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Burnout, Balint Group, and New Beginnings: Unearthing the Next Step to Optimizing Triple Aim

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INTRODUCTION

- Burnout correlates with increased costs, decreased patient contentment, and lowered health outcomes for patients.
 This ultimately undermines all three goals of the Triple Aim¹
- 48% of US physicians have symptoms of burnout, face more pressures than ever, and are required to do more administrative work than in the past¹
- Balint Group(BG) may reduce some of the stressors that cause burnout. BG provides a safe environment for professionals to discuss challenging doctor-patient relationships
- BG has been shown to increase self-awareness, a participant's coping ability, communication skills, professional- satisfaction rates, and patient-centeredness ^{2,3}
- This is a qualitative analysis to investigate BG participants' written reflections of their experiences and how BG can be impactful

METHODS

- American Balint Society members were asked, through an open-ended questionnaire on SurveyMonkey, to retrospