

SELF-TRANSFORMATIONS OF HEALTH PROFESSIONALS IN THE FIELD AS A MEAN TO INDUCE A SHIFT IN THE MANDATE OF THE HEALTH SYSTEM

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ABSTRACT

Health does not arise from health care. Perhaps we are facing an impasse and should we reconsider and reconceptualize the mandate of the health system. In order to improve our influence on the culture that often prevails in our institutions as well as the health of those institutions. This article examines the changes to the mandate of the health system seen in the light of self-transformations. This vision is based on a model that illustrates the transformations experienced by physicians following a mind-body training, i.e. Awakening the Sensible Being (ASB).

The model shows the transformation process reported by physicians, after experiencing self-awareness of what they are doing, through experiencing the ASB, while developing a closer relationship with themselves. As it turned out, the training was beneficial for their health. Their expanded sense of self-awareness and quality of "savoir-être" brought on by the training contributes to their impression of "feeling whole" and provides them with a quality of presence that influences the type of care they can provide to their patients by considering the individual as a whole.

This point of view could bring about a shift in the mandate of the health system and improve the health of caregivers and care-receivers as well, while contributing to widen the concept of health.

KEYWORDS: Medical Education, Health, Experiential Learning, Alternative and Complementary Medicine, Mind-Body Approach, Awakening the Sensible Being

INTRODUCTION

Physician's exhaustion is present in our institutions as outlined in the Quebec Physician Health Program (QPHP) 2016–2017 annual report: "It is well documented that deaths by suicide are more frequent among physicians and that the burnout rate is 36 % higher than in the general population"¹. It seems that the culture surrounding this profession creates dysfunctional behaviors and that the process can begin as soon as the admission period of medical students, driven by the strong pressure for performance, competitiveness and the culture of endurance.^{2,3}

While voices can be heard about the idea of transforming the mandate of the health system, significant data coming from the medical field just cannot be ignored. It seems the medical culture, and perhaps on a broader level the western capitalist culture, contributes to increase the problem. The last changes made by the Department of Health in our institutions seem to create an additional pressure among physicians and increase their risk for a range of health problems. The QPHP shows an increase of 40 % in the number of physicians who asked for help during the 2016–2017 period. This surge is attributable to the rise of suicides in this sector, resulting in mass interventions and a 20 % increase in individual consultations related to issues experienced in the field.

The transformation of the health system can be considered from an organizational point of view and driven by political will, but it can also be looked at from the angle of people working in the institution. Therefore, we make the following assumption: caregivers can be considered as potential agents of change. This article is based on the development of a grounded theory model, which is the result of a qualitative research illustrating the transformations experienced by physicians who pursued an experiential training. Thereafter, the authors formulate different reflections on the possible links between the training experience to become a physician (university curriculum), how to practice medicine, and the impact on the patients.

1. THE GROUNDED THEORY MODEL

1.1 Foundations of the Model

The model was introduced at the *Whole Person Care* congress.⁴ It emerged from Lachance's doctoral thesis,⁵ as well as reflections arising from the creation of two posters displayed at two conferences: the Centile International Conference to Promote Resilience, Empathy and Well-being in Health care Professions (2015), by Lachance, Paillé, Desbiens and Xhignesse and the International Congress on Integrative Medicine and Health (2016) with the same authors.⁶ The model has also been fueled by the concept of health in connection with awareness, which was outlined by Newman,^{7,8} as well as the link, highlighted by Honoré,^{9,10} between training and care, where the training experience becomes caring and helps give meaning. Just like Honoré,^{9,10} and Newman^{7,8} consider the environment as a key element in a person's health.

1.2 Description of the Grounded Theory Model

The six physicians trained in Awakening the Sensible Being (ASB) for a 500-hour period spread over four years (with 4 intervention tools: manual approach (Danis Bois Method, DBM fasciatherapy), sensory gymnastics, introspection and verbal dialogue about the bodily experience) reported having experienced intrapersonal and interpersonal transformations that impacted their health in a positive way.

The model (shown in figure 1) is one of four concentric circles. The circle at the center depicts the intrapersonal relationship from the depth to the surface and where the body is at the heart of the model. A larger circle includes the person's interpersonal relationships with other health professionals and patients.

