Gorny, M., Stevens, T., Congdon, L., Jebreel, A. (2021). Reducing Doctor Burnout: A Qualitative Analysis of Some Junior Doctors' Experience of Participating in a Balint Group. *Journal of the Balint Society, 48(1), 125-140.*

JOURNAL OF THE BALINT SOCIETY, VOLUME 48, ISSUE 1, FEBRUARY 2021

Reducing Doctor Burnout: A Qualitative Analysis of Some Junior Doctors' Experience of Participating in a Balint Group

Monika Gorny[1], Toby Stevens[2], Lawrence Congdon[3], and Amy Jebreel[4]

[1] Barnet, Enfield and Haringey NHS Mental Health Trust: monika.gorny2@nhs.net
[2] Barnet, Enfield and Haringey NHS Mental Health Trust
[3] Essex Partnership University Trust (EPUT)
[4] Barnet, Enfield and Haringey NHS Mental Health Trust

Introduction[1]

'At the centre of medicine there is always a human relationship between a patient and a doctor'[2]

Enid and Michael Balint developed the Balint Group in the 1950s, whereby General Practitioners were able to freely explore the counter-transference and general psychodynamic forces at work in the doctor-patient relationship. Since the publication of Michael Balint's *The Doctor his Patient and the Illness*[2] Balint groups have been established throughout the world and have become a staple of psychiatric training.

There is emerging evidence to suggest that Balint groups may contribute to medical students and doctors overcoming feelings of despair and isolation.[3] Balint groups may also encourage doctors to foster a greater understanding of emotional factors which encompass the patient's condition. Regular meetings of the group may help to develop compassion, empathy and improve communication skills.

A recent survey in 2018 by the General Medical Council found that a quarter of 70,000 doctors felt burnt out.[4] According to the findings, 63% of doctors felt worn out at the end of the day often or always and 49% found work emotionally exhausting, to a high or very high degree.[5]

---

[1] Dr Monika Gorny, ST4 General Adult Psychiatry (with an interest in Medical Psychotherapy), Barnet, Enfield and Haringey NHS Mental Health Trust; Dr Toby Stevens, CT3 Core Trainee Psychiatry, Barnet, Enfield and Haringey NHS Mental Health Trust; Dr Lawrence Congdon, ST4 Medical Psychotherapy and General Adult Psychiatry, Essex Partnership University Trust (EPUT); Dr Amy Jebreel, Adult and Old Age Consultant Psychiatrist & Undergraduate Lead Tutor, Barnet, Enfield and Haringey NHS Mental Health Trust.

[2] Balint, M. (1957). *The doctor, his patient and the illness*. Oxford, England: International Universities Press.

[3] Sung, A. D., Collins, M. E., Smith, A. K., Sanders, A. M., Quinn, M. A., Block, S. D., & Arnold, R. M. (2008). Crying: Experiences and attitudes of third-year medical students and interns. Teaching and Learning in Medicine, 21: 180–187.

[4] General Medical Council. (2018). Training Environments 2018: Key findings from the national training surveys.

[5] General Medical Council. (2019). The state of medical education and practice in the UK.

Additionally, it was noted that 62% of doctors find it difficult to engage in reflective practice. [5]

It is hoped that increasing participation of junior doctors at Balint groups during Foundation training could help to reduce burn out.[6]

Balint groups have now been set up in a medical school in London, for medical students, and at a busy central London teaching hospital for Foundation Year 1 (FY1) doctors on their surgical placement. This paper's focus is the Balint Group for Surgical FY1s first set up by two psychiatrists in 2014.

Aims

To explore the experience of the FY1 surgical doctors taking part in a 12 week Balint group, using pre and post feedback questionnaires, as well as the experience of the co-leaders facilitating it.

Methods

Structure of the Balint groups

FY1 doctors at a busy central London teaching hospital, undertaking their placement in a branch of surgery (colorectal, upper gastrointestinal, breast, orthopaedic and gynaecology) were invited to take part in 13 weekly Balint group sessions; an introductory session, where the Balint group concept is being explained, and 12 full case discussions. Each lasted one hour. The reason surgical placements were chosen was to give all of the junior doctor FY1 cohort a chance to participate in a 6-12 person Balint group. The vast majority of the FY1 doctors undertake a 4-month placement in surgery as part of their first year of training as a doctor.

