice such care.

“I discovered from their questions that they were looking at what I said in terms of the Chinese health care system,” said Minarik. “They were very confused when I started explaining about restructuring in U.S. hospitals and what that was doing to holistic nursing. Why would one system promote holistic nursing and then lay off RNs and make it impossible to do holistic nursing? It made no sense to the Chinese. Of course, it made no sense to many of us in the United States as well.”

Through the Yale-China Association, Yale University has a 100-year relationship with Chinese healthcare colleagues. Activities have ceased periodically for political reasons, including World War II and the Cultural Revolution. But recent years have seen a dramatic upsurge in cooperation, particularly in nursing. In addition to Minarik’s psychiatric work, Yale nurses are working in China on AIDS prevention and treatment, cardiac care, community health nursing and infection control.