Repeated learning, done using the four intervention tools of ASB, have led physicians to experience an inner shift from 1st Instance to 2nd Instance, as if bodily experiences allowed people to be more focused on themselves, as shown in figure 1 of the model. These people testified to be closer and more attentive to their body. According to Lachance⁵, focusing the attention on the body seems to be a factor that helps the participant to recenter themselves, the practice of ASB transforms the relationship between themselves and their body¹¹.

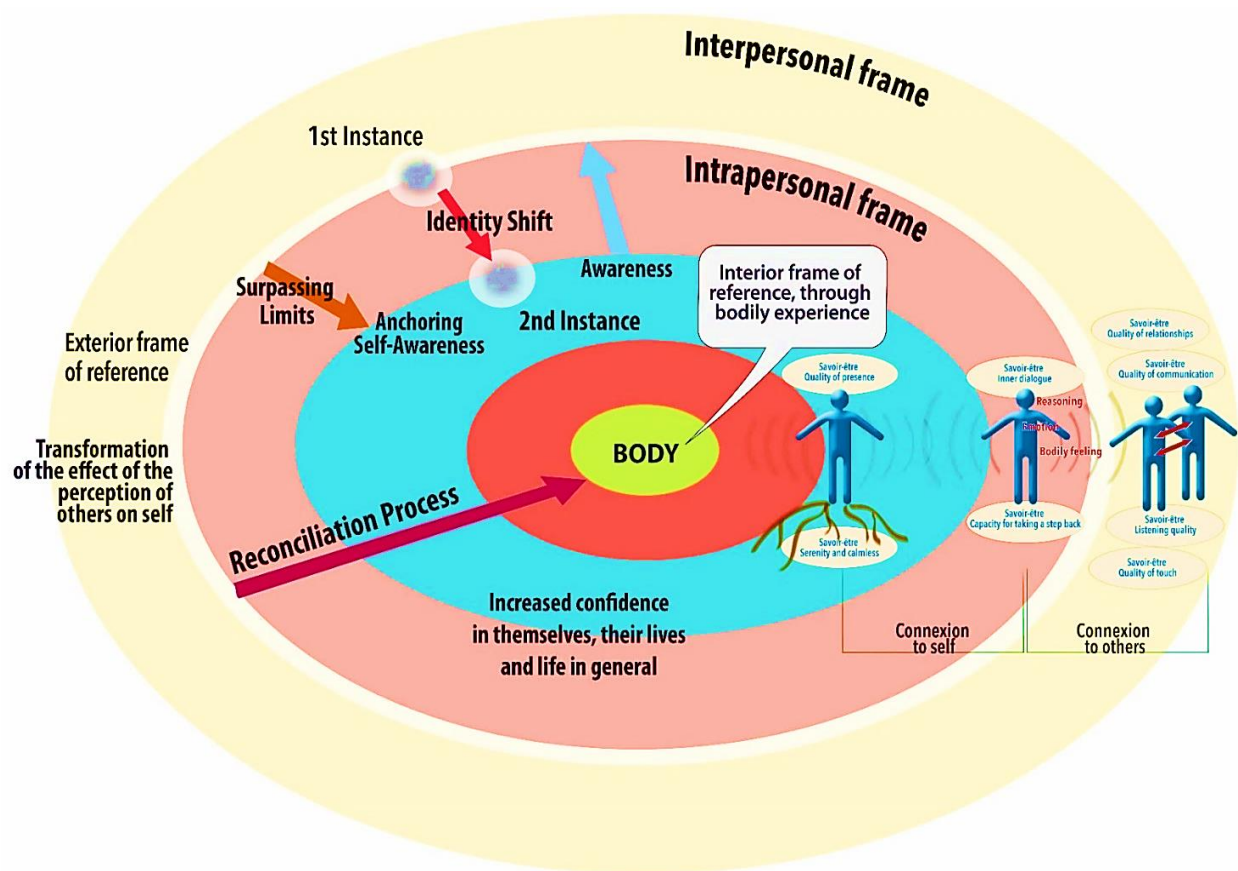


Figure 1 The model

At the stage where they changed position from their body anchoring, participants reported having experienced overcoming limits (fear of making a mistake, lack of self-confidence, anxiety). Some participants reported “a feeling of reconciliation with themselves”. The repeated contact experience with the Sensible raises awareness on inconsistencies in their lives, therefore increasing the power they have over it and their health potential^{7,8}. Many mentioned changes regarding confidence. Becoming aware of new elements in their lives does not guarantee change but is rather a place of choices.

During the transformation process, people experience an identity shift. They discover inner-body perceptions, which then become internal references and these sometimes supplant the external references that influenced the way they made decisions in the past. Therefore, they change their relationship to these external references and value more their newly discovered internal references. They also change their way of living and functioning with themselves, and eventually with others. A quality of “savoir-être” emerges from this process, from anchoring and the presence to the body, which makes the connection to self and to others easier. “Savoir-être” is defined as: “A state of serenity, calm and confidence from where thoughts and actions emerge”⁵. All the participants observed an improvement of their health condition. Their process

clearly shows the link between training and care giving, as described by Honoré¹⁰, through the caring effects of the training.

2. AUTHORS' REFLECTIONS

The next section draws attention to the potentiality of the body and mind approaches as ways to enhance the links formulated by Honoré between training and care giving.^{9,10} It also attempts to establish links between the model⁴ and medical training, the medical sector and population health. It is clear that the participants experienced a valuable transformation after being exposed to ASB. From there, we postulate that the physician could become an agent of change likely to modify the medical culture and transform the mandate of the health system from within. The last section presents a realistic integration approach to such a transformation.

2.1 Transformation of Future Physicians, Towards a Culture of Self-Care

The Awakening the Sensible Being (ASB) training helped to better inform participants on their physical condition and their inner states (feelings, thoughts, perceptions), while helping them to better accompany themselves through the recentering process resulting from ASB. According to the participants, the process was beneficial as it brought them a more coherent personal life and an increased ability of feeling whole. The research results on various body/mind interventions highlight the impacts of recentering in the participants' lives and their ability to perceive inconsistencies in their lives, for example, research was conducted on ASB¹², mindfulness-based stress reduction methods^{13,14} and mind/body medicines.¹⁵ For health professionals, Irving's group¹³ noted a higher propensity to take care of themselves after undergoing training on conscious medical practice.

Abilities for reflection that are generated by transformative learning seem to be the catalyst for this transformative mutation. Gadamer¹⁶ wrote that "reflection is the free process of turning in on oneself" and that our minds are thus enabled to examine their own content about what we understand and why. Reflection can give us distance from ourselves; "the ability to stand back from oneself is a fundamental prerequisite for linguistic orientation in the world, and in this sense, reflection is in fact freedom"¹⁶. It is the freedom to reflect inwardly that supports this research because it is one of the most human things we do. In the hurried world of physicians taking the time to reflect about themselves and their patients is overlooked as the demands exceed their capacity to provide care¹⁷. This is when preventable medical error can occur, putting their patients at increased risk for harm¹⁸.

Teaching transformatively establishes an approach that invites and promotes communicative learning, one in which the learners (medical or otherwise) identify problematic ideas, beliefs, values, and feelings about

a central topic, while critically assessing their underlying assumptions; challenging their justification through rational discourse and striving to achieve decisions through agreement building^{19,20}. This does not mean that success is measured by achieving absolute consensus. Rather it implies that when one returns to his practice, he/she listens to patients and families differently; look beyond the pathology of illness or pain to see patients as people with complex relational lives; acknowledge and appreciate that they themselves become transformative adult educators when engaged with patients and their families; and recognize that this also becomes transferable to their own complex life, colleagues, and community.

Following the learning acquired from the ASB training, participants become the subject of their life and their health as they are more aware of how they function and therefore can make more coherent choices. The ASB training supported physicians in their quest for good health. This phenomenon contrasts with the conventional training of future physicians which, paradoxically, predisposes them to an inner frailty^{21,25}. In our opinion, the pursuit of personal coherence may be the starting point to transform our medical education institutions. From a systemic perspective, when a sufficient number of people will have followed in the footsteps of a more coherent personal and professional practice in the health sector, their influence could induce changes and promote a healthier environment. We still need to define the required conditions to optimize the triggering of those social transformations.

2.2 Experience from Training, Precursor of a Preventive Culture

Apart from the fact that the entire population would benefit from being more aware of their physical and mental condition to act more coherently on a daily basis in a spirit of prevention²⁶, other research suggest a positive link between preventive practices that physicians adopt for themselves and those they recommend to their patients. In a North American context, Frank²⁷ demonstrates, from the research he has conducted, the link between the physician's ability to take care of his own health and the propensity to better advise his patients on their health issues. His research results suggest that the physician has a significant influence on his patients in that way. Thus, putting the emphasis on an education that enables future physicians to care for themselves would impact not only them, but also their practice and possibly their patients.