[6] Kjeldmand, D. & Holmström, I. (2008) Balint groups as a means to increase job satisfaction and prevent burnout among general practitioners. *Ann Fam Med*, 6(2): 138-145.

The group size facilitated cohesion, as, every week, various people were on annual leave, nights or zero days, meaning that the groups slightly varied in size from week to week. The group were informed that the first 3 sessions were compulsory but we would strongly encourage attendance for the entire 4-month period, to get the most from the experience.

The two Balint co-leaders were not Balint accredited, however, they were all Psychiatry trainees with previous experience of taking part in Balint groups. Each of the co-leaders co-led two consecutive groups. This meant that there was always one trainee who had experience in leading a group. All of the co-leaders took part in a leadership training day at St Pancras Hospital and were supervised regularly, every 3-4 weeks, by a Balint accredited supervisor.

The FY1s, who attended at least 50% of the Balint sessions, received a certificate.

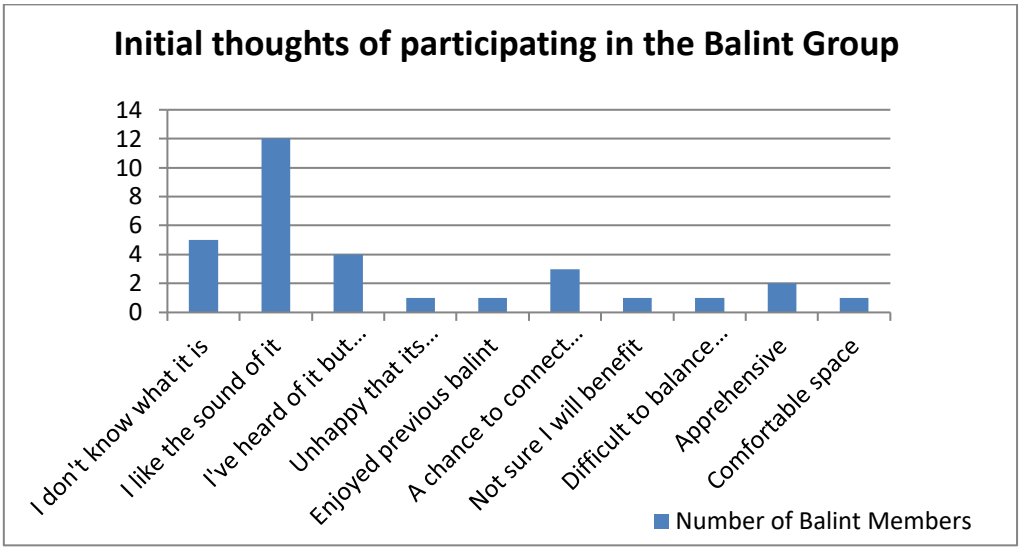
Materials

Four consecutive cohorts of surgical FY1s (August 2018-November 2019) were chosen for the purpose of this study. Pre- and post-group questionnaires were handed out at the first and last sessions respectively. FY1s who weren't able to attend the last group were emailed the questionnaires. Both pre-group and post-group questionnaire contained 11 Likert scale type of questions. In addition the pre-group questionnaire also contained an open question and a multiple choice question and the post-group questionnaire contained 3 open questions and a further multiple choice one.

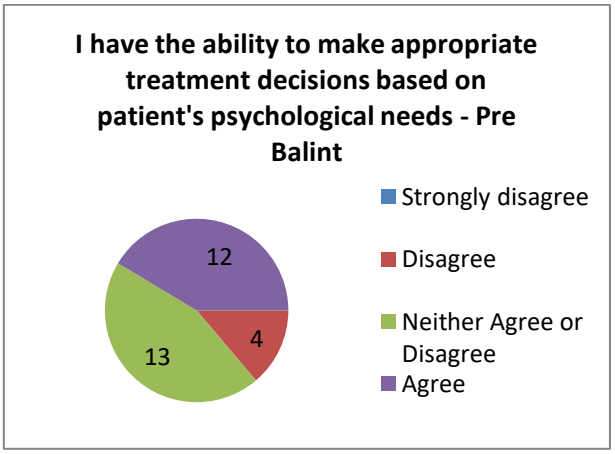
In total 29 of pre-group questionnaires and 14 of post-questionnaires were collected from the 32 participants of the above groups.

