Expertise Areas:
Transcultural Topics
- Cultural variations in pain behaviors and pain management
- Cultural competence “Standards of Practice”
- Cultural issues in end-of-life decisions and nursing care
- Coordination of multinational research studies, i.e. translation issues, validity & reliability of instruments, data integrity

Cultural Groups
- Colombian
- Mexican
- Peruvian
- Slovenian (Central European)
- Japanese

Clinical Topics
- Cardiovascular critical care
- COPD- exercise training
- Symptom management: Pain management; dyspnea
- Women’s health
- Oncology

Research Methodology
- Quantitative:
  - Experimental & Quasi-experimental designs
  - Regression & correlational designs & comparative designs
  - ANOVA/MANOVA
- Qualitative: exploratory & descriptive designs
- Mixed methods with triangulation

Other
- Scientific writing publication
- Basic and advanced statistics

Languages spoken, read/write*
- English - native speaker
- Spanish (read/write & speak)

Select Publications
Book

Journal Articles


Video
1. What Sparked my Interest in Transcultural Nursing?

I was born into the Slovenian neighborhood that was part of a patchwork quilt of ethnic neighborhoods on Cleveland’s east side. All four grandparents were immigrants from Slovenia, which was part of Yugoslavia until recently. Neither of my grandmothers ever learned to speak English. Slovenian was the 1st language of both of my parents, who were sent off to elementary school to learn English. From this early experience, and from the childhood joys of making the annual rounds of summer bazaars at all the ethnic neighborhood churches, I learned to appreciate, love and value the variety and richness of our city’s cultural mosaic.

As soon as my college debts were paid off I signed up for the U.S. Peace Corps, which assigned me to Colombia, South America. Since I had never studied Spanish in school, I arrived in-country with only the 2 months of Peace Corps language training. This gave me a deep appreciation for the difficulty experienced by immigrants when they do not speak the language of their newly adopted country. I was assigned as head nurse of the intensive care units of the only hospital specializing in cardiac care. I also did community health nursing once a week at an “invasion barrio”, and at a girls’ orphanage on the outskirts of town. Later I was assigned to set up the nursing portion of an intensive care unit and train its nursing staff at a university hospital in the 2nd latest city. All of these experiences taught me that the “American” way of doing things -- the way I was taught — was not always the best for either the patients or the nursing staff. This piqued my interest in exploring transcultural nursing. I went on to Minor in Anthropology during my master’s degree studies and then obtain a PhD in International and Cross Cultural Nursing.

2. Present/Future Directions

Now that I am retired, I continue to write on the topic, as well as serve as a volunteer faculty member. I work with international students who are not native English speakers and who are having difficulty in writing their comprehensive exams, qualifying exam papers and dissertations. It is in this area of scientific writing that I can help relieve the full time faculty of this time-consuming aspect of mentoring these international students.

3. Favorite Transcultural Story

One of my favorite stories is actually very personal. My husband had been awarded a Fulbright scholarship to Japan. I had arrived in Tokyo seven months pregnant and with a toddler in hand. When I explored hospitals for delivery, I was told that all four of the large hospitals in town that served English-speaking patients were already completely “booked” for the month of my expected delivery. (Apparently, one must “reserve” a maternity bed long before one’s due date.) I ultimately found a small maternity hospital—one delivery room, 3 post-partum rooms—with a doctor who spook a few words of English. None of the nursing staff, however, spoke any English. On the morning after my delivery, the night nurse came into my room. She stood at the foot of my bed, and in very halting English, she read off of a piece of paper “Good Morning. How are you?” The pronunciation was barely understandable. But it drew tears to my eyes. She must have spent a good portion of the night shift looking up the words in the dictionary and practicing those few lines. And she probably wouldn’t have understood anything that I would have replied to her. But it was the EFFORT that I most appreciated, a few words of poorly pronounced English was a melody after cacophony of Japanese of the previous day. It was this example that I relate to students and staff when they resist even trying to speak a few words to a non-native English speaking patient. Just TRY to say a few words in their language. It will be music to their ears.