Integrative Medicine as a Bridge to Physician Wellness

Chau T. Nguyen, MD

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Abstract
Burnout is increasingly recognized as an issue of major importance affecting physicians of all ages and disciplines and thereby patients, systems, and health care in general. At the 2017 American Academy of Otolaryngology—Head and Neck Surgery Foundation Annual Meeting, the scope of burnout in medicine was addressed, along with systematic issues that remain. While changing the culture of medicine and health systems to address this is needed, what strategies can health care providers use in their everyday lives to lessen the impact of burnout? Integrative medicine with its focus on whole health of patient care, including the emotional, mental, social, and spiritual domains of health, is uniquely positioned in arming physicians with sets of tools to help them navigate patients to better health and healing. These very same methods are invaluable for personal self-care, as we are all potential patients. Integrative medicine is a pathway to improving one’s own self-care and, thereby, improving patient care.

Keywords
integrative, medicine, bridge, physician, wellness

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Burnout is increasingly recognized as an issue of major importance affecting physicians of all ages and disciplines and thereby patients, systems, and health care in general. By Maslach’s definition, it is a syndrome involving emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, and the Maslach Burnout Inventory (MBI) captures these 3 dimensions.1 As early as 1993, burnout was found to affect a significant percentage of head and neck surgeons. In a survey of head and neck surgeons whose mean age was 48 years, 34% responded that they felt “burned out.”2

The causes of burnout are myriad and multifactorial, including personal stressors, such as family duties, financial concerns, time constraints, dealing with uncertainty, threat of malpractice lawsuits, a culture of unrealistic expectations, excessive work hours, difficult patients, coping with grief/sickness/death, sleep deprivation, and unsupportive work environments.3 While changing the culture of medicine and health systems to address institutional issues is needed, what strategies can health care providers use in their everyday lives to lessen the impact of burnout?

Integrative medicine (IM) is a relatively new term for old-fashioned medicine: it is medicine that encompasses care of the whole patient, considering his or her socioeconomic, spiritual, family, and community backgrounds. It emphasizes certain tenets: (1) the innate ability of the body to heal itself, (2) the importance of living a healthy lifestyle, (3) using a whole-person approach, and (4) stressing the sanctity of the doctor-patient relationship. With its encompassing approach including the emotional, mental, social, and spiritual domains of health, IM is uniquely positioned in arming physicians with sets of tools to help them navigate patients to better health and healing. These very same methods are invaluable for personal self-care.

At the 2017 American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) Annual Meeting, Michael Johns III discussed the scope of burnout in medicine. During his talk, “Getting to Wellness,”4 he asked if any participants used mindfulness, and a handful of arms were raised out of a probable 200+ participants. Mindfulness-based stress reduction (MBSR), developed by Jon Kabat-Zinn in 1979, is an 8-week program whose aim is to help people learn how to use their inner resources and abilities to respond more effectively to stress, pain, and illness.5 It focuses on teaching moment-to-moment nonjudgmental awareness and emphasizes self-compassion. Several studies have examined mindfulness training to combat burnout and found a reduction in burnout measures, as well as improvements in overall empathy, feelings of personal accomplishment, and mental well-being.3

In a reflections piece on burnout in Otolaryngology—Head and Neck Surgery, Anne6 writes, “With self-awareness, development of coping mechanisms, and the adoption of a strong social and professional support network, burnout can be combated.” The key first step in remediying any problem is awareness, and this is the lesson of mindfulness: being aware of

1Ventura County Medical Center, Ventura, California, USA

Corresponding Author:
Chau T. Nguyen, MD, Ventura County Medical Center, Specialty Care Center, Bldg 340, 300 Hillmont Ave, Ste 401, Ventura, CA 93003, USA.
Email: chau.nguyen@ventura.org

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one’s emotions and thoughts. In IM, the depths of the mind-body connection are explored and exploited as tools for helping patients cope and for dealing with anxiety and depression.

Researchers have discovered an association between traits of mindfulness and self-compassion to resiliency and sleep. A 2015 study of 213 clinicians and trainees assessed these domains among several scales, including the 8-item Patient-Reported Outcomes Measurement Information System (PROMIS) Sleep Scale and the 6-item Brief Resilience Scale. They found sleep disturbances to be significantly and most strongly correlated with perceived stress and poorer health but also with less mindfulness and self-compassion. Conversely, resilience was strongly and significantly correlated with less stress and better mental health, more mindfulness, and more self-compassion. One possible avenue to further resiliency and improve sleep would seem to be mindfulness training.

In the provocatively titled “Survival of the Grittiest? Consultant Surgeons Are Significantly Grittier Than Their Junior Trainees,” a group of authors in the United Kingdom defined grit as the passion and perseverance for long-term goals. They conducted a prospective survey-based study, using validated tools. A total of 102 participants completed the study. They found that ear, nose, and throat (ENT) consultants were significantly grittier than trainees (P < .05), and grit had a significant inverse relationship with burnout (r = −0.54, P < .05). Neither age nor sex were associated with grit or burnout. Resiliency, then, with a core of mindfulness and self-compassion, may form a basis of well-being and improve sleep from which to combat burnout.

Another critical component for coping is the social network. Zhang et al demonstrate that a formal mentoring program during ENT residency can alleviate high levels of stress and burnout and help residents achieve higher levels of personal satisfaction as well as overall quality of life. This very same theme of having a guru within the same field, someone you can trust and confide in, was powerfully voiced by Dana Thompson in her message on “Career Burnout: Identification and Strategies to Minimize,” also delivered at the 2017 AAHNS Annual Meeting.

A 2012 survey of practicing otolaryngologist alumni of the University of Iowa Hospitals found 16% were classified as having high levels of burnout per the MBI. In a recent national survey of over 15,000 physicians, 42% of otolaryngologists reported feeling burned out, with slightly more women than men (48% vs 38%, respectively) affected, the greatest impact on those between ages 45 and 54 years, and an equal distribution between physicians employed vs self-employed. This is a significant and alarming trend and one that will require the resources of and prioritization by institutions and medical enterprises. But in confronting our burned-out doppelgänger, a small first step may be found in our hearts and minds: mindfulness and self-compassion.

**Summary**

Physician burnout is a systemic problem that involves extrinsic factors stressing the physician-patient relationship but also intrinsic factors (ie, resiliency). One of the key tenets of IM is wholeness, coaching patients to achieve balance in their lives through healthy lifestyles and attention to the mind-body interaction. This approach holds great promise to promote physician well-being and ultimately reflect in better patient and self-care.

**Author Contributions**

Chau T. Nguyen, designed, drafted, approved, and accountable for manuscript.

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**References**


