



## Full Length Research Article

### AN EXPERIENTIAL STUDY OF “VALUES IN HEALTH CARE – A SPIRITUAL APPROACH” (VIHASA), IN A HEALTH UNIVERSITY SET UP

<sup>1,\*</sup>Dr. Dalia Biswas, <sup>1</sup>Dr. Fulzele, R. <sup>2</sup>Dr. Meena Deogade, <sup>2</sup>Dr. Shweta Parwe,  
<sup>3</sup>Dr. Neelima Thosar and <sup>4</sup>Ms. Ranjana Sharma

<sup>1</sup>Department of Physiology, Jawaharlal Nehru Medical college, sawangi (Meghe), Wardha India

<sup>2</sup>M.G. Ayurved College, Wardha, Sawangi (Meghe), India

<sup>3</sup>S.P.Dental College, Wardha, Sawangi (Meghe), India

<sup>4</sup>SRM. College of Nursing, Wardha, Sawangi (Meghe), India

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#### ABSTRACT

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##### Key Words:

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**Background:** VIHASA is a UK based programme developed by Janki Foundation. All healthcare professionals have to heal themselves first, then inculcate knowledge, training & lastly, put them into practice.

**Objective:** Update physicians to heal them selves, Learn through experience & Bring the experiential relevance to work.

**Methodology:** A total of 22 participants from all colleges of this Health University namely Datta Meghe Institute of Medical Sciences (Deemed University) participated in a workshop comprising of two sessions. The workout was on “Positivity” module.

**Observation:** The Absolute Learning Gain was 60% which shows that the activity was satisfactory to the stakeholders.

**Conclusion:** We found that this study updated physicians regarding knowledge to heal them selves, to learn through experience & bring their experiential relevance to work.

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## INTRODUCTION

VIHASA is a UK based programme developed by Janki Foundation. This programme was conceptualized by above foundation seeing the stress out effects of U.K. Doctors. This programme has different modules like positivity, compassion, Valuing the self etc. Doctors as well as all Healthcare professionals need a conducive work environment. This work environment is called as ambience. Ambience can be either positive or negative which is solely created by our attitude to seeing things. Therefore, Positivity indicates emotional maturity & Negativity indicates emotional immaturity. So, all healthcare professionals have to heal themselves first, then inculcate knowledge, training & lastly, put them into practice. The workshop on “Positivity” was conducted on 15/09/2014.

**\*Corresponding author: Dr. Dalia Biswas**

Department of Physiology, Jawaharlal Nehru Medical college, sawangi (Meghe), Wardha India.

## Goals and Objectives

- Update physicians to heal themselves.
- Learn through experience &
- Bring the experiential relevance to work.

## MATERIALS AND METHODS

There were total of 22 participants from all colleges of this Health University.

The Workshop was organized in two sessions.

The activities in Session - I – Covered lectures which were planned to give a know how of the topic to the participants.

- Introduction to Values In Health Care – A Spiritual Approach.
- Practising Positivity.
- Benefits of Positivity.

The activities in Session II were

These activities were organised in Interactive Sessions which were planned in the form of Exercises which were as follows –

- Exercise I -- Valuing the Self.
- Exercise II – Surfacing Positive Thoughts.
- Exercise III –Thought Exchange.
- Exercise IV –Thoughts in to Action.

Workouts had a design as follows–

Valuing the Self

**Materials:-** CD player/tape recorder and relaxing background music (optional)

Learning outcomes ✓

- Utilize appreciative self –questioning to identify positive thoughts and qualities about themselves
- Recognize the benefits of valuing the self.

Thoughts in to Action

**Facilitating the exercise**

- Each participant was invited to choose one positive thought or belief they would like to adopt for the coming week ahead. They were instructed that it should be linked to a situation where changing their thinking could make a difference.
- They were asked to write the situation and the thought or belief on a sheet of paper and to share them with a partner.

**Materials**

- Paper and pens.

**Thought Exchange**

Facilitating the exercise:- Direction-

“Write down a negative thought, about yourself or others that you want to throw away.”

**Materials:-** Paper (A5) and pens.

**Learning outcome**

At the end of this exercise participants should be able to:

- Change negative thoughts into positive ones.

**Surfacing Positive Thoughts**

**Facilitating the exercise**

The first part of this exercise is a guided reflection during which participants were invited to identify and write down certain positive thoughts that may occur to them. This was

followed by a discussion on how to put into practice what they have discovered.

**Materials**

- Filp chart and pens
- CD player/tape recorder and relaxing background music (optional)

**Learning outcomes**

At the end of this excise participants should be able to:

- Identify positive thoughts and beliefs in relation to different situations, through reflection.
- Apply positive thoughts and beliefs to a difficult situation in order to bring about positive change.

**These Exercises were followed by**

- Post test & Feedback.
- Distribution of Certificates of participation at the hands of Convener Value Education Cell & Organising Chairman of the workshop.
- Closure was done with Meditation.

**RESULTS**

The *Absolute Learning Gain* was 60% which shows that the activity was satisfactory to the stakeholders.

