

# Nursing Heals Itself

## A PRESCRIPTION FOR HEALTH-CARE WOES

By MIRIAM SAULS

**G**one are the days of Nurse Betty dressed in her starched white uniform, complete with crisp cap perched on top of her head, fluffing pillows and emptying bedpans and changing sheets in Duke Hospital. Not only are the uniforms passé (“White was just plain stupid, really,” confides one veteran nurse. “People bleed on you, for heaven’s sake!”), but nurses are more likely to be seen by a patient’s bedside operating a bank of monitors worthy of NASA flight control, sharing expertise with the community in nursing homes or schools, or buried in a library.

“Fifty years ago, we had traditions. Now we have research,” says Mary Champagne, dean of the School of Nursing. “Here at Duke we teach evidence-based practice—what has been proven in research to be effective for most patients. And we teach thinking skills, not just facts, because facts change. So it’s important to have thinking nurses with excellent research skills. The old hierarchy simply doesn’t hold anymore.”

This is not to say that past and present aren’t connected. “Because nurses have made



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so many beds, they may be the ones doing the research now on the best beds, or the ones discovering ways for patients to tolerate their situation if they’re bed-ridden,” says Sue Schneider, director of the Graduate Oncology Nursing program. “Because we as nurses spend time with patients, we know what makes them comfortable. We deal in quality-of-life issues.”

“While physicians are finding new chemotherapies, nurses are helping patients relax in the chaotic chemo environment,” says Schneider, who is researching the use of technology as a useful distraction for cancer patients. She’s working not only on stress

reduction, but also toward better treatment outcomes. “Women with breast cancer increase their chances of survival if they receive all the prescribed chemotherapy treatment,” she says. “Our goal is to break the cycle of anxiety with virtual-reality technology, hoping patients will be more likely to complete their treatments.”

The chemotherapy room at Duke Medical Center is the last place people would want to find themselves, with chemo stations and dripping IVs closely lined up like soldiers in formation. But this relaxation research has helped. While donning a virtual headset provides privacy at a difficult time, it also offers



Changing face of the profession: some 1941 graduates, far left; a current class in the new Fast Track to Nursing program, left, directed by Michelle Renaud, center

CHRIS HILDRETH

**Stereotypes of nurses have been exploded in an era of increased nursing responsibilities, graduate-level research, interdisciplinary initiatives, and new technologies—all to be provided by a new, accelerated nursing program.**

patients the options of scuba diving in the deep blue sea or touring an art museum or solving a mystery aboard the *Titanic*. Patients report less nausea, stress, and fatigue. “It picks up my spirits,” says one woman.

Learning good research techniques is a core value of the nursing program. Deirdre Fleming, a graduate nursing student in the Family Nurse Practitioner program, says she was attracted to Duke because it encourages strong research skills. But even she was surprised at how much actual research experience a student can get. “I didn’t think this level of research was even a possibility. But we learn techniques in a classroom and then we get associated with a project like the virtual-reality study,” says Fleming, who is assisting Schneider in her research.

The Nursing Research Center (NRC), established in 1993, is meant to foster the scholarly research efforts of nurses. The NRC is staffed with a full-time director, an administrative assistant, a full-time statistician, and data technicians who do everything, from helping to support researchers in processing research proposals and grant applications to

assisting and consulting on scholarly preparation of manuscripts, oral presentations, and posters, as well as assisting with data entry and analysis and finding funding.

Barbara Turner, director of the center, is also leading the efforts at the nursing school to improve the survival rates of premature infants. “A severely premature or high-risk infant may as well have been born on the surface of an alien and hostile planet,” she says. “Their survival depends on the immediate intervention and care of trained professionals who know how to use the latest neonatal technology.” Joining in the fight to increase the survival odds for preemies is Debra Brandon, neonatal clinical nurse specialist. She researches the neonatal intensive-care nursery environment to determine the factors that can promote health, and she is studying at what gestational age cycled light would be most beneficial for extremely low-birth-weight infants.

While some faculty members and students are studying patients at the beginning of life, others are interested in issues found closer to the end of life. In 2000, 13 percent of the na-

tion’s population—some 35 million—was age sixty-five or older. These numbers are expected to double in the next thirty years. To meet the health-care needs of this aging population, the nursing school established the Trajectories of Aging and Care Center (TRAC). Faculty pool their expertise with that of colleagues at the nursing school and with partners from the divinity school’s Institute for Care at the End of Life (the first of its kind in the nation), the medical school’s geriatrics department, and the Center for the Study of Aging and Human Development at Duke. “More and more, we’re bringing investigators from other disciplines into our research initiatives and leading the studies ourselves,” says TRAC director Elizabeth Clipp.

