

The Dawn of a New Era of Human Wellness Management a Holistic Healthcare Curriculum-Under the Lens of 5S's (Self, Society, State, Systems and Spirituality)

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INTRODUCTION

The World Health Organization (WHO) defines health [1] as “a dynamic state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” WHO has lately debated on adding the fourth dimension of Health-Spirituality [2, 3]. Therefore, we will consider definition of health in an expanded version beyond physical, mental and social wellbeing; and add spiritual wellbeing as the fourth dimension in consideration of health.

There are several World Health Organization documents stressing on various issues being faced by community in terms of health, which suggest the need for revising the healthcare undergraduate curriculum.

- WHO (2021) based framework for Action on the Health Workforce 2030: Compassionate, People-Centered Health Systems, emphasizes on compassionate care.
- The WHO Global Health Strategy (GPW 14, 2025–2028), outlines strategic objectives such as scaling up primary health care (PHC) to advance universal health coverage (UHC) and health security. This means training students not just in clinical medicine, but in primary care approaches, prevention, social determinants of health, and system-level thinking.
- WHO has published a Global Competency and Outcomes Framework (Technical Report-3rd April 2022), for Essential Public Health Functions. This identifies competencies health workers need to perform public health functions. Incorporating them ensures that graduates are prepared to contribute to public health systems and emergency.
- WHO's Global Patient Safety Action Plan 2021–2030 emphasizes educating and protecting health workers, integrating patient safety into curricula. The undergraduate

healthcare curriculum on a global basis needs to be in line with the WHO's goals and objectives for securing global health and safety.

The above and several other citations from WHO and others, warrant the need of a paradigm shift towards the Medical Education (ME). A shift from the current patient-oriented curative care to compassionate care. Focusing on public health, establishment of health systems, quality of care, patient safety, orientation on global environmental health related changes and several others to which a healthcare undergraduate should be aware. Thus, the need for an integrated holistic approach of 5S's [3] to ensure human wellness and its management, rather merely teachings of basic and clinical sciences.

This article outlines a core concept of 5S's (Self, Society, State, Systems and Spirituality) which intertwines with the Human Wellness dimensions; and integrating them to present a new model of healthcare curriculum. This model will be a supplement to the existing curriculum, preparing “clinician cum human wellness manager” for the benefit of client, family and community health management.

THE 5S'S- CORE CONCEPT

The 5S's (Self, Society, State, Systems and Spirituality) approach of Dr. Minhaj Qidwai [4], is a Human Wellness Management integrated approach, derived from the three fundamental aspects of human existence: the body, soul and spirit [5]; and human wellness dimensions [6].

Soul is the realm of decision-making, containing the mind, will, emotions, and personality. It's the part of us that experiences the world and interacts with it through our senses and thoughts. All of them are connected to the body through our endocrine, nervous and immune systems. While the Spirit is considered the innermost part of a person, the connection to the divine or a higher power. Our Heart is not only a physical heart but also a Spiritual “Heart”.

The 5S's is a philosophic model to integrate the dimensions of wellness management. By integrating these perspectives, interventions can be more comprehensive, accessible, and sus-

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tainable. For example, public health campaigns that address Self (individual) behaviors can dovetail it with advocating for Societal support, Systems and State policy changes to be more effective rather than focusing on only one aspect. Furthermore, Spirituality can be a valuable coping mechanism for individuals facing challenges and can foster a sense of hope and resilience. Following is the concept in brief:

Self (Individual Responsibility and Inner Wellness)

- Focus on physical, emotional, intellectual, financial, economic and vocational wellness.
- Self-care, emotional regulation, nutrition, financial planning, mental health.
- Cultivating self-awareness, personal values, and ethical decision-making.
- Emphasis on lifestyle, mindfulness, and behavior change.

Society (Relational and Communal Wellness)

- Strengthening family, community bonds, and social support systems.
- Promoting empathy, volunteerism, and civic responsibility.
- Addressing social determinants of health: education, housing, etc.
- Encouraging collective well-being over individualistic success.

State (Policy and Governance for Wellness)

- Developing health-promoting public policies and infrastructure.
- Ensuring access to healthcare, education, and economic opportunities.
- Integrating wellness into national development agendas and legislation.
- Advocating equity, justice, and ethical governance.