The health behaviors adopted by medical students in their personal lives have an impact on how they advise and support their patients through a preventive approach²⁸. Saunders et al.¹⁵ quote one of the students who experimented with a body-mind approach and who describe how learning to be a physician can become a place of formative experience to accompany future patients: "It has changed my attitude in the sense of knowing that there are people who care about my well-being as a student. And because I have received, I also want to give back"¹⁵. The influence observed between the medical students' experience during their training, the common practice among physicians, the possible impacts on their patients' health,

as well as the physicians' propensity to recommend preventive behaviors is worth considering as it is directly linked to the health of future generations. The different research mentioned above highlights the link between the personal life of the future physician, his medical training experience, his or her professional practice and its influence on the patient.

2.3 Awareness Education for a Better Health Condition

The experiential learning of the body/mind approaches, including ASB, can be beneficial for physicians and medical students. It is also possible to consider it as an opening pedagogy towards more awareness of their patients' lives, in order to improve their health.

The relationship someone maintains with her/his body, and especially the educability of this relationship, increases her/his quality of presence through an attentional and perceptive development. As a matter of fact, this opportunity makes it possible to consider a relevant instrumentation applicable to a project of widening the awareness of the caregivers and the patients, as is currently advocated by the integrative medicine trend through the wheel of health, in which mindfulness is at the heart of a healthy lifestyle, as a preventive action.

According to this vision of health, body awareness is a key element. The relationship to the body thus becomes a concrete tool in the ongoing process of inner construction for the persons in search of a greater awareness of themselves. Furthermore, growing in conscious awareness allows us to renew the way we see health, medicine, and even education. The concern about the health of the individuals and the communities becomes here an education approach for the beings in their different dimensions. Caregivers can no longer focus only on the pathology but will have to target the potentiality of the people and their communities through a special care to establish conditions that create health, and collective and environmental mindfulness. This perspective highlights prevention and the acknowledgment of the impacts of our lifestyles on our environment and our health. These are new foundations from which we can establish a new mandate for our health system.

2.4 A realistic approach to concrete implementation of this project

Since they are overwhelmed, at the moment, no medical program could adopt this type of education. This explains part of the students' exhaustion problem. It seems more appropriate to offer this type of intervention in the form of accompanying medicine students on a voluntary basis, but with a regular follow-up during the first five years of study. The curriculum already contains activities related to mindfulness training or episodes of body/mind practices at a volume of 12 to 25 hours as stress management tools. Our perspective is quite different and tries to establish in the students a transformation process, beyond the stress management, with the effect of building awareness about the mind-body impacts of their way of living

and engaging a desire to incorporate living conditions leading to a better lifestyle. Accompanying students during this period will allow them to broaden their knowledge of areas of interest (integrative medicine, physiological perception, capacities of self-care, salutogenesis perspective...) while being in a place where they could lay down their training experience and, sometimes, even the crisis situations brought about by young adults being exposed to complexity, suffering, and death in a context deprived of evaluation.

There are many options to incorporate this type of practice in our health institutions and, ideally, the integration would be made within a research program in order to better understand and describe the short to long term impacts of these interventions. A first approach focuses on medical students as a supporting approach, as described previously. A second path resides in a continuous training program focused on self-care through many proposed thematic activities which can be easily included in a busy schedule and can root healthy habits in the long term. A third proposition is to offer support through body/mind practices, like ASB for employees on leave of absence due to medical reasons.

In the eventuality where results are positive, we would need to engage a dialog to manage and overcome the resistance raised by a possible needed upheaval in the current way of proceeding. When we converse about such changes, such as a purposeful shift from predominantly epistemological concerns (e.g., how is medicine learned, its sciences, theories and how should these inform practice) to ontological ones (e.g., who is the medical professional, what does it mean to practice as a medical professional, why and how ASB trained healthcare provider education is a form of practical wisdom) anxieties may be provoked. Ideas, concepts and new ways of understanding which provoke us, challenge our beliefs, sense of professional identity may result in feelings of resistance and reluctance for change. As Gadamer²⁹ states, "Experience is initially always the experience of negation: something is not what we supposed it to be"²⁹. We may wish to dismiss the new ideas not because we disagree with the changes but rather because it challenges our beliefs, our ways of knowing and practice. Conversations serve to open up new understandings and help people re-define their place and purpose.