As Ruth Anderson, a colleague of Clipp, puts it, “Most people who observe nurses may not realize that what nurses do is based on science. Historically, nurses have based their practice largely on science from other disciplines such as medicine and psychology. Within the past twenty years, however, the nursing discipline has been actively developing its own scientists.”

## Reconciling Spirit and Science

There was a time when physical health and spiritual health weren't considered separately, and nuns and monks, deacons and deaconesses, ministered to both. Somewhere along the way, science split off and the medical profession saw its role purely in physical terms.

Hardly a month goes by now without an article about a new study on the power of prayer in healing or the benefits of mind, body, spirit integration for wellness. Some might call it new-age hokey, but others are calling it a return to an ancient truth.

"We're going back to something that was going on a long time ago," says Cleo Bell, one of last August's first four graduates of Duke's Parish Nurse Certificate Program, who now uses her skills at her church in the Walltown community of Durham.

"I had retired from a thirty-one-year nursing career at the VA Hospital," says Bell. "I hadn't planned to work at all, but then I heard about this program, and I felt I was being called. The people needed me and God was sending me into service. Now I give workshops on health issues, like arthritis and blood pressure and diabetes, both in my church and in my community."

The sense of being called is not unusual for students in the Health and Nursing Ministries program, a joint School of Nursing-Divinity School venture begun in the fall of 2000, which allows students to earn a certificate in parish nursing or one of several master's degrees combining nursing and ministry.

"I felt divinely guided to this program," says Karanne Campbell, who is pursuing dual master's degrees—one in church ministries and one in science in nursing. "I was living in Asheville and working as a home-health nurse in hospice situations with people facing the end of their lives. That is a time when people evaluate and ask the hard questions, like, 'What has my life meant?' or 'Why did I get this disease?'"

"It was a time when healing still needed to take place, even when there was no hope of curing. I had recognized the strong connection of mind, body, and spirit, and I knew I needed to be grounded in my own faith. My faith had to be intact for me to give the kind of care that I saw was needed. I felt called to give spiritual care, but I didn't have the skills or the theological education. I wanted to make sure I was doing everything I could and nothing I shouldn't. Through my pastoral-care training, I'm gaining confidence."

The Health and Ministries program is part of a growing trend. In fact, parish ministry is the fastest-growing subset in nursing education today. Because being compassionately present to the sick and the suffering through the ministries of caring and healing has been a central part of Jewish, Christian, and other religious traditions, nurses in the program are well grounded in theology. Christian students can study Christian tradition through the divinity-



DUKE UNIVERSITY PHOTOGRAPHY

school curriculum at Duke, or Jewish students can pursue academic programs in the religion department. Duke's program is more in depth than many programs that provide only certificate-level study.

"I left my practice as a nurse practitioner in cardiology," says Alyson Breisch, administrative director for the Health and Nursing Ministries program and a student in the post-master's certificate in health and nursing ministries. "But now I'm doing my clinical work as a volunteer at my church, so you might say I'm still working at the heart of the matter. I saw the 'real issues' families face while I was working in critical-care settings, and I wanted to be able to pay attention to the spiritual component in care-giving. The theological base has helped me be more holistic."

Jennifer Johnson is a part-time student in the program. She spends the other part of her time as a nurse manager in the adult general medicine unit at Duke Medical Center. She says she finds that her blossoming pastoral skills are as useful in caring for the caregivers as for patients. "As I develop my active listening skills, I find that I am being consulted by staff who might be having personal issues or issues with difficult patients."

Johnson has found that changing from the nursing mindset to the theological one can be challenging. "I come from nursing, where it's about data and actions and outcomes," she says. "There are less solid outcomes in theology; I've had to learn to think differently. But isn't it wonderful that I can incorporate all my skills and my beliefs together into one profession?"

—Miriam Sauls

As Duke turns out advanced-degree nurses with research experience, the nation is struggling to fill basic nursing-care needs. Some 126,000 nurses are needed to fill current vacancies at U.S. hospitals, according to the American Hospital Association's June 2001 *TrendWatch*. And fully 75 percent of all hospital personnel vacancies are for nurses. According to a study published in a summer 2000 issue of the *Journal of the American Medical Association*, the U.S. will experience a 20 percent shortage in the number of nurses needed in the health-care system by the year 2020. That translates into a shortage of more than 400,000 RNs nationwide.