Systems (Institutions, Education, Economy, Health)

- Reforming systems to support well-being across sectors:
 - Education → Value-based and skill-based learning.
 - Healthcare → Preventive, promotive, integrative, and inclusive models. Transformation from curative and symptomatic approach to holistic approach.
 - Economy → financial literacy, job satisfaction, sustainable livelihoods.
 - Organizations → focusing on organizational systems strengthening.
- Emphasis on interdisciplinary collaboration, information, human resource, financial management and innovation.

Spirituality (Purpose, Faith, and Inner Peace)

- Anchoring wellness in faith, transcendence, and moral grounding.
- Spiritual practices for coping, gratitude, and resilience.
- Alignment with Islamic ethics: Tawakkul (trust in God), Ihsan (excellence), and Amanah (trust).
- Finding meaning in adversity and maintaining hope-centered living.

HUMAN WELLNESS MANAGEMENT [6-17]

The 5S's model can be dovetailed for Human Wellness Management. World Health Organization defines wellness as "the optimal state of health of individuals and groups". According to the WHO, wellness is the achievement of individuals' fullest potentials physically, psychologically, socially, spiritually and economically; carrying out individuals' expectation in the family, community, place of worship, workplace and other settings. Thus, wellness includes the absence of illness and an ultimate state of wellbeing [5].

Wellness for health needs inputs from various dimensions to be processed to ensure ease with healthy status as an outcome and wellbeing as the desired impact. These dimensions of wellness are interdependent. Any derangement in one will imbalance the entire body. There are many wellness models. Some well-known of them are:

- Dunn's (1961) High-level Wellness Model.
- Hettler's (1984) Six Dimensions of Wellness.
- Witmer and Sweeney's (1992) Wheel of Wellness and Prevention Model.
- PERMA Wellbeing Model (Seligman 2011, 2018): A positive psychology model focusing on P: Positive emotions, E: Engagement, R: Relationships, M: Meaning, A: Accomplishment for resilience, satisfaction, and long-term well-being.
- Wheel of Wellness-Invisible Self Model (Myers, Sweeney & Witmer): A counseling-based model emphasizing lifestyle, self-regulation and spirituality (central axis).

There are several other models of Human Wellness Management. Following is a representation of the best possible dimensions which could be carved out of these models as per 5S's model (Fig. 1).



Fig. (1). Integrated Human Wellness Dimensions.

Self-Related Dimensions

Intellectual Dimension

The intellectual wellness dimension recognizes one's creative, stimulating mental activities. It is better to stretch and challenge our minds with intellectual and creative pursuits than to become self-satisfied and unproductive.

Occupational Dimension

It focuses on participating in work consistent with Self requirements, values, ethics, goals, and lifestyle. Matching ergonomics with work.

Financial Dimension

Derived from the definition of general well-being, financial well-being could refer to being in a financially healthy, happy, and worry-free state.

Physical Dimension

It encompasses features such as physical activity, nutrition, and sleep. It is concerned with Health Promotion and Disease Prevention related actions.

Vocational Dimension

This deals with engagement in a work whether it is career oriented or voluntary, which provides personal satisfaction.

Emotional Dimension

Emotional intelligence (EI) is fundamental to personal well-being, effective interpersonal relationships, professional excellence, and ethical leadership within healthcare and broader societal contexts.

Society Related Dimension

A report of the World Health Organization stated that "being included in the society in which one lives is vital to the material, psychosocial, and political empowerment that underpins social wellbeing and equitable health". Keyes (1998), and later Keyes & Lopez (2002), argued, that well-being consists of five social dimensions, including:

- Social acceptance (accepting others as they are).
- Social actualization (positive comfort level with society).
- Social contribution (a feeling that one has a contribution to make to society).
- Social coherence (understanding the social world as predictable and comprehensible).
- Social integration (feeling as a part of the community).

Spiritual Dimension

It includes the development of a deep appreciation for the depth of life and natural forces that exist in the universe. One can experience becoming spiritually well when our actions become more consistent with beliefs and values, resulting in a "world view."

State Related Dimensions

Environmental Dimension

This focuses on understanding how our social, natural, and built environment affects Self well-being. Environmental wellness is the balance of work and home life paired with community and nature.

Climate Wellness

This is an emerging dimension of wellness. It assesses the connection between climatic changes and human well-being. It is a new area of research which tends to study the consequences of climate and ecosystem changes on the wellness of individuals.