A medical approach more focused on supporting the process of being healthy and less on the elimination of symptoms would require a profound transformation within our institutions. This shift in position would compel our institutions to, *inter alia*, modify their culture and change their priorities. In the near term, the costs related to this design and health practice transformation can, in our opinion, require investments, as suggested also by Alonso³⁰. Although, in the long term, the benefits could be greater because they would affect both the caregivers' community and the patients. Following a mindfulness-based training program that was conducted in the business sector, Wolever, Schwartz and Schoenberg³¹ describe the benefits of this program, many of which are related to health. The financial aspect is specifically mentioned. They described it as being a win-win situation, for both the employees and the organization. This shift in position will allow, among other things, our health systems to come out of a permanent emergency state and to

target health and prevention even more. ASB suggests an approach that goes beyond prevention, by promoting the expression of health (biological/corporal, psychological, social and spiritual)⁵, as proposed by the salutogenesis position of Antonovsky³². The challenge resides in finding an appropriate way of measuring the efficacy of this shift. The government needs to adopt a sustainable perspective in the long term to resolve the problems caused by a short-term management linked closely to their electoral mandate and strategy.

3. CONCLUSION

Body and mind practices, including ASB, can help increase the health of health professionals, of the health system and of the general population. As a matter of fact, these practices equip those who wish to become more involved in their lives and their health by allowing them to get closer to their inner bodily sensations and thus, to be more informed about themselves. Their ability to make the choice to listen to their inner references in priority may lead to a more coherent life, as the grounded theory model in figure 1 illustrates. Therefore, the body-mind practices are not limited to stress management practices, but rather are part of a larger educational perspective where the goal is to establish the foundations for a more conscious and coherent life, based on an internally build subject upstream of the professional role.

That being said, the latest version of the CanMEDS competency framework³³ of the Royal College of Physicians and Surgeons of Canada is taking a step in this direction and is opening up to the need for future physicians to learn how to take care of themselves. This new version puts more emphasis on self-responsibility within the professional role, including the need to take care of oneself, always with the intention to better serve others, evidently. The challenge remains whole and highlights the need to find the best ways to learn and integrate the skill of taking care of yourself over the course of a demanding training, which can even be exhausting for many. The difficulty resides in developing a training program where the academic requirements and the ability to take care of oneself coexist, rather than simply preventing stress through periodic and isolated interventions.

Because health is directly linked to our sector, the pursuit of a greater coherence between training and medical practice should, in our opinion, expand and influence the medical community in general. Evidently, coherence at a personal and institutional level does not operate with the same logic and seems difficult to reach. However, in view of the current issues specific to the health system and the physician medical profession, it is interesting to bring new perspectives by considering the transformation experienced by physicians, as shown in the model (figure 1), as well as various research in the same way as means to transform the institutional culture and eventually the mandate of the health system itself. Like physicians that transform themselves from their inner referent, it seems that the system could modify itself from within,

i.e. starting with people inside the system. In the same way, our economic decisions should be based more on the state of our natural environment rather than having an economic growth at the expense of living things in all its forms, including the health of human beings.

Personal transformations are inspiring and have the potential to induce transformations among society. Our social reflections lead us to question our community lifestyles, as well as the inconsistencies outlined by those lifestyles. It seems that ASB allows participants to experience an increased feeling of coherence. ASB experiential learning is therefore likely to increase the students' state of awareness, as Freire³⁴ was promoting in another time with his awareness pedagogy where the student's body was considered as a "conscious body". In the same vein, Newman⁷ advocates for an expansion of the awareness in order to take into consideration the conditioning of the person: "It incorporates the self-organizing interplay of disorder and order, explicated as disease and absence of disease, in the process of moving to higher levels of consciousness"⁷.

To become conscious that medical education is not healthy anymore is the first step towards a healthier health system. It is clear that changing the healthcare system cannot be considered without addressing the problems related to the training of future generations of physicians. Surely, changing the way in which medical education is conceived can create anxiety. These concerns have less to do with choosing correct methods than they do with venturing out without the comfort of firm grounds for understanding and action. Or in Dunne's evocative use of the phrase, it is to anxiously venture "back to the rough ground" where smooth acculturated trekking is not at all guaranteed³⁵. We need to build on this win-win perspective, from the inside to the outside, from the healthcare professional, to the institution including patients. ■

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