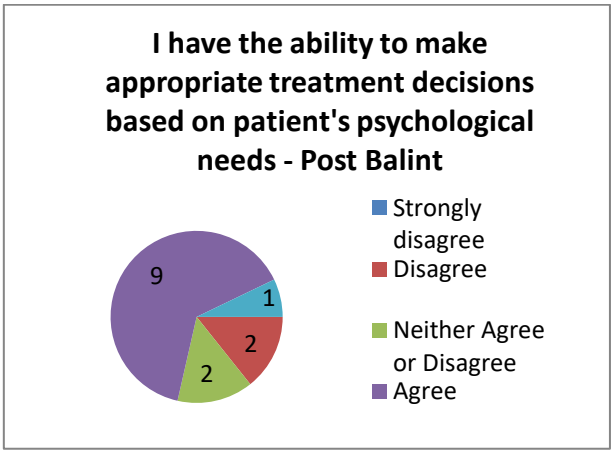
Results

Prior to starting with the Balint Groups only 4 out of the 29 questionnaire respondents had previously experienced a Balint Group and thus it was a new experience for 86% of the members. The group was split as to what their expectations of a Balint Group were. There were 15 positive responses, 11 responders who felt apprehensive or neutral and 3 who responded negatively.

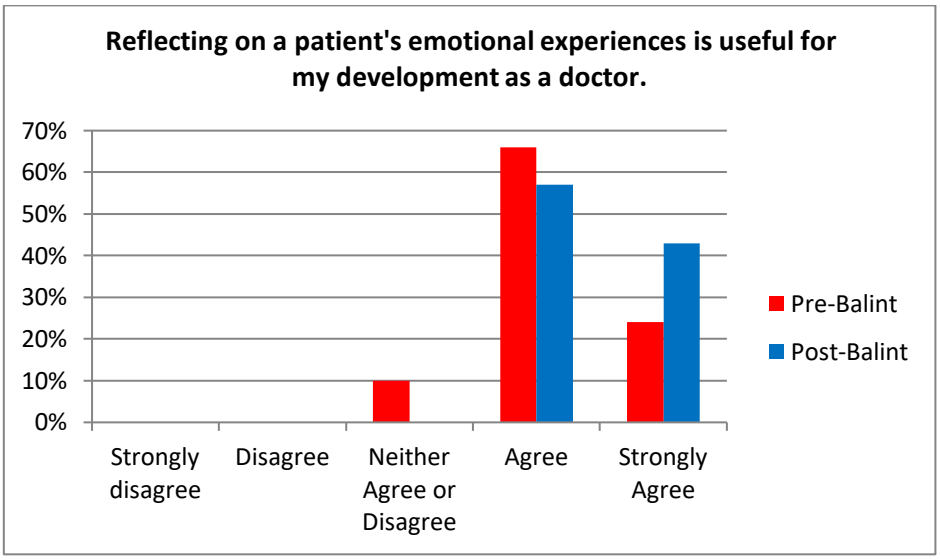


For the question of whether people felt they had that they had the ability to make appropriate treatment decision based on a patient's psychological needs: In the pre-Balint feedback 4 (14%) disagreed, 13 (45%) neither agreed or disagreed whilst 12 (41%) agreed. In the post Balint feedback, a similar percentage 14% (2 members) felt that they still disagreed, however only 2 (14%) felt that they neither agreed or disagreed and 9 (64%) now felt that they agreed and 1 person (7%) strongly agreed.