Economic Dimension

Economic dimension of wellness is the ability to meet current and future financial obligations, for a secure financial future, making choices that allow enjoyment of life for Self, Society, State and Spirituality.

Systems Related Dimensions

Digital Dimension

Emphasis is the use of technology in improving access to health-care delivery, patient outcomes, and health data management. Digital Dimensions can focus on digital tools such as telemedicine, mobile health apps, and electronic health records. Key element to be considered is the emerging and expanding role of Artificial Intelligence (AI) especially in healthcare.

Quality Dimension

Quality care is essential for consideration of client safety and satisfaction. Quality needs to be ingrained in the minds of everyone as a mindset for undertaking any step.

Health Management Dimension

The undergraduate healthcare curriculum does not teach aspects of health management and administration. How to play a leadership role? Difference between leader and manager; financial aspects; managing information; communication skills etc.

THE 5S's AND HUMAN WELLNESS DIMENSIONS

The above dimensions play a significant role in Managing Human Wellness. These dimensions effect the individuals

(Self) in maintaining a work life balance. Around the Self is the Society, as the individuals have an impact on the Society. All of these dimensions require a System to be in place for functioning and creating an impact. Furthermore, these dimensions need governance through laws, policies, rules and regulations. Therefore, the role of State comes into play. However, these dimensions need to be adopted internally. Truly understanding their reality and functioning to bring them into ethical practice form a Spiritual perspective. Promotion of ethical practices are essential to reduce quackery in the country. These 5S's oversee the entire Human Wellness aspect to be managed. Thus, the 5S's become an integral part of each dimension and its management. Therefore, the undergraduate healthcare curriculum needs to be integrated with the teachings on each dimension of Human Wellness Management with the five strategic Ss'; as the foundational pillars for Human Wellness Management.

Having established the importance of 5S's with an integrated approach for Human Wellness Management with its various dimensions, their exposure to the healthcare professionals in Medical Education (ME) will open a new perspective of teaching holistic management of healthcare.

It is evident that, in the olden days, caring for education towards health, started with the non-formal education, and reaching to its current stage with extensive technology integration, interprofessional and continuous education. We are now into an information age after traversing the ancient times. From Sign language to Spoken word to Artificial Intelligence and virtual reality.

AGING OF ME

The current ME system is designed to produce competent clinicians aimed at one goal: developing and training qualified personnel to meet the patients and healthcare system needs; and designed to produce competent clinicians. Reaching at this stage, the ME has traversed through "THREE characteristic earlier stages". The first and longest was the era of dogma (Table 1). Its landmarks are Hippocrates (B.C. 460- 377) and Galen (A.D. 130-200). It was focused on observation of clinical teachings at bedside focusing only on knowledge transfer focusing on the apprenticeship model; with limited standardization. Medicine was dominated by scholasticism.

Table 1. Evolutionary Eras of Medical Education.

Era	Focus	Characteristics	Limitations
Dogma-Apprentice Era (Pre 19th Century)	Knowledge transfer	Scholasticism-Master-Disciple Learning	Limited standardization
Empiric Era (Post 19th Century)	Lab-Based Learning	Introduction of Anatomy-Basic Sciences subjects	Word of teacher or book

Post-Flexner Era- Integrated Curriculum (1910s–1990s)	Lab and Hospital	Problem-based learning (PBL), early clinical exposure	Focus on teaching basic sciences for Disease Management.
Competency-Based Era (1990s–2020s)	Measurable Outcomes	Clinical competencies and professionalism	Lack of engagement of Family and Community-Human Touch

The second era is empiric. It began with the introduction of anatomy in the sixteenth century. The students used to study anatomy by watching a teacher dissect; they studied therapeutics by taking the word of the lecturer or of the text-book for the efficacy of particular remedies. The third era is dominated by the knowledge that medicine is part and parcel of modern science. Two circumstances have mediated the transformation from empirical to scientific medicine: the development of physics, chemistry, and biology.

For purposes of convenience, the medical curriculum may be divided into two parts-the work carried on mainly in laboratories and that in the hospital. In general, the curriculum falls into two fairly equal sections: the first part is devoted mainly to laboratory sciences-anatomy, physiology, pharmacology, pathology; the other part focuses on clinical work in medicine, surgery, and obstetrics. The former are concerned with the study of normal and abnormal phenomena as such; the latter are busy with their practical treatment as manifested in disease.