The feedback from participants regarding the programme were as follows

- Environment was optimistic.
- All facilitators were well trained, friendly and approachable.
- Shall help to face real life situations.
- Fantastic programme which is very essential for todays life.
- Programme was very informative.
- Programme should also be for Head of Institutions, Head of Departments & all senior Faculties.
- Gained understanding about emmotional maturity.
- Time was limited and 1 day for the programme is short.
- This programme helped to change attitude towards others.
- New concept was introduced- Never realized that it could be done in such a active way.
- Should be for the entire dept, as it will improve interpersonal relationships.
- Well planned & well accomplished.
- It was participant centred, Interactive.

**Special comments on VIHASA**

- VIHASA is a programme that can change the way of life.
- It is very essential for all the people who work in an institution within groups.

- More time is needed.
- It is a very good attempt for physicians to heal themselves.
- The meditation gives soothing & healing feel to the Stressed mind.
- Excellent Programme.
- Very beautiful concept.
- Regular course should be there.
- Given energy & changed our self due to this programme.
- Revision of values in our life made through VIHASA.
- Please continue organising such sessions. It helps to boost us & emerge as better “beings”.
- should be conducted every year.

## DISCUSSION

Global healthcare in the 21st century is characterized by evidence-based medicine (EBM), patient-centered care, and cost effectiveness. EBM involves clinical decisions being made by integrating patient preference with medical treatment evidence and physician experiences. Value-based medicine (VBM) as the practice of medicine based upon the patient-perceived value conferred by an intervention. VBM starts with the best evidence-based data and converts it to patient value-based data, so that it allows clinicians to deliver higher quality patient care than EBM alone. The final goals of VBM are improving quality of healthcare and using healthcare resources efficiently (Jong-Myon Bae, 2015). Bae JM, Park BJ, Ahn YO *et al* in their study titled “Perspectives of clinical epidemiology in Korea” states that at the core of EBM is clinical decision-making based on the best available research evidence rather than a clinician’s expertise to minimize the uncertainties of clinical examinations (Bae *et al.*, 2013; Bae, 2014). Bae JM also finds that despite the advantage of producing the highest quality evidence, the efficacy of randomized clinical trials fails to provide a true indication of clinical effectiveness. In this light, patient-centered care (PCC) started to gain momentum, where patients as medical consumers participate in the decision-making process (shared decision-making) and evaluation of treatment outcomes (patient-reported outcomes) (Bae, 2014).

Brown MM, Brown GC states that the term “value-based” was first introduced by a team of researcher led by Dr. Brown at the Center for Value-Based Medicine at Pennsylvania State University (Brown and Brown, 2013). Brown MM, Brown GC, Sharma S formed a team and they defined VBM as “the practice of medicine incorporating the highest level of evidence-based data with the patient-perceived value conferred by healthcare interventions for the resources expended” (Brown *et al.*, 2005; Brown *et al.*, 2003). Petrova M, Dale J, Fulford BK found that VBM actively embraces patient values and quality of life, which were overlooked by EBM (Petrova *et al.*, 2006; Brown *et al.*, 2004). Brown GC in his study titled “Value-based medicine: the new paradigm” found that VBM has great potential to improve the quality of healthcare (Brown, 2005) since it is both congruent with the principles of medical ethics (Petrova *et al.*, 2006) and capable of reducing the uncertainties of clinical decisions (Birch and Ismail, 2002). Kim CM. in his research paper titled “Health economics and

outcomes research “states that additionally, VBM is in accordance with the goals of health economics (Brown and Brown, 2013; Kim, 2009) since it facilitates an efficient allocation of resources by prioritizing the options by maximum utility per cost (Brown and Brown, 2013; Brown *et al.*, 2005; Brown *et al.*, 2004; Brown *et al.*, 2012). Brown MM, Brown GC found that nevertheless, VBM has its limitations since it concerns values (Brown *et al.*, 2005; Brown *et al.*, 2003; Birch and Ismail, 2002; Brown *et al.*, 2004). There is no standardized database available regarding utility values, which can provide an indication about quality of life, the threshold set for the cost-utility ratio is unclear and comparisons are impossible between countries with different economic structures and healthcare delivery systems. Brown GC, Brown MM, Sharma S in their research paper titled “Value-based medicine: evidence-based medicine and beyond” reports that Value-based medicine is the practice of medicine emphasizing the value received from an intervention. Value is measured by objectively quantifying: 1) the improvement in quality of life and/or 2) the improvement in length of life conferred by an intervention. Evidence-based medicine often measures the improvement gained in length of life, but generally ignores the importance of quality of life improvement or loss. Value-based medicine incorporates the best features of evidence-based medicine and takes evidence-based data to a higher level by incorporating the quality of life perceptions of patients with a disease in concerning the value of an intervention (Brown *et al.*, 2003).

## Conclusion

We found that this study updated physicians regarding knowledge to heal themselves, to learn through experience & bring their experiential relevance to work.

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