Ironically, nursing at Duke had a near-death experience two decades ago. In 1984, the traditional bachelor's degree in nursing, B.S.N., was ended, and the status of the graduate program was far from secure. Four years earlier, then-chancellor Kenneth Pye presented a document to the board of trustees called "Directions for Progress"—or, internally, the "Retrenchment Report." Pye notified the trustees that costs-per-student in the nursing school significantly exceeded all other baccalaureate programs, and that nine programs within the University of North Carolina system had been started that provided nursing education at significantly lower costs. Further, the 1970s was a period when more and more careers in science opened up to women, and nursing found itself with

fewer applicants. The report concluded that Duke's overall interests would "best be served by terminating the present degree programs not later than 1983-84."

Upset alumni produced a flurry of impassioned letters to local newspapers and calls to the university, prompting a letter from then-president Terry Sanford to alumni attempting to explain the decision.

But now there's a dearth of nurses. Says Champagne, "The shortage has caused us to rethink. When we looked at the situation, we couldn't say, 'Everybody else must do something.' We know that the ratio of nurses to patients directly affects outcomes, so the stakes are high. Our medical center is splendid. You couldn't have a better facility for teaching. So we decided to do something."

That "something" is the Accelerated Bachelor of Science degree in nursing, more familiarly known as the "Fast Track to Nursing" program. A "second-degree bachelor's program" being offered to college graduates, the fast-track sixteen-month program "will blend the best of the old practices in nursing care with the best of the new evidence-based care," Champagne says.

"Burnout is a tremendous problem in nursing, so we will teach skills for prioritizing duties and maximizing energy. We will teach students how to manage aides and, most importantly, we will teach them how to think."

In keeping with its emphasis on research, the school has included an evaluation component that makes the fast-track program itself a research project. It will generate the strong data and program evaluation needed—but as yet unavailable—to assess what works in recruiting and retaining new nurses, to adapt nursing curricula to reflect the rapidly evolving demographics of society, and to incorporate recent technological and medical advances into nursing education.

Champagne is optimistic that the program will work. "We hope that through its implementation at Duke, and its dissemination as a model to other schools of nursing, the Fast Track to Nursing program will exert a strong counter-force in the struggle to overcome our country's critical shortage of nurses," she says.

The Helene Fuld Health Trust has pledged \$6 million to make the new program possible. The trust is the nation's largest private foundation devoted exclusively to nursing education, and its gift to Duke is the largest in the nursing school's history.

The program crossed its last hurdle last May, when the North Carolina Board of Nurs-



Freshly starched and newly capped: Class of 1941 graduate

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## Mr. Duke's Hospital Goes To War

Nursing was more regimented back then," says Mary Jane White Raulston B.S.N. '43, reminiscing about her nursing school days at Duke. "We had to be at chapel at 7:00 every morning. And you couldn't get married while you were in nursing school. The hospital didn't have a housekeeping department then, so we had to remake the rooms ourselves."

That's not all the hospital didn't have during the war years. "There was a big Army unit formed in my senior year," Raulston says, "and the operating-room people and doctors and nurses went away, so they graduated us three months early. Suddenly, my friend and I were made head nurses at Mr. Duke's hospital—that's what we all called it back then, staff and patients. I remember we were paid \$87.50 a month, with full room and board and laundry."

The laundry was no small matter because those were the days of starched uniforms. "During our probation period—we called them our 'probie days'—we wore blue uniforms and organdy bows and aprons with no upper bibs. We had our capping ceremony at nine months and wore starched white disposable cuffs."

"Once we got our caps, we wouldn't have dared go on duty without them," recalls Eileen Blaylock R.N. '47. "I always prided myself on my starched outfits and white shoes and stockings. Of course, we couldn't wear white uniforms 'til we graduated."

"We tended the fire when everybody else went off to war. I didn't realize what pressure

that was. We just thought that was normal back then. We should have been more frightened. They made us cadet nurses and paid us a small amount to keep us in reserve in case the war went on. We really got the bedside experience!"

And lots of other experience as well. "There were no disposable needles then, so we spent our down time sharpening and re-sterilizing needles. We had to make our own solutions. For morphine, we had to crush tablets in a spoon and heat it. I've seen a lot of change."

Raulston returned to her native Texas after nursing school at Duke. "When I first came back to Houston, penicillin had just come in, and it hurt so badly, we had to use ice bags on patients. I remember my first meningitis patient who got well with streptomycin. And being in Houston, I saw all the heart developments with Dr. DeBaakey. Research really blossomed after the war."

"I really have always been so glad I went into nursing and got such a good background at Duke," says Raulston, who retired in 1986 after being a teacher and supervisor and a director of nursing at a hospital for twenty years; she was a consultant until last year. "But I wouldn't be able to survive a minute now with all the new gadgets." "I'd be lost now," agrees Blaylock. "I'd be low man now." Actually, chances are, both would rise to the occasion and take charge just as they did back then.

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Dean, School of Nursing



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ing gave its unanimous approval. The school had more than ninety applicants for the program’s forty slots. Two applicants already had Ph.D.s, several had master’s degrees, and the mean G.P.A. was 3.4. Applicants hailed from many different backgrounds, including biology, poultry science, English, women’s studies, medicine, psychology, education, marketing, and nutrition. Twelve percent of the applicants were men, and 18 percent were from an ethnic minority.

Fast Track director Michelle Renaud says, “The number of clinical hours we require is head and shoulders above other programs. Also, we offer students the opportunity to take fifteen graduate hours, which gives them a step up in becoming a master’s prepared nurse, opening up more career opportunities.”

Responding to career opportunities the School of Nursing has tried to cultivate an entrepreneurial culture. When several school graduates requested a program to train them as site investigators for clinical trials, school leaders did some investigating. They realized that nurses with specific training for pharmaceutical trials would help speed the approval of new medical products, and that nurse practitioners with such training would also be able to qualify as site investigators. Site investigators implement and execute large multi-center clinical trials. They also

have access to emerging drugs and therapies for their patients.

So, last fall, the nursing school became the first in the nation to offer nurses the opportunity to fill a new role by offering master’s-degree-level training in clinical-research management. “During a clinical trial, a delay of just one day can cost the pharmaceutical sponsor more than a million dollars, as well as postpone the arrival of a life-saving drug on the market,” says Anthony Dren, consulting professor in the creation of the program. The delay “could be caused by a simple thing such as not filing the right federal regulatory form by the right date, or something complex, such as an error in medical protocol. In view of the high stakes involved here, a workforce educated in clinical-research management is absolutely imperative.”

“In developing this curriculums, we had access to experts in many fields at Duke,” says George H. Turner III, assistant clinical professor and co-creator of the program. In addition to colleagues in the medical school, the Duke Health System, and the Duke Clinical Research Institute, the school drew on expertise from Duke’s Fuqua School of Business and the departments of economics and biometry. Students can complete the program either on campus or online from anywhere in the country.

And the online theme continues: Students enrolled in the Partnerships for Training program pursue their master’s education through flexible distance education. Nurses in rural North Carolina with a bachelor’s degree in nursing, for example, can earn a nurse practitioner degree, giving them a broader scope of services they can provide, such as diagnosing and treatment. (Nurse practitioners in North Carolina can do 80 percent of what doctors do.)

Duke’s experience in offering distance-based nursing programs began in 1997. Besides its Partnerships program, it includes a post-master’s certificate program in Nursing Informatics that has trained nurses in fifteen states (including Alaska) and Canada.

Taking a distant look back, the then-chancellor of the medical center, William Anlyan, says he understood the rationale for discontinuing the undergraduate program, but also understood the critical need to continue to train nurses at Duke. The master’s program in nursing at that time had a separate faculty and, as Anlyan describes it, “students who hardly knew where the front door to the hospital was.”

“That program was more about the sociology of nursing,” he says, “and I saw a chance to build a real bona-fide clinical nursing program, with nurses who knew how to deal with patients. So I used all my powers of persuasion and any brownie points I could find to advocate for a new program.” The idea wouldn’t succeed without the right administrators, he says. “I knew we needed to get a dean who could build a new faculty, and it had to be a faculty who knew where the front door was.”

Enter Mary Champagne. “Dean Champagne came to a school back in 1991 that didn’t have much of a vision of the future,” says Tony Adinolfi M.S.N. ’93, assistant clinical professor and a nurse practitioner. “Within a couple of years, she took us forward with a vision that could only make us better and better. She nurtured the existing staff and faculty and brought in exciting new faculty.”

For her part, Champagne says the “corporate culture” now stresses innovation in delivering health care. “Because we keep that at the forefront, we can do all kinds of things.” ■

*Sauls is a regular contributor to the magazine.*

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*For a profile of the American Medical Association’s new president, Yank Coble Jr. ’59, M.D. ’62:*

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