

ΤΟ ΒΗΜΑ ΤΟΥ ΑΣΚΛΗΠΙΟΥ

VEMA OF ASKLIPIOS

APRIL-JUNE 2002 VOLUME 1 No 2

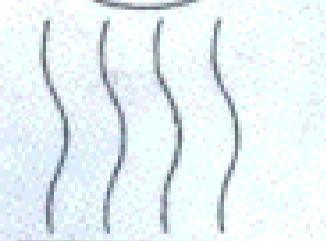
QUARTERLY EDITION BY THE 1st NURSING DEPARTMENT
OF ATHENS TECHNOLOGICAL EDUCATIONAL INSTITUTION

Ιστορική εξέλιξη του φαρμάκου
Φροντίδα ηλικιωμένων
Υποδοχή ασθενών στο Τμήμα Επειγόντων Περιστατικών
Συχνότητα κατακλίσεων σε επαρχιακό νοσοκομείο
Β-θαλασσαιμία και φυσιολογικός καταμήνιος κύκλος
Εντερική θρέψη σε εγκαυματίες και πολυτραυματίες
Νοσηλευτική θεωρία της πολυπλοκότητας
Αξιοποίηση του χρόνου εργασίας

Historical evolution of medicines
Elderly care
Patient's reception in Emergency Department
The frequency of pressure sores in a provincial hospital
B-thalassaemia and the frequency of the menstrual cycle
Enteral nutrition in burnt and multiple trauma patients
Nursing theory of the complexity
Effective time management in the working place



ΕΛΛΑΣ

ΕΛΛΑΣ
ΑΘΗΝΑ
2671
ΕΠΙΧΕΙΡΗΣΗHELLAS
PAYE
PORT

ΕΝΤΥΠΟ ΚΛΕΙΣΤΟ ΑΡ. ΑΔΕΙΑΣ 1459/99

ΒΗΜΑ ΙΑΤΡΙΚΗΣ ΕΚΔΟΣΕΙΣ
Κατεχάκη & Αβριανίου 3 - 115 25 ΑΘΗΝΑ

Περιεχόμενα

Ανασκοπήσεις

Ιστορική εξέλιξη του φαρμάκου. Γ.Α. Φούκα 57

Φροντίδα ηλικιωμένων και επαγγελματική εξουθένωση. Ε. Κοτρώτσιου, Θ. Παραλίκας 61

Ερευνητικές εργασίες

Υποδοχή ασθενών στο Τμήμα Επειγόντων Περιστατικών της Ευρωκλινικής Αθηνών. Ν.Β. Φώτος, Π. Επιτροπάκης 65

Μέτρηση συχνότητας και βαρύτητας κατακλίσεων σε ασθενείς ελληνικού επαρχιακού γενικού νοσοκομείου. Ι. Παπαθανασίου, Θ. Παραλίκας, Ε. Λαχανά, Γ. Τζαβέλας, Σ. Κοτρώτσιου, Β. Κουτσοπούλου 72

Β-θαλασσαιμία και φυσιολογικός καταμήνιος κύκλος. Μπορούμε να αναμένουμε ένα καλύτερο κύκλο αν τα επίπεδα φερριτίνης διατηρούνται σε ένα χαμηλότερο επίπεδο τιμών; Μ. Γουρνή, Δ. Σαπουντζή-Κρέπια, Ζ. Ρούπα-Δαριβάκη, Μ. Σκάντζος, Ν. Σκορδής, Χ. Μπαρτσόκας, Ε. Θεοδοσοπούλου 77

Ο ρόλος της έγκαιρης εντερικής θρέψης σε εγκαυματίες και πολυτραυματίες. Ομοιότητες και διαφορές. Χρ. Μαρβάκη, Θ. Οικονόμου, Π. Ιορδάνου, Ε. Μαρβάκη, Ε. Θεοδοσοπούλου, Ε. Πατηράκη 83

Ειδικά άρθρα

Μετα-ολιστικό παράδειγμα: Μία νέα αλλαγή παραδείγματος μέσα από την ανάπτυξη της ενοποιημένης νοσηλευτικής θεωρίας της πολυπλοκότητας. S.L. Van Sell, I. Καλοφισούδης 89