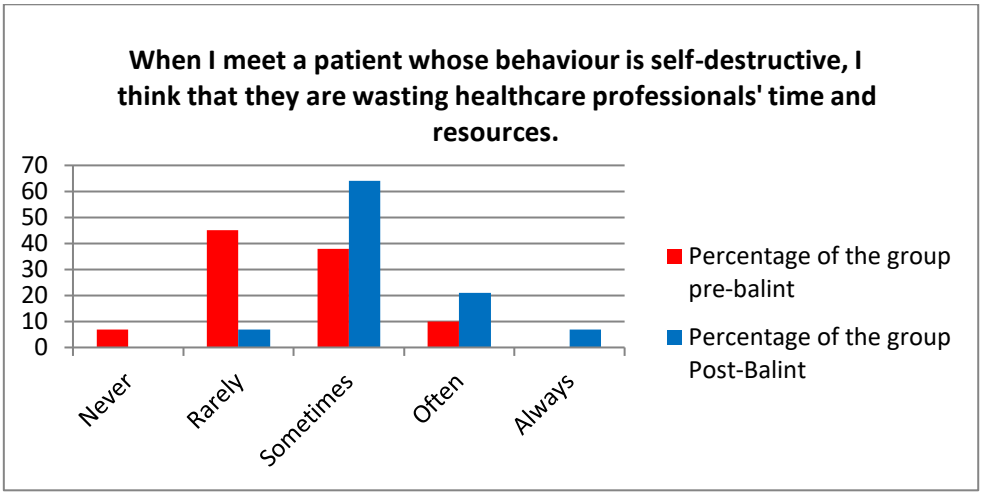


In the Post-Balint feedback more Balint members felt that reflecting on a patient's emotional experiences is useful for their development as a doctor. 100% either agreed or strongly agreed in the post-Balint questionnaire, with 43% (6) of those strongly agreeing. In the pre-Balint group 10% (3 members) neither agreed or disagreed with that statement and 24% (7) strongly agreed.

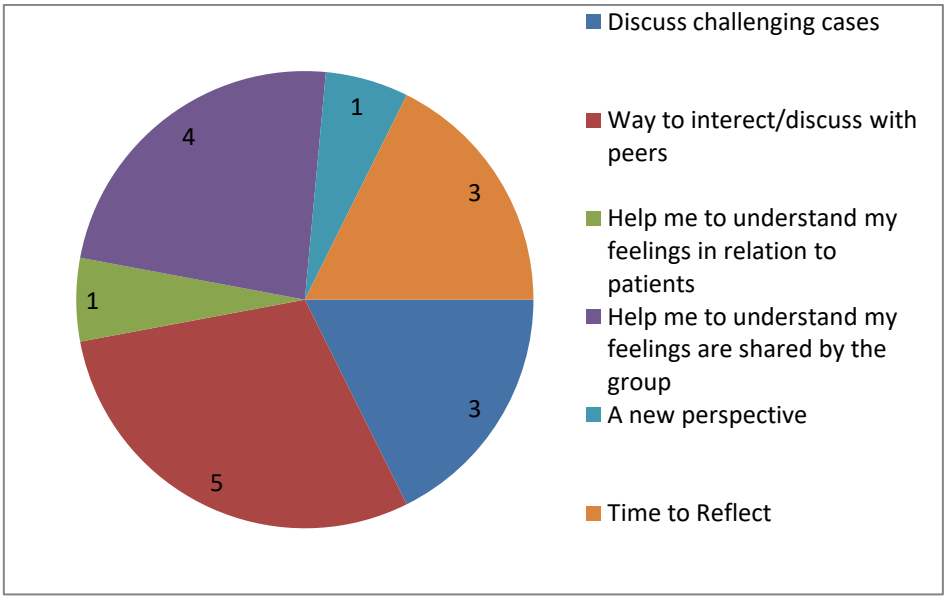


In the pre-questionnaire group 7% (2 members) of the group never thought that self-destructive behaviour wasted people's time and 45% (13 members) rarely thought that and only 10% (3 members) had that thought often and 0 people felt that they always thought that people were time-wasting. In the post-Balint questionnaire only 1 member (7%) rarely thought that a patient's self-destructive behaviour wasted health care professionals time. 64% of the group (9 members)

sometimes thought that and 21% (3 members) thought it often and 7% (1) always thought this.



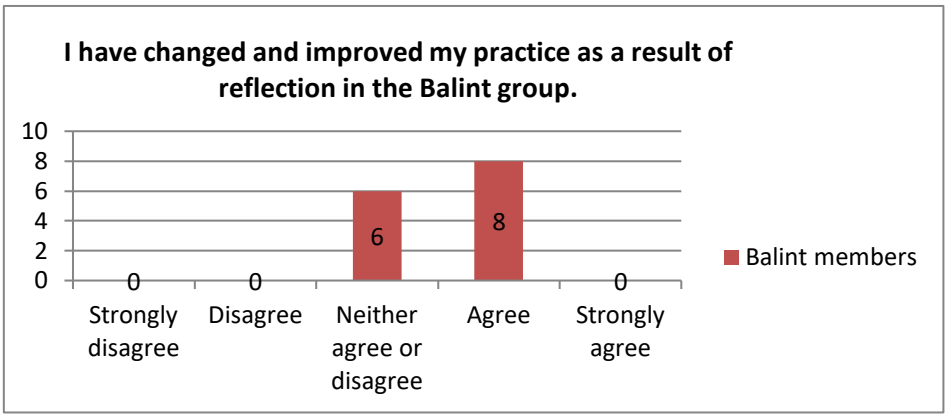
From our post-Balint feedback all 14 respondent would recommend Balint Groups to their peers. In terms of what they found most useful and some people responded more than once, the two most popular reasons were that people found that it was a good way to interact with their peers and to help them understand their feelings are shared by the group.