In 1910, Dr. Abraham Flexner published a report (Flexner Report) that critically assessed the quality of ME in the United States and Canada [9]. The report led to significant reforms in ME, notably the standardization of medical school curricula and an emphasis on postgraduate training. The method of teaching medicine, since Flexner's days, implies that students should first learn basic and biomedical sciences and then move to clinical sciences; however, this is not how patients are presented. Furthermore, patients are usually accompanied by their caregivers, family or community members. This perspective is not considered in the current ME setup, where basic sciences are considered as a part of curriculum to build the base of students to study their clinical application. As the emphasis of ME is on basic sciences initially and then making the undergraduate a competent clinician, his focus is more on diagnosing the case and manage the disease. In 1994 Accreditation Council for General Medical Education undertook its own review of ME and decided that it needed to encourage attention to the outcomes of ME more than processes. Thus, the beginning of fourth and current era of Competency based ME. Again the focus on outcomes related to clinical care, rather the human touch.

CASE FOR REDESIGNING MEDICAL CURRICULUM

Although, WHO has defined health in an ideal manner, a Health Care Provider (HCP), considers managing of physical and

mental health of a client or an individual (Self) at the body and cellular level. Thus, the cell and the biomarkers become the focus for research, diagnosis and management of an individual in primary care. However, for managing chronic disease of Self (individual), HCP needs to consider beyond cell, as the majority of illnesses are linked to behavior and lifestyle with an impact from Society. Society, comprise of a cohesive group of people. The Societal elements include: likeness or hate for each other, reciprocal awareness, differences in cast-creed-values-status, and interdependence which makes us to cooperate or conflict with each other. While, ultimately, the State manages all the functions of Society and Individuals.

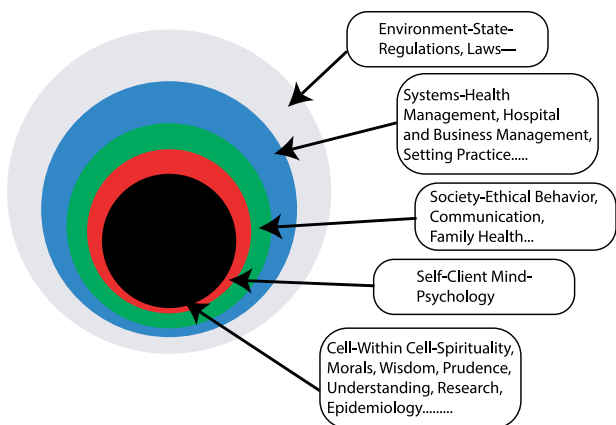


Fig. (2). Gaps in Medical Education.

Similar to an individual, the basics to be understood for the individual to focus on Self, the Spirit and the Soul. The inner cell is the diagnostic laboratory for any changes reflected outside from the Self. The diagnostic parameters will include Self-awareness tools, quality of client management and managing mental health for assessment of mental health of an individual.

The Societal elements reflected from the individual are his behavior, communication skills, family and community health management. While dealing with the Systems it is essential that the HCP have a basic understanding of Health Systems and at the State level with those of Environment, laws policies etc. (Fig. 2).

The ME curriculum needs to be in sync with the 5S's holistic philosophy and the dimensions of wellness management. While cellular level laboratory investigations form the basics of curative treatment, the Self diagnostic tools facilitate assessment about the individuals. The Self is the key in client management. However, there are various dimension which effect Self, including Society, the Systems and the State laws. Thus, client management need not only to focus on the individual but also the human wellness dimensions and the other four Ss' of Society, State, Systems and Spirituality. Therefore, 5S's approach and the Human Wellness Management dimensions will provide an integrated approach for revising the ME curriculum.

As mentioned earlier, the focus of current ME is to produce competent clinicians aimed at one goal: developing and training

qualified personnel to meet the patients and healthcare system needs. However, their focus is on disease and patient management. The questions to be asked at this stage: Are the graduates produced for managing cases, patients and diseases only? Or only on focusing for symptomatic management? What about the Family and Community? Are the patients to be dealt as patients or also as clients? Where is the consideration for the dimensions of Human Wellness? Therefore, there is a need to revisit the curriculum to incorporate a humane approach for client management rather patient management.