Μπορούμε να κερδίσουμε χρόνο βελτιώνοντας τις σχέσεις μας στο χώρο εργασίας; Κ. Τριανταφυλλιάκης 93

Οδηγίες για τους συγγραφείς 99

Contents

Reviews

Historical evolution of medicines. G.A. Fouka 57

Elderly care and the burnout syndrome. E. Kotrotsiou, Th. Paralikas 61

Original papers

Patients' reception in Emergency Department. N.V. Fotos, P. Epitropakis 65

Measurement of the frequency of pressure sores in patients of a Greek general provincial hospital. I. Papathanasiou, Th. Paralikas, E. Lahana, G. Tzavelas, S. Kotrotsiou, V. Kutsopoulou 72

B-thalassaemia and normal menstrual cycle. Would we expect a better menstrual cycle if ferritin levels can be maintained at a lower level? M. Gourni, D. Sapountzi-Krepia, Z. Roupa-Darivaki, M. Sgantzos, N. Skordis, C. Bartsokas, H. Theodossopoulou 77

The role of early enteral nutrition in burnt and multiple trauma patients. Similarities and differences. Ch. Marvaki, T. Iconomou, P. Iordanou, E. Marvaki, E. Theodossopoulou, E. Patiraki 83

Special articles

Metaholistic paradigm. A new paradigm shift through the development of the complexity integration nursing theory. S.L. Van Sell, I. Kalofissudis 89

Can effective time management improve relations in the working place? C. Triadafillakis 93

Instructions to authors 99

Metaholistic paradigm

A new paradigm shift through the development of the complexity integration nursing theory

S.L. Van Sell,¹

I. Kalofissudis²

¹RN, EhD, Associate Professor,
Clemson University, South Carolina (SC),
USA

²Head Nurse, CICU of Henry Dunant
Hospital of Athens, Nurse Manager,
Calea Hellas Homecare Company

Abstract Nursing profession is in the throes of revolutionary changes, a time when nursing leaders are frantically preoccupied with change itself. In addition, the nursing profession is involved in receding, shifting and evolving paradigms. Three visions of reality are expressed in the three paradigms in existence within the nursing profession including the mechanical paradigm, the holistic paradigm and the deep ecological paradigm. *The Theory of Nursing Knowledge and Nursing Practice* has evolved to incorporate the worldview of deep ecology and is transcended with the formulation of *The Complexity Integration Nursing Theory* to a metaholistic paradigm. Metaholistic paradigm is a spiritual inner self development, is a new way of thinking, understanding, acting, working, and living evolved through the development of the Complexity Integration Nursing Theory.

Περίληψη Μετα-ολιστικό παράδειγμα: Μία νέα αλλαγή παραδείγματος μέσα από την ανάπτυξη της ενοποιημένης νοσηλευτικής θεωρίας της πολυπλοκότητας. S.L. Van Sell,¹ I. Καλοφισσούδης.² ¹RN, EhD, Associate Professor, Clemson University, South Carolina (SC), USA, ²Head Nurse, CICU of Henry Dunant Hospital of Athens, Nurse Manager, Calea Hellas Homecare Company. Το Βήμα του Ασκληπιού 2002, 1(2):89-92. Το νοσηλευτικό επάγγελμα βρίσκεται μέσα στη δίνη επαναστατικών αλλαγών, σε χρονικό πλαίσιο όπου οι ηγήτορες της Νοσηλευτικής προσπαθούν να επανακαθορίσουν ένα νέο πρόσωπο και χαρακτήρα. Επιπρόσθετα, το νοσηλευτικό επάγγελμα είναι στενά συνδεδεμένο με την απόσυρση, την αλλαγή και την εξέλιξη των κανόνων δράσης του, δηλαδή των κυρίαρχων παραδειγμάτων. Τρεις βασικές όψεις της πραγματικότητας εκφράστηκαν μέσα από αντίστοιχα παραδείγματα στην ιστορική διαδρομή της νοσηλευτικής ως επιστήμης, το μηχανιστικό παράδειγμα, το ολιστικό και το παράδειγμα της εσωτερικής οικολογίας. Η θεωρία της Νοσηλευτικής Γνώσης και Πράξης εξελίχθηκε για να συμπεριλάβει ένα νέο παράδειγμα υιοθετώντας αυτό της εσωτερικής οικολογίας και ταυτόχρονα υπερβαίνοντας στο Μετα-ολιστικό παράδειγμα μέσα από την ανάπτυξη της ενοποιημένης νοσηλευτικής θεωρίας της πολυπλοκότητας. Το Μετα-ολιστικό παράδειγμα είναι μία εσωτερική διαδρομή πνευματικής αυτοολοκλήρωσης, είναι ένας νέος τρόπος δράσης, πράξης, ζωής, εργασίας και κατανόησης.

