To the Editor:

I am writing to thank you for publishing Depression of Chronic Medical Inpatients in China by Zhang et al. in the February 2008 issue. Depression and comorbid medical conditions represent an enormous global problem, and this example of the findings from one city in central China illustrates a microcosm of the difficulties in the developing world. Not only is the research important to enhance our understanding of the global situation, but also the discussion of the cultural barriers and nursing approaches in addressing the problem sharpens our view of the cultural context. In addition, I have a personal interest in the circumstances described in the article.

My perspective is influenced by my visits to Changsha, Hunan, China in the late 1990s as part of a Yale University School of Nursing (YSN) and Yale–China Association nursing exchange (Minarik, 1998). There, we met with nurses and other health care providers at the three hospitals of the Central South University (then called Hunan Medical University) and the nursing school of the university. At that time, holistic care, especially the integration of psychological care in the care of patients with medical conditions, was a recent expectation of the Ministry of Health and of great interest to my Chinese colleagues who were particularly excited by the idea of adapting psychiatric consultation liaison nursing at the Second Hospital. Li Lezhi was one of the nursing leaders at the Second Hospital and later came to YSN, with the support of a Chia Family Fellowship, where we continued work on projects related to the integration of mental health care and physical care. The relationships between the Chinese nurses and the YSN faculty provided a stimulating bidirectional exchange of expertise.

I am happy to read about their research and their progress in the integration of physical and mental health care in nursing as well as their focus on depression in the physically ill. The biomedical physical symptom focus of the nursing role in the teaching hospitals described in the article is similar to what I observed while I was in China. However, those of us in Western countries have much to learn from our Chinese colleagues in their collaborative style of relationships with physicians and their integration of Chinese and Western style approaches to care, such as the use of relaxation, tai ji and qigong, and family involvement. I was impressed with the nurses’ interest in integrating Western medicine and Chinese medicine approaches and the warmth of their interactions with patients. They were thoughtful and reflective about the use of Western communication skills in the Chinese cultural context.

A continuing cultural exchange through the Archives of Psychiatric Nursing would be exciting and stimulating. I hope to see more articles from China, especially a future publication describing the impact of the adaptation of person-centered nursing at the hospitals of the Central South University.

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REFERENCE