While well-being is considered as an overall state of being healthy, happy, and fulfilled; wellness is a state of actively living or a process or path to health, a lifestyle that helps to attain health. Thus, wellness is dependent upon the inputs processed for the desired output, where wellbeing is the desired outcome. Wellness has following tenets [18]:

- An active process, it is a conscious, self-directed and continuous process of achieving full potentials as individuals.
- Directed towards a positive and affirming life; and
- Takes into account multiple components, which involves lifestyle, spiritual well-being, mental wellbeing, and the environment.

The World Health Organization (WHO) defines wellness as “the optimal state of health of individuals and groups” [19]. According to the WHO, wellness is the achievement of individuals’ fullest potentials physically, psychologically, socially, spiritually and economically. Thus, carrying out individuals’ expectation in the family, community, place of worship, workplace and other settings. The WHO in 2008 [20] described a dominant holistic perspective of wellness as that which includes the absence of illness and a state of wellbeing. However, wellness of an individual is seen from multiple dimensions, to create a holistic perspective.

As health is a dynamic state, in order to remain healthy, interventions are required. Usually, if the equilibrium of health is disturbed, or to prevent any disturbance, health is traditionally managed by some form of treatment, health promotion or disease preventive strategy. Most sought treatment, is the medical treatment, which could be: Curative, Palliative or Preventative. In addition, surgical or rehabilitative approach can also be adopted as needed. So, the healthcare professional advises as per his teachings received as per Systems and the State laws and regulations under which he gains experience and practices. However, the follow up of treatment is dependent upon intervention from the individual (Self) or his deep-down Spiritual need or the pressure from the family, friends, peers or the environment in which he lives; or interventions from Societal factors. To intervene and manage health, the current healthcare professional is equipped with the knowledge where the curriculum is geared towards the curative or symptomatic or preventive management of an individual (Self). There is less emphasis on family community and compassionate health management.

COMPASSIONATE CARE AND HUMANISTIC MEDICINE

Various studies have highlighted the importance of Compassionate Care & Humanistic Medicine [21-23]. With the engagement of Self (Individual), management of a person as a whole for holistic care is well documented [24-26]. The compassionate models also focus on the development of a Compassionate Leadership for Compassionate Healthcare [27, 28]. However, it is crucial for the leaders, finding the meaning of existence for Self through Spirituality, for compassionate healthcare management [29-31]. Compassionate care has also been highlighted in nursing practice [32, 33]. In addition to compassionate care for curative purposes, it is also essential for a healthcare professional to facilitate rehabilitating and integrating the individual in the Society taking care of his well-being in healthcare [34-36]. Therefore, it is essential to ensure holistic health with an integrated care [37-39].

Clinicians' compassion and empathy have been found to be associated with improved clinical outcomes [40, 41]. The Associated Medical Services (AMS) Phoenix Project issued a Call to Caring to reemphasize the importance of compassionate, person-centered care in medical practice. AMS Phoenix Project defines person-centered care as "high quality health care that respects an individual's preferences, needs and values and is provided in an empathic and compassionate way". This emphasis stands to benefit health care recipients as well as clinicians at each point of care and to contribute to broader health care reform.

The "FICA" [42] is an established model for introducing compassionate care history taking tool for medical students. It includes: F: Faith or Beliefs, I: Importance or influence, C: Community and A: Address.

The above highlights the lacunae within the current ME systems, in providing a holistic care of an individual, family and community. Furthermore, it highlights that holistic care is not being offered by the current healthcare graduate. This will soon render healthcare education ineffective, both from the perspective of the students who will not be able to productively internalize and effectively integrate the information they receive, and ME will be unable to keep up with the pace of the progress in healthcare and the relevant subject matter that needs to be taught. To address this burden, sooner than later, bold actions should be taken toward the radical transformation of the healthcare undergraduate curriculum in terms of its curriculum redesign, duration and its implementation and of the type of knowledge that the students will need to excel in, as a prerequisite for their subsequent training.

In order to develop the new curriculum, the impact to be considered should be on ensuring a healthcare graduate able to understand the definition of health, notion of compassionate care, the "Human Wellness Management Dimensions" and their importance to manage through the philosophy of 5S's:

1. Self to understand himself and the client.

2. Societal dynamics for bringing a behavioral change in the client, family and community.
3. Systems and beyond the usual body systems, pharmacology etc. esp. quality management, information management, human resources management, digital health management etc. for a real impact on managing client safety and satisfaction.
4. State regulatory system, laws and policies.
5. Spirituality to find the real meaning of his life and ensuring ethical practices.