Key words: Metaholistic paradigm, paradigm shift, complexity nursing theory, nursing theory

Λέξεις κλειδιά: Μετα-ολιστικό παράδειγμα, αλλαγή παραδείγματος, ενοποιημένη νοσηλευτική θεωρία της πολυπλοκότητας, νοσηλευτική θεωρία

Until one is committed there is hesitancy, the change to draw back, always ineffectiveness. Concerning all acts of initiative or creation there is one elementary truth, the ignorance of which kills countless ideas and splendid plans: that the moment one definitely commits oneself, then providence moves too.... Whatever you think you can do or believe you can do, begin it. Action has magic, grace and power in it.

Goethe

The nursing profession is in the throes of revolutionary change, a time when nursing leaders are fran-

tically preoccupied with change itself. However, change is not always a welcomed guest in the nursing profession. Change is real, accelerating and driven by rapid technological innovation, the globalization of the health care industry, and not the least of it, the arrival of the Internet and the new domain of Internet Healthcare Information. In addition, the nursing profession is involved in receding, shifting and evolving paradigms.

The practicing nurse at the bedside is focused on providing the best possible nursing care in an environment of increased patient acuity, advanced technology, aging population, decreased resources and a shortage of professional nurses. While the bedside nurse is focused on her patient, new concepts in physics have results in a profound change in our worldview; from the

mechanistic worldview of Descartes and Newton to a holistic and evolving ecological view. The paradigms for the nursing profession are receding, shifting and evolving without commitment from the nurses who are at the bedside.

Thoma Kuhn introduced the concept of scientific “paradigm”, defined as “constellation of achievements –concept, values, techniques, etc.– shared by a scientific community and used by that community to define legitimate problems and solution”. Additionally, Kuhn¹ reported changes in paradigms that occur in discontinuous, revolutionary breaks called “paradigm shifts”. The physicist Capra acknowledged the paradigm shift in quantum physics as an integral part of a much larger cultural transformation² and generalized Kuhn’s definition of a scientific paradigm to that of a social paradigm³ defined as “a constellation of concepts, values, perceptions and practices shared by a community, which forms a particular vision of reality that is the basis of the way the community organized itself”.

Three visions of reality are expressed in the three paradigms in existence within the nursing profession including the mechanical paradigm, the holistic paradigm and the deep ecological paradigm. The mechanical² paradigm is explained by Capra as consisting of a number of entrenched ideas and values, including the view of the universe as a mechanical system composed of elementary building blocks, the view of the human body as a machine, the view of life in society as a competitive struggle for existence, the belief in unlimited material progress to be achieved through economic and technological growth and a belief that a society in which the female is everywhere subsumed under the male is one that follows a basic law of nature. The mechanical paradigm emerged when the newly perfected microscope lead to many distinguished advances in biology.

The mechanical paradigm is based on the concept of “reductionism”. Libster⁴ stated reductionism in medicine is the concept that all illness, including all of its cultural, social, physical and emotional components, can be reduced, or explained by the biological problem. Hence the concept that the human body is like a machine. The Mechanistic/Cartesian world view defines a paradigm in which people and nature are separate and emphasizes on the quantitative and the material reality. Under the mechanistic world view we growth up a society with no technological or ecological limits, giving emphasis on the undifferentiated economic growth. The mechanical paradigm according to Watson⁵ is comprised of mechanism, materialism and physical medicine, which emphasized the body and the disease as functions of an objective world. The body and the

state of the body became the focus for medical treatment and cure,⁵ from the outside in, while nursing focused on functional tasks, skills and “doing” the role of nursing. The mechanical paradigm dominated our culture for several hundred years, but is now receding. Many communities of nurses in various areas of the world still practice with a view of the human body as a machine.

