

Association Between Balint Training and Physician Empathy and Work Satisfaction

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Background and Objectives: *Balint training is used in many family medicine residency programs to encourage self-reflection and exploration of the physician-patient encounter. There is limited objective research, however, on outcomes of Balint training. This study's purpose was to determine whether Balint training is associated with differences in physician empathy and work satisfaction.* **Methods:** *The Jefferson Scale of Physician Empathy and a validated survey on physician work satisfaction were mailed to 182 graduates of the Medical University of South Carolina (MUSC) Family Medicine Residency Program (113 Balint attendees and 69 nonattendees). The Dillman method of survey design was followed.* **Results:** *The two groups were not statistically different in demographic measures. Balint attendees had a similar mean empathy score (119.4) as nonattendees (116.7). There was also no statistically significant difference in overall work satisfaction or satisfaction with financial compensation. Balint attendees were, however, more likely to say they would choose the same specialty if they could choose again than did nonattendees (86.1% versus 55%).* **Conclusions:** *There was no association found between Balint training and physician empathy, financial satisfaction, or overall work satisfaction. However, physicians who completed Balint training at the MUSC Family Medicine Residency Program seemed more satisfied with their choice of family medicine as a specialty.*

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According to the American Balint Society Mission Statement, the goal of the Balint group experience is to “transform uncertainty, confusion, and difficulty in the doctor-patient relationship into understanding and meaning that nurtures a more therapeutic alliance between clinician and patient.”¹ Started in 1949 by Michael and Enid Balint, Balint group discussions are now offered throughout the world and are part of the curriculum in nearly half (48.3%) of all family medicine residency programs in the United States.² They consist of small groups, usually 6–12 primary care physicians, led by another primary care physician and a psychiatrist or behavioral scientist. Enid Balint-Edmonds, a British psychoanalyst, described Balint as a way for general practitioners to actively and freely talk about their patients and their feelings about those patients.

Balint differs from typical case presentations in that it does not focus on diagnosis or treatment but rather on how the feelings of the physician reflect the patient's state of mind. Physicians learn how to recognize their identification with patients and then become a professional observer again.³ Much of medical training focuses on objectivity and the need to ignore subjective feelings. Balint training allows physicians an opportunity to listen to those feelings and develop an awareness of their existence so that they can be used in conjunction with clinical skills. In this way, the physician is able to transform empathic understanding into an effective empathic response. This biphasic process is the skill used to understand the doctor-patient relationship and develop a deeper empathy for the patient.⁴

In today's rapidly changing world of medicine and health care systems, physicians require skills to prevent burnout and improve job satisfaction while preserving a professionally rewarding doctor-patient relationship. Physician burnout can occur for many reasons, including an overwhelming amount of information, troubling patients, and an ongoing shortage of time.

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Also, physicians report more intra-psychic concerns, such as, "This is not the profession that I dreamt of when I decided to study medicine."⁵

Few studies have quantitatively assessed the association between Balint training and physician outcomes. One study of 52 general practitioners in Sweden found that those who participated in Balint groups for more than 1 year felt more in control of their work situation, less inclined to refer patients or order unnecessary tests, and less likely to find psychosomatic patients a time-consuming burden compared to those who did not have the opportunity to join a Balint group.⁶ In Israel, a small study demonstrated a trend toward less burnout and greater ability to cope with feelings in voluntary Balint group participants.⁷ Another study, consisting of interviews of 12 participants before and after 1 year of Balint-like groups, found some improvement in appropriate consultant use and less interference by personal psychological issues.⁸ Most recently, a study of first- and second-year residents concluded that Balint-trained residents had enhanced levels of self-reported psychological medicine skills compared to residents trained in the standard behavioral medicine curriculum.⁹ In an earlier study, using a different instrument to measure empathy in family medicine residents, no significant difference was found in empathy scores between those who chose to pursue 2 years of Balint group and those residents who discontinued Balint group after 6 months.¹⁰

Although existing data is encouraging, there remains a need to document the benefits and outcomes of Balint groups in family medicine residency programs. The ability to recognize and use the emotions experienced in daily encounters with patients in a productive way, as encouraged by Balint training, may help to increase work satisfaction and decrease physician burnout as well as improve physician-patient relationships. This study's purpose was to investigate the association of Balint training during residency with physician work satisfaction and empathy after the physicians are established in practice. We hypothesize that Balint training may be positively associated with empathy and work satisfaction.

Methods

Participants

Participants were family physicians who graduated from the Medical University of South Carolina (MUSC) Family Medicine Residency Program between the years of 1982 and 1999. During those years of the residency program, residents were given the option to participate in Balint training or not participate. Group one consisted of 113 physicians who had regularly participated in Balint training. The Balint groups met once a week for an hour over the course of 2 years. Group two consisted of 69 physicians who chose not to attend Balint sessions after a 6-month mandatory period.

Balint group leaders at the MUSC Family Medicine Residency Program are credentialed through the American Balint Society. MUSC Balint groups study troubling doctor-patient relationships in patients with ordinary medical conditions but do not involve discussions about relationships between coworkers. Two of the authors were Balint-group participants, one author provided statistical analysis, and one author provided mentorship as part of the Clinical Scholars Program in the residency program.

Instrument

The questionnaire consisted of two separate surveys. The first was the Jefferson Scale of Physician Empathy (HP-Version R), a validated quantitative measurement used to assess levels of physician empathy.¹¹ It contains 20 statements, with a 7-point scale that measures the extent of agreement to the statement.

The second instrument was a validated physician Work Satisfaction Survey, developed by Hueston, with a 5-point scale.¹² This survey also included demographic data consisting of age, gender, years in practice, type of practice, and work hours per week. The original survey also included questions specifically addressing family physicians practicing obstetrics. These questions were omitted since they were not relevant to our survey.

Procedure

The questionnaire was sent to group one (Balint) and group two (non Balint) using the Dillman Method of survey design.¹³ The instruments were numbered and color coded so that responses could be documented according to the group. Surveys contained no identifying information so that responses were completely confidential. This study was approved by the Institutional Review Board at MUSC.

An initial survey was sent to the participants in February 2003. If no response was received in 2 weeks, a reminder postcard was sent. After 4 weeks, another survey was mailed to all nonrespondents. Data from all of the returned surveys were analyzed 8 weeks after the initial mailing.

Data Analysis

We used *t* tests to compare means of age, years in practice, and hours per week between Balint and non-Balint groups. Chi-square analysis was used to compare gender distribution between the two groups.

The responses on the 7-point Jefferson Scale of Physician Empathy were given a corresponding numerical value, and a mean total empathy score was determined for each group. Linear regression was then used to evaluate total empathy score versus Balint participation and age, gender, years in practice, and hours per week.

The Work Satisfaction 5-point scale was divided into "very satisfied" and "mostly satisfied" versus "neutral," "mostly unsatisfied," and "very unsatisfied." The two groups' Work Satisfaction scores were then compared using chi-square analysis.

Results

Of the 182 surveys that were sent, 104 were returned within the 8-week time period. In group one (Balint), 74 of the 113 surveys were returned (response rate 65%). In group two (non Balint), 40 of the 69 surveys were returned (response rate 58%). There was no significant difference between response rate, age, gender, years in practice, or hours per week between the two groups (Table 1).

The results of the Jefferson Scale of Physician Empathy showed a mean empathy score of 119.4 (standard deviation [SD] ± 8.9) for Balint attendees compared to a mean empathy score of 116.7 (SD ± 13.2) for Balint nonattendees. This difference was not significant ($P=.25$). The only significant difference was found between hours per work week and empathy ($P=.034$). No significant difference was found between empathy score and age, gender, or years in practice.

The results of the Work Satisfaction Survey are shown in Table 2. Of Balint attendees, 84.5% reported overall satisfaction with their career, whereas 79.5% of nonattendees reported overall satisfaction ($P=.51$). As far as financial compensation for work, 52.8% of Balint attendees reported satisfaction compared to 47.4% of nonattendees ($P=.59$).

A significant difference was found between the two groups in their desire to choose the same medical specialty again if graduating from medical school today. Of group one (Balint), 86.1% stated that they would choose family medicine as a career specialty again, whereas only 55.0% of those in group 2 (non Balint) would do so ($P=.0003$).

A negative correlation was found between age and overall work satisfaction ($P=.0497$). Gender, hours per week, and years in practice did not show a correlation with work satisfaction.

Discussion

The results of this study indicate that there is an association between Balint training and physician satisfaction with specialty choice. The greater satisfaction may be the result of skills learned during Balint training. One of the goals of the American Balint Society is to improve the physician-patient relationship, and it would support the accomplishment of that goal if the above association

Table 1

Demographics

	Balint Group*	Non-Balint Group*	P Value
Age	43.8 (± 5.1)	45.8 (± 6.5)	.09
Years in practice	12.3 (± 5.1)	12.5 (± 6.4)	.85
Hours/week	48.9 (± 13.1)	50.9 (± 14.3)	.49
Gender	66% males	63% males	.65

* Mean (\pm standard deviations)

were true. In addition, previous research has suggested that Balint training may reduce interference between physicians' personal psychological issues and patient care and improve psychological medicine skills.^{8,9} However, it may be that physicians more compatible with family medicine are also more likely to choose to participate in Balint groups. One study showed that residents who chose to attend Balint groups were significantly more intuitive on the Myers-Briggs Personality Inventory.¹⁰ Additional research is necessary to further investigate a causal relationship.

Future quantitative studies in this area would prove highly beneficial. As more time constraints and greater responsibilities are placed on family physicians, it is easy to imagine that levels of work satisfaction will decline. Balint is a potential forum in which family medicine residents can learn and develop skills to help protect against physician burnout and help solidify their commitment to family medicine.

Limitations

One of the major limitations of this study is the difficulty in objectively measuring outcomes such as "empathy" and "job satisfaction." Both surveys used were validated instruments for measuring overall physician empathy and job satisfaction. However, there are sev-

Table 2

Results of the Work Satisfaction Survey

	Balint Group % Satisfied	Non-Balint Group % Satisfied	P Value
In general, how satisfied are you with your career?	84.5	79.5	.51
How likely are you to select the same specialty if you were graduating from medical school today?	86.1	55.0	.0003
How do you consider your financial compensation for your work?	52.8	47.4	.59

eral variables not studied that may influence physician work satisfaction and empathy. It has been suggested that empathy as a whole is too broad an outcome and may be better studied in its components: acknowledging the experience, understanding the experience, communicating the understanding back to the patient, and finally, the patient receiving and processing that communication.¹⁴ Future research may include patient perceptions of their interaction with physicians to account for the latter components.

Another important limitation is that residents self-selected into the Balint and non-Balint groups, rather than being randomly assigned to those groups, leading to potential for selection bias.

In addition, depending on the particular day that the survey was taken, a physician may have felt more or less satisfied with his/her job, making the assessment of work satisfaction somewhat "unstable." This study looked at graduates of a single residency program and may vary in another residency program. The small sample size of this study may limit the ability to find significant differences between the groups. Trends of empathy scores may become significant with a larger sample. This study focused on the population from one residency program, but future research should include multiple residency programs with Balint groups facilitated by leaders credentialed by the American Balint Society.

Conclusions

This study did not find an association between Balint training and physician empathy, overall work satisfaction, or financial compensation. However, the study did demonstrate that graduate physicians of the MUSC Family Medicine Residency Program who chose to continue participation in Balint training were more likely to choose family medicine as a career specialty again. More research is needed in this area to further evaluate the relationship between Balint training and physician work satisfaction.

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