If the impact on human wellness management is focused on client safety and satisfaction, the goals and objectives have to be aligned and inputs to be planned accordingly. The 5S's approach focusing on Self, Society, State, Systems and Spirituality; dovetailed with the human wellness dimensions could be the first brick to be laid down, towards this direction. The real challenge will be making the mental transformation of the healthcare providers and the power lobbies towards its acceptance and structuring the curriculum around this theme. Obviously, bringing such a mental change will be a daunting task. Strong and rigorous advocacy will be needed especially from the academicians who feel the need. Designing and implementing curriculum can be discussed and planned with pilot studies in medical institutions.

In terms of revision in the curriculum, two things are of vital importance for consideration-I. What should be the content of curriculum under the 5S's philosophy and II. The timing of the subjects and the duration?

With the health and allied curriculum focused on clinical or symptomatic management, the graduate is only exposed to taking care of the physical and mental aspects of the patient. Even in these cases it is symptomatic management. Whereas, the social and spiritual wellbeing are not addressed. The healthcare undergraduate is not taught on the aspects of his own Self management; State laws and policies; Societal affairs, communication, attitude and behavioral aspects. The health systems especially quality management, information and technology management, conducting research, financial and supply chain management. The art of compassionate care through exposure to Spiritual perspective is also missing. Therefore, for a holistic management of client, family and community health, a comprehensive curriculum-based teaching with the philosophy of 5S's-Self, Society, State, Systems and Spirituality and the incorporation of the various dimensions of Human Wellness Management will be essential to incorporate in the existing undergraduate healthcare curriculum. In addition, the terminology of using "client" instead of the "patient" will be the paradigm shift in providing a personalized care. This term is already used by the mental health professionals as they deal with their clients. Furthermore, the term "client" usage can be reinforced by its usage in the business, where a person engaged by a business is served by an entity in totality and quality service delivery is also focused on customer or client satisfaction.

The current ME system focuses on educating students the cura-

tive aspect of patient management and efforts are guided towards symptomatic management. The element of “Client Management” is missing. The hospitality industry considers the walk-in person as a client. Everyone in the organization is responsible to manage him. As he is bringing the business. Whereas, patients are considered as the passive recipient of care, managed within a disease-centered framework. Considering a Humane approach for Human Wellness Management (HWM) approach emphasizes clients — an active partner in the wellness management journey.

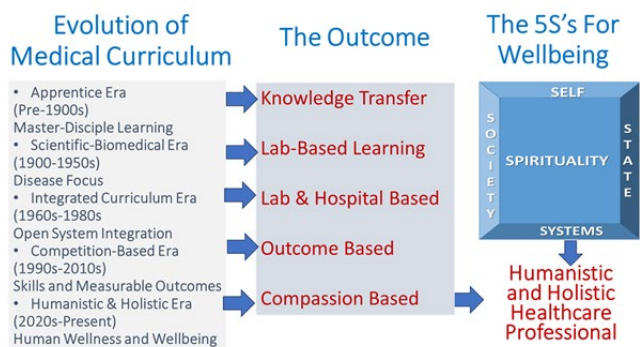


Fig. (3). Evolution and Transformation of Medical Curriculum under the 5S’s Framework.

With the history of ME (Fig. 3) started from apprenticeship, focusing on knowledge transfer, followed by the scientific bio-medical era of laboratory-based learning, leading towards the integrated curriculum era where laboratory-based teachings were coupled with hospital based practical learnings. This era evolved into an era of competence-based learning outcomes. However, the era being proposed is that of a humanistic approach with compassion-based care. Eventually to produce compassionate and holistic physician.

The 5th or the proposed dawn of a new era of ME can be named as the Humanistic and Holistic era (Table 2).

Table 2. Proposed Dawn of the New Era of Medical Education.

Dawn of New Era	Focus	Characteristics	Limitations
Humanistic & Holistic Era (2020s–Present)	Human Wellness Dimensions	Empathy, client-centeredness	Requires a paradigm shift and an institutional culture change among teachers, clinicians and healthcare professionals

Key Transformations	
Traditional (Symptomatic Management-Curative)	Humanistic Era (Holistic and Compassionate Management)
Patient Management – Focus on Disease Management	Client Management – Focus on Human Wellness Management
Symptomatic	Compassionate and participatory
Physician as Authority	Healthcare Provider as a guide

Focused on Clinical Outcomes	Integrated Human Wellness Dimensions of health
Physician and Patient Focused	Involves Family and Society, State, and Spiritual building
Short Term	Long Term
Paper Based	Minimum paper and digital

The above, clearly identifies the need for a Humanistic and Holistic era of client, family and community management to be adopted.