A paradigm shift occurred when the mechanical paradigm gave way to the holistic paradigm. The largest number of nurses, especially in the United States, practice within a holistic paradigm, which views the world as an integrated whole rather than a dissociated collection of parts. According to Twina and Boyd the holistic view indicated “health results from a balance and harmony with nature.... If the balance is disrupted, the result is illness”.⁷ Watson expanded the health concept indicating: “Health refers to unity and harmony within the mind, body and soul”. Health is also associated with the degree of congruence between the self as perceived and the self as experienced. Such a view of health focuses on the entire nature of the individual in his or her physical, social, aesthetic and moral realms-instead of just certain aspects of human behaviour and physiology. Such a view is referred to as a *eudemonistic*⁵ model of health. Utilizing the holistic view point, nurses focus on helping the patient or client reach a higher degree of harmony within the mind, the body and the soul and on providing “patient-centred” nursing practice.

The deep ecology paradigm⁸ evolved from the holistic paradigm. The world of deep ecology was initiated by Are Naess, a Norwegian philosopher. The deep ecology paradigm recognizes the fundamental interdependence of all phenomena and the fact that as individuals and societies, everyone is embedded in (and ultimately dependent on) the cyclical process of nature. The essence of deep ecology is characterized as asking deeper questions. Discoveries in mathematics such as the Mathematics of Complexity have provided a new mathematical tool to model the non-linear interconnectedness and characteristic networks of ecological systems. Therefore, living systems as self-organizing networks can be formulated through detailed models. Modeling of relationship and patterns resulted in a shift of emphasis that is characteristic of system’s thinking from quantity and from substance to patterns. The availability of high-speed supercomputers such as the Cray⁹ supercomputer played a crucial role in the mastery of complexity. Now with the help of applied mathematicians, nurses are able to solve complex equations previously intractable and to trace out the solutions as curves in a graph. The emerging ecological paradigm suggests:

- Integrative thinking being intuitive, synthesis, holistic and nonlinear;
- Integrative values of conservation, cooperation, quality and partnership; social organizations as networks;
- Ethics as exocentric (earth-centered) values thus resulting in scientists being responsible for their research not only intellectually, but also morally; and
- a shift from physics as the center of science to life being at the center with emphasis on the life science.¹⁰

Thus, the ecological paradigm demonstrates an evolution from the holistic view to the deep ecology view. Capra¹⁰ explained the difference by using the bicycle as an example and stating: "...the holistic view means to see a bicycle as a functional whole and to understand the interdependence of its parts accordingly. An ecological view of the bicycle includes that, but it adds to it the perception of how the bicycle is embedded in its natural and social environment – where the raw materials that went into it came from, how it was manufactured, how its use affects the natural environment and the community by which it is used and so on." The difference is even greater when considering humans or living systems for which a connectedness to the environment is vital.

In January 2000 Stephen Hawkins, author of *A Brief History of Time*¹¹ and holder of the chair of mathematics at the University of Cambridge once occupied by Isaac Newton, declared that the twenty-first century "will be the century of complexity". A new language for understanding the complex, highly integrative systems of life has emerged. Different scientists call it by different names – "dynamical systems theory", "the theory of complexity", "nonlinear dynamics" "network dynamics", and so on. Chaotic attractors, fractals, dissipative structures, self-organization and autopoietic networks are some of its key concepts.

The Theory of Nursing Knowledge and Nursing Practice⁹ has evolved to incorporate the worldview of deep ecology and is transcended with the formulation of the Complexity Integration Nursing Theory to a metaholistic paradigm. Deep ecology and Metaholistic paradigms can be found as constructs in the *Evolving Essence of the Science of Nursing: A Complexity Integration Nursing Theory*.¹²⁻¹⁵ The shift from Deep Ecology to Metaholistic Paradigm is a vertical way of thinking far from the arrow of time. Under the Metaholistic paradigm we are able to close the gap between the quantitative and qualitative scientific methods, to give emphasis to cooperation and to evolve multidimensional approaches concerning decision making and critical thought. Moreover, having a metaholistic viewpoint we will be able to balance physical and metaphysical reality under a com-

mon way of thinking, acting and living. Metaholistic is not only the thesis that the whole is more than the sum of its parts, but the awareness of individuals to be placed in the whole as open complex living systems. Metaholistic means to live within and without the whole, which is a totality of deep questions and deep answers. Deep answers create a synthesized indivisible and intuitive knowledge. The Metaholistic paradigm also signifies to have the awareness of a harmonised consciousness totality analogous to a deeper consciousness which is pure energy and can be revealed from "every particle of the world, which as TRhales of Miletus (640 B.C.) stated: is alive, that matter and life are inseparable and one,... that the vital power changes form but never dies". Metaholistic is to live in a world which recognizes the energy flows all over the creation and also to have the awareness that the same world is the same energy flow.

Utilize your imaginations and think of an individual observer in a building with three windows across a lake. Holistic is to view the total sight as synthesized from these three windows. Deep ecology viewpoint is to see the windows not as isolated viewpoints, but as fundamental links in a whole pattern comprised by the individual observer, the building, the windows and the lake as this whole pattern is embedded in the natural and social environment. Metaholistic is to be able to transcend and to have an expanded whole sight of the lake from each of one windows because the lake is within and without the individual observer. At this time the metaholistic awareness gives the ability to the individual observer to define his place in the "system" and also to understand the forces of interconnectedness and interrelations with this system. Beyond the Deep Ecology paradigm we can state, that we are not only part of the earth, but we are part of everything that could be revealed to our consciousness; and that is more creative to experiencing ourselves within and without the living universe, instead of experiencing ourselves as part of the living universe. Hence, living universe is embedded within us and we are embedded within living universe. Thus, metaholistic paradigm is a spiritual inner self development, is a new way of thinking, understanding, acting, working and living. Nursing science under the metaholistic viewpoint perception of the Complexity Integration Nursing Theory,¹²⁻¹⁵ is a great intellectual adventure and imitates nature, because nursing, caring and healing are natural processes.

References

1. Kuhn TS. *The Structure of Scientific Revolutions*. Chicago, University of Chicago Press, 1962
2. Capra F. *The Turning Point*. New York. Simon & Schuster, 1982

3. Capra F. The Concept of Paradigm and Paradigm Shift. *Re-Vision*. 1986, 9:3
4. Libster M. *Demonstrating Care: The art of integrative nursing*. Albany, NY, Delmar, Thomas Learning, 2001:17
5. Watson J. *Nursing: Human Science and Human Care: A Theory of Nursing*. Sudbury, Massachusetts, Jones and Bartlett Publishers. 1999:49
6. Watson J. *Postmodern nursing and beyond*. Edinburgh, Churchill Livingstone, 1999:98
7. Twiname BG, Boyd SM. *Student Nurse Handbook: Difficult concepts made easy*. Stamford, Connecticut, Appleton & Lange, 1999:63
8. Devall B, Sessions G. *Deep Ecology*. Salt Lake City, Utah, Peregrine Smith, 1985
9. Meintz (Van Sell) SL, Yfantis, EA, Graebel, WP. Future directions in computational nursing sciences. *Mathematical and Computer Modelling*. 1994, 19:6–8, 273–288
10. Capra F. *The Web of Life*. New York, Simon & Schuster, 1996
11. Hawking SW. *A Brief History of Time*. Bantam, 1995
12. Van Sell SL, Kalofissudis, I. The evolving essence of the science of nursing: Complexity Integration Nursing Theory. *ICUs and Nursing Web Journal, 8th Issue* (October 2001–January 2002), Available from: <http://www.nursing.gr/index1.html>. Accessed: 30 May, 2002
13. Van Sell SL, Kalofissudis I. The evolving essence of the science of nursing, complexity integration nursing theory. Videotaped material from the 1st Conference of the Evolving Nursing Theory. Psychiatric Hospital of Thessalonica, March 2002
14. Van Sell SL, Kalofissudis I. Adumbrating a new nursing social role under the development of the complexity integration nursing theory. Article under publication, 2002
15. Van Sell SL, Kalofissudis I. The evolving essence of the science of nursing, complexity integration nursing theory. Key presentation in 2002 Educational Summit of the National League of Nursing, Anaheim, California, September, 2002

Αλληλογραφία: I. Καλοφισούδης, Λεωφ. Μεσογείων 107, 115 26 Αθήνα