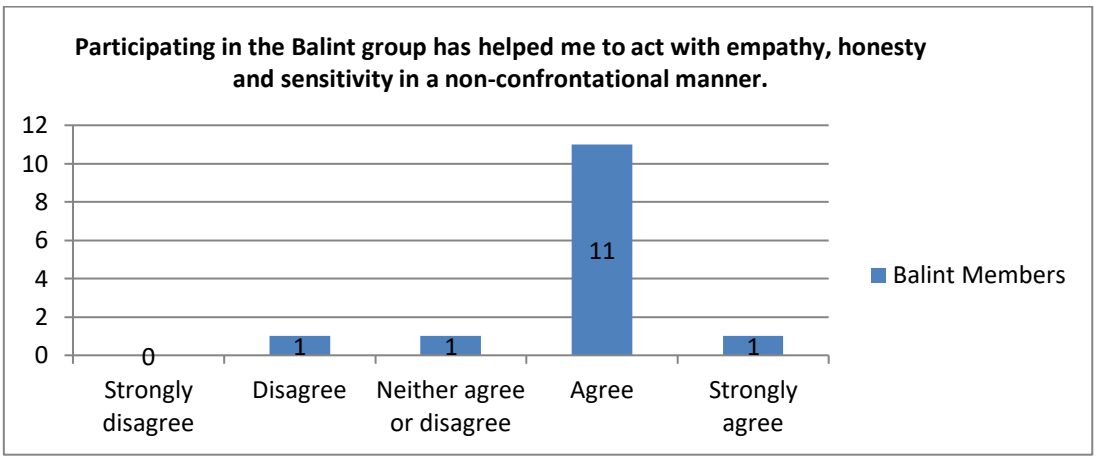
In terms of how the group felt the Balint Group could be improved, four members felt that the main issues were timing, making it difficult for them to always prioritise the session due to clashes with ward rounds or other teaching. Another three felt that the group should be larger to make the group feel less intense and

more people should benefit from the Balint and a larger group would make it run more regularly. One further respondent felt that the Balint Group needed more structure and intervention from the leaders to help the conversation flow.

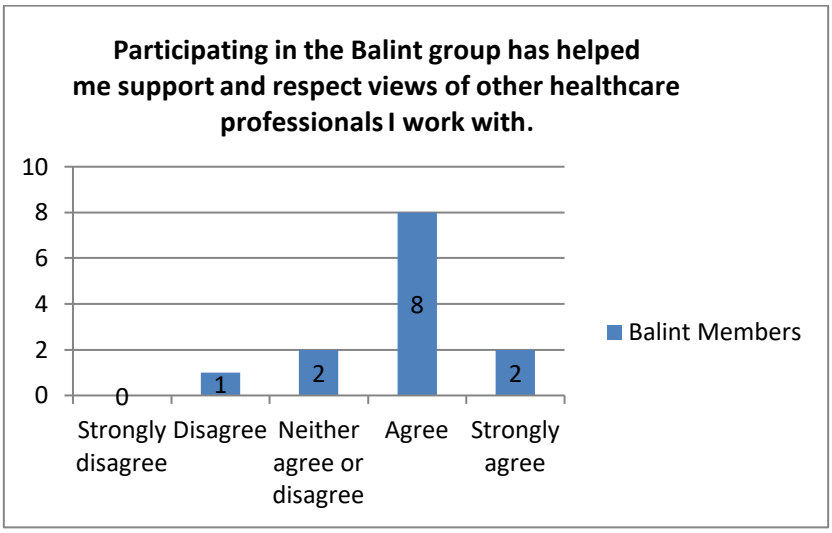
We asked a set of questions as to what the effect of being in a Balint Group was for the members. 57% (8) of the group felt that they had changed and improved their practice as a result of the Balint. The remaining 43% (6) neither agreed or disagreed that it had, but no-one disagreed or strongly disagreed.

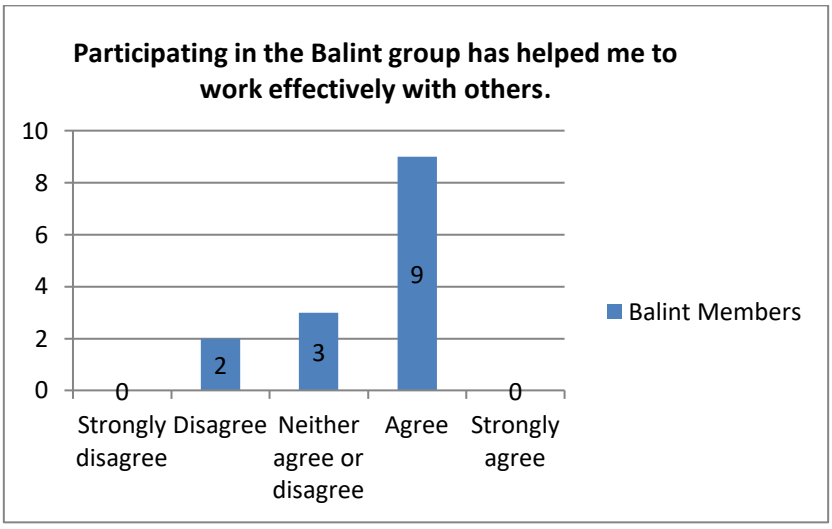


86% agreed or strongly agreed that participating in the Balint group had helped them act with empathy, honesty and sensitivity, only 1 person (7%) felt it had not helped them do this. 71% (10) felt it helped them communicate with more understanding and empathy. This corresponded to a majority of 79% agreeing or strongly agreeing that it helped them deliver patient centred care.

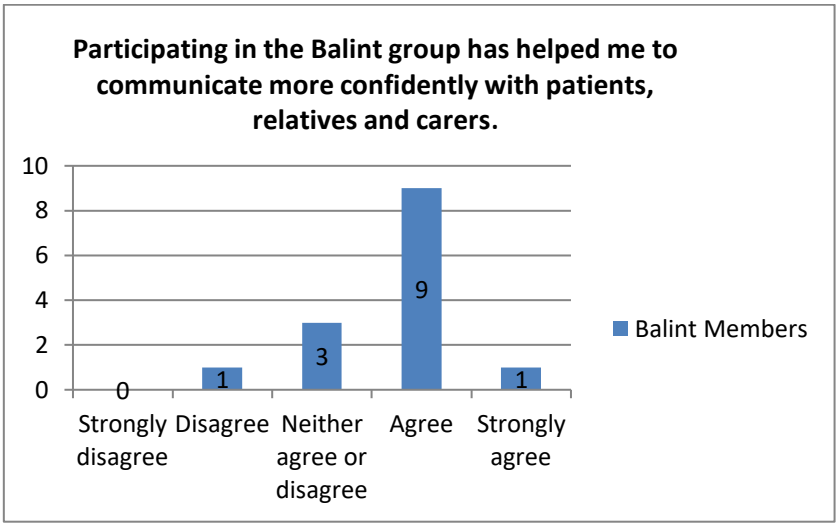


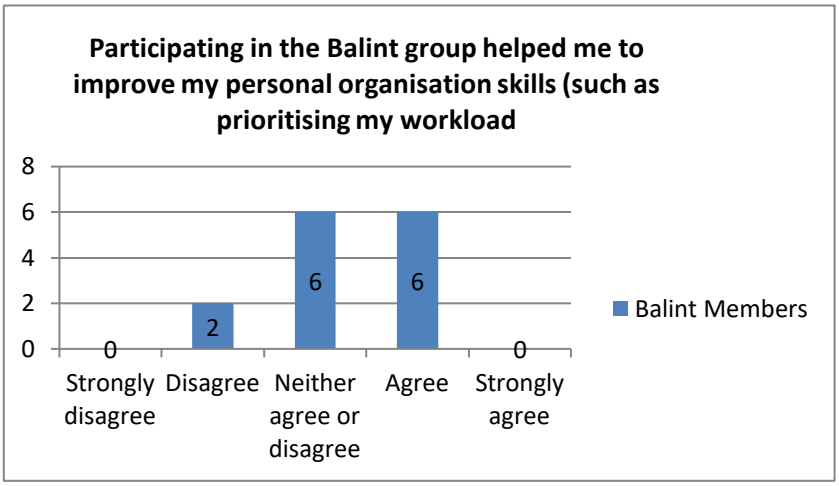
We asked group members whether they felt that participating in the Balint group had helped them work more effectively with others 9 (64%) people felt it had and 2 (14%) disagreed. 71% either agreed or strongly agreed that it helped them support and respect views of other health care professionals they work with, with 1 (7%) disagreeing.





The majority of the group 71% (10) either agreed or strongly agreed that it helped them communicate more confidently with patients, relatives and carers. In terms of improving personal organisational skills, the group were more divided with 6 (42%) feeling that participating in a Balint Group helped. 2 (14%) felt that it hadn't.





Themes arising during the Groups

There were a number of common themes that were raised in groups across the different Balint cohorts. Some of the common themes included: the doctor-patient relationship, the relationship between F1s and other multi-disciplinary professionals and the relationship between F1s and their consultants. Emerging from medical school and taking on the responsibility of being a doctor presents clear challenges. Some of these challenges were evidently present in the discussions of the group.

There were cases where FY1s were moved by the plight of their patients and a desire to go beyond the requirements of their role. There was a running theme that FY1s felt they were left by their consultants with the most difficult patients to

fend for themselves, often feeling isolated and unsupported. And further themes explored their negative feelings towards patients, such as anger, disgust and frustration.

The co-leaders, throughout the course of the groups, made a number of observations. It was noted that at the beginning of the groups patients were referred to by bed numbers and surgical issues in a clinical, impersonal way. As the group progressed, they began to relate to their patients bringing more holistic insights into their social circumstances, personalities and potential internal struggles.

Another observation was that there tended to be a few members of the group who were actively engaged in a more psychologically minded way who tended to be more present. There were other members of the group, who tended to be more sporadic in their attendance, who tended to bring more concrete interpretations. Finally, there were one or two members in each cohort who only attended the compulsory sessions.

Limitations

An important limit of this study is the use of self-report questionnaires. Items in the Pre and Post Balint questionnaires were informed by previous research into possible Balint Group effects (*Systematic Review Citation*). The questionnaires are not validated psychometric tools and as such are of limited use in terms of creating objective data from subjective reports. The development of such a tool was beyond the means and scope of this study but may be an important part for future Balint Group research to help define the 'limited but considerable change' Michael Balint referred to.

Another important limitation was the dropout rate between the initial questionnaire completion and the completion of end-of-group feedback, from 29 responders to 14. We can hypothesize that those who did not return the

questionnaire did so because they found the Balint Group experience unhelpful or were not interested in attending.

Small sample sizes in Balint Group studies are often determined by the nature of the intervention. We attempted to address this problem through collecting data from multiple groups over time. However, this necessarily gives rise to heterogeneity in group sizes, leadership and participation.

In terms of how the Surgical FY1 Balint groups compare to others described in literature it is important to point out that Balint Groups usually number between 6 and 12 participants. Our groups were small and attendance was variable. The initial group sizes were 10, 11 and 11 participants, but attendances varied between 3 and 8 participants on a week-to-week basis. This should be recognised as a potential barrier to developing a sense of group cohesion and safety as well as individual perceived benefits from the intervention.

Balint Groups are traditionally run for upwards of 6 months and our 4-month groups may have been too short to show effect or change.

Discussion & Conclusion

It is worth underlining once again that the vast majority of the Balint Group participants (86%) were new to the experience. This could have potentially facilitated a higher degree of open-mindedness, as well as curiosity amongst the FY1 doctors, reflected in the volume of questions asked by them in the introductory sessions. Interestingly, the initial thoughts by the participants, relating to the Balint Group, were equally split between negative, apprehensive or neutral (14) and positive ones (14). We could interpret this in multiple ways. It is clear that the Balint Group is a novel concept for the majority of FY1 doctors. There is a definite degree of apprehension reflected in the answers, suggesting that the overall burden of work of the junior doctors is very high and that they are worried to add on yet another weekly commitment. Despite that feeling, half of the participants were

positively curious about the experience and the possibility of having a space to reflect, outside of the ward environment.

Overall the Balint Groups were perceived as a positive, valuable experience. This is clearly shown in the post-group questionnaires, where all the participants agreed that they would recommend the group to a colleague. Interestingly, looking at the data from the open questions in the post-group questionnaire, more of respondents felt the benefits were to do with communication with fellow doctors (12 responses) than experiences with patients (2 responses). That is not to say that the participants did not observe an improvement in the way they communicated with their patients, but the themes of benefiting from peer discussion and feeling understood by the group were shared by the biggest proportion of FY1 doctors. This suggests that they felt safe enough in the space provided and were able to reflect on difficult experiences with empathy and compassion to one another, which had a positive influence over their self-belief and confidence in practice as a doctor.

Once again, the pressure and stressful nature of a junior doctor job was reflected in how the group felt that Balint Group could be improved. It is clear that the timing would always be an issue, because of multiple doctors doing their on calls shifts, having zero or annual days, clashing with the sessions. The suggestion made by 3 participants to increase the group size to allow it to run for the whole year, could be interpreted as them feeling contained by the group and now, at the end of it, struggling to detach themselves, expressing potential feelings of abandonment by the co-leaders.

An important aspect of our results is that not all responses to the group, in terms of the outcomes in the post Balint questionnaires were positive. Some psychodynamic elements are worth considering. Balint groups, as we have shown in our results can expose or bring to the forefront some positive factors such as increasing the awareness of the patients' experience, helping FY1s to respect the

views of other healthcare professionals and act with a greater sense of empathy towards others. However, Balint groups can also unlock or bring to the surface negative aspects of healthcare and the human condition. In one particularly memorable session a group member was brought to tears when considering the effect death can have on a hospital team. To think that only positive elements will be brought out when discussing complex and unwell patients would be naïve. In a similar vein, in a group that runs over 10 sessions, negative or difficult aspects can and were brought out. We would argue therefore that although not all of the results of our project have been positive, the fact that some of these difficult issues such as loss, ambivalence and time wasting were kept in mind is in fact a positive aspect of the development of FY1s as doctors.

Following on this line of argument it is worth mentioning Melanie Klein's theory of the depressive position. Klein's argued "it is only in the depressive position that polar qualities can be seen as different aspects of the same object".[7]Perhaps an important part of the development of the different groups was coming to terms with the depressive position in terms of accepting that there were both good and bad aspects to complex matters such as the doctor patient relationship and patients themselves. This can be witnessed in our results showing there were both positive and negative elements within the same entity. Some members of the group saw patients' self-destructive behaviour as wasting healthcare professionals time and resources. However, those same patients were also considered by the group as worthy of empathic care delivered in a person centred manner. It could therefore be argued that our mixed set of results reflect the depressive position in that both positive and negative aspects of the various groups can be part of the same project.

Bion's theory of containment is a useful way of tying together positive elements brought out in the group as witnessed by the co-facilitators and the

[7] Grotstein, James S. (1981). Splitting and projective identification. New York, NY: Jason Aronson.

feedback received in the form of questionnaires from the various FY1 groups. In an important sense, the group acted as a form of containment for the constituent members. There was a strong sense in all of the groups that being an FY1 was a difficult experience. This was experienced by the group leaders in Bion's lexicon as beta elements, raw emotional experience, which was poured into the group by the presenter. Other members of the group and the co-facilitators were able to carefully attune to the presenter and contain them in the maternal "reverie". Following case discussion sense could be made of these difficult experiences or beta elements which were returned in the form of contained feelings or alpha elements. Perhaps one of the reasons why all the FY1s who participated in the Balint groups would recommend Balint to their peers is the recognition that being a doctor inevitably comes with the experience of difficult, uncontained emotions and feelings. There is a need for these experiences to be contained by the other. These experiences are currently contained in a variety of different forms be they the ward round, supervision or informal discussion with our colleagues. Balint groups offer another medium for containment.

References

Balint, M. (1957). *The doctor, his patient and the illness*. Oxford, England: International Universities Press.

General Medical Council. (2018). *Training Environments 2018: Key findings from the national training surveys.*

General Medical Council. (2019). *The state of medical education and practice in the UK.*

Kjeldmand, D. & Holmström, I. (2008) Balint groups as a means to increase job satisfaction and prevent burnout among general practitioners. *Ann Fam Med*, 6(2): 138-145.

Sung, A. D., Collins, M. E., Smith, A. K., Sanders, A. M., Quinn, M. A., Block, S. D., & Arnold, R. M. (2008). Crying: Experiences and attitudes of third-year medical students and interns. *Teaching and Learning in Medicine*, 21: 180–187.

Grotstein, James S. (1981). *Splitting and projective identification*. New York, NY: Jason Aronson.