The new era of compassionate and holistic care marks a fundamental shift in healthcare from disease-centered “curative care” to client care. Thus, ensuring an integration of all the dimensions of wellness with the holistic model of 5S’s.

KEY PRINCIPLES OF THE NEW CURRICULUM MODEL

Integration of the 5S’s Model and Human Wellness Dimensions

The basic Sciences are taught for the first two years and Clinical Sciences in the next three or four remaining years. Incorporation of the 5S’s approach with the Human Wellness Dimensions throughout the life span of teachings in curriculum will make the pupils aware of a humane approach rather a routine laboratory cum clinical management approach.

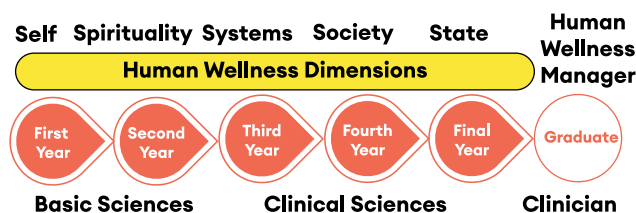


Fig. (4). Human Wellness Manager.

Adopting such an approach will lead to the development of a clinician who is now also a “Human Wellness Manager” (Fig. 4).

Humane-Centered Care

The focus shifts from the patient management to client management in a humane manner, incorporating the wellness dimensions.

Humility and Will

Emphasis on the development of humility and will to serve people in a humane manner. Strong communication skills and dealing with empathy, equity and equality; taking care of the client, family, and community.

Assessment with Compassion

Taking history and assessing clients considering: Subjective

elements of recognizing suffering, comparing it with the universal sufferings, empathizing; Objective: Looking for clues to reach the bottom line, elucidating the background through root cause analysis; Assessing the gravity of suffering, tolerating uncomfortable feelings, identifying the post-cure options for step-down; and Planning to facilitate in alleviating the suffering and rehabilitation within the society and community.

Interdisciplinary Collaboration

There are several Human Wellness Dimensions and all need to be considered for ensuring wellness and wellbeing of the individual.

Ensuring Quality

The end result is client safety and satisfaction. Quality of Service Delivery plays an essential role in its achievement. Teaching palliative care when cure is not possible, only the symptomatic management and supportive care is required.

CORE CURRICULAR COMPONENTS

The goal of the revision of the curriculum is to ensure that future healthcare professionals can provide care that is not just technically proficient, but also deeply humanistic and compassionate, meeting patients where they are in their health journey.

The core curriculum components to be added include the two main concepts of 5S's and the dimensions of Human Wellness. Their incorporation in the existing healthcare undergraduate curriculum can be structured along with the existing curriculum of "Public Health", which can be revised for their incorporation. The 5S's and Human Wellness Dimensions can be adjusted spanning across the teaching time table. Another consideration could be to combine the Self and Spiritual portion with the basic sciences and body system teaching. Parallel teaching both will enable the students understanding not only the basics of human body but also that of soul and spirit. Thus, the understanding of the basic concepts of Human Existence with those of basic sciences.

Educational Programs may include Following Key Areas Focused around the 5S's and Wellness Dimensions

First Year and Self

Exploring Self and Spirit

The expected outcome will be for the students to understand the Self-concepts, leading to development of Self-assessment, Self-awareness, Self-regulation, Self-reflection etc.

Professionalism

The expected outcome will be for the students to focus on development of Self-Soul, professionalism, morality and ethical behavior in practice.

Positive Psychology

The expected outcome will be for the students to understand on developing positive individual traits like resilience, optimism, and mindfulness. The courses may include positive emotions, wellbeing, positive relationships, institutions, and how to apply these concepts to enhance personal and professional life through concepts like the PERMA model.

Palliative and End-of-Life Care

The expected outcome will be for the students to understand how to provide palliative and end of life care. Breaking the news of "death" is the most critical aspect of life of a healthcare professional; which remains throughout his life. However, he is never taught how to manage and break the news.

Second Year-Spirituality

Defining Spirituality

The expected outcome will be for the students to understand the meaning of Spirituality and Self-existence

Self-Transcendence

The expected outcome will be for the students to understand and focus on developing a plan for reaching to Self-Transcendence.

Spirituality and Religion

The expected outcome will be for the students to understand the difference between Spirituality and Religion.

Third Year-Systems

Coping the Burnout Mechanisms

The expected outcome will be for the students to understand the role of Self-care within the working environmental culture and facing the stressors of practice in balancing the work load. Developing self-coping mechanisms need to be taught in the course for healthcare providers to prevent burnout.

Health Management

The expected outcome will be for the students to understand the Health Management aspects. Setting up of a private practice, writing a business plan, managing human, financial and information are essentials for health management.

Quality Management and Quality Standards

The expected outcome for the students will be, to understand the basic concepts of Quality, its role in healthcare service delivery and learn about the clinic and hospital quality standards.

Health Management Information System and Artificial Intelligence

The expected outcome for the students will be to understand the basic concepts of Digital Health, Information System, Telemedicine, the role of AI in healthcare and intersection of digital health and human rights.

Fourth Year-Society

Public Health

The expected outcome will be for the students to understand the societal dynamics, client, family and community health management.

Health Education

The expected outcome will be for the students to understand developing Health Promotion and Disease Prevention Strategies and Behavior Change.

Rehabilitation and Integration in Society

The expected outcome will be for the students to understand the role of rehabilitation of a client and his integration in society.

Values-Based Teachings

The expected outcome will be for the students to understand the societal values, especially to cover the ethical based research challenges of current era.

Fifth Year-State

State laws, Policies, Rules and Regulations

The expected outcome will be for the students to understand the formation of laws, health related laws, policies, rules and regulations for practicing.

Teaching Environment and Occupational Health

The expected outcome will be for the students to understand the Global and Local environment with its impact on health; and appreciate the role of Occupational Health and workplace Safety.

Health Economics

The expected outcome will be for the students to understand the role of health economics and health accounts in planning health policies and their implementation.

Becoming a Good Citizen

The expected outcome will be for the students to know the 5S's based determinants of health and their effect on shaping a good citizen.

IMPLEMENTATION PHASES

Phase I: Sensitization on the issues related to the existing curriculum.

Phase II: Developing an advocacy group of like-minded people.

Phase III: Developing a core stakeholder group.

Phase IV: Deliberations for the revision, integration of 5S's concept in the curriculum.

Phase V: Faculty identification and development.

Phase VI: Pilot for feasibility and acceptability of the curriculum.

Phase VII: Monitoring and Evaluation Plan for entire cycle.

Phase VIII: Proposal to relevant regulatory bodies for integration of revised curriculum into mainstream healthcare program.

Phase IX: Adopting of curriculum by other regulatory bodies.

Phase X: Full scale implementation.

EXPECTED OUTCOMES

- Development of Healthcare Professionals for client management.
- Enabling Healthcare Professionals to focus on their wellness and wellbeing while managing that for the client. Thus, reducing burnout.
- Enhanced capability of HCP in dealing with the families and community health issues. Thus, gaining respect in society attracting more clients.
- HCP Conscience of Quality and Quality Standards. Thus, ensuring quality service delivery.
- Development of a clinician cum Human Wellness Manager, for serving the organizations skilled in providing holistic, efficient and effective care.

CONCLUSION

The above proposition highlights the need for the dawn of a new era of holistic management, by bringing changes in the existing healthcare curriculum. Making it more humane rather than a mechanical approach. Adding the flavors of compassion, public health, ensuring the reintegration of the client in the family and community. The suggested changes also stem from the validations by the WHO in its various deliberations for additional topics to be focused in the current curriculum. Furthermore, the framework of 5S's incorporating the human wellness dimensions, is geared towards producing a graduate who is not only a clinician but at the same time a "Human Wellness Manager".

Therefore, transforming the management approach from patient to "client" management.

ABBREVIATIONS

5S's: Self, Society, State, System and Spirituality.

AQ: Adversity Quotient.

AI: Artificial Intelligence.

EI: Emotional intelligence.

HWM: Human Wellness Management.

IQ: Intelligence Quotient.

ME: Medical Education.

SQ: Social Quotient.

WHO: World Health Organization.

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Data Availability Statement

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Ethical Approval

Not applicable.

Consent to Participate

Not applicable.

Consent for Publication

Consented

Conflict of Interest

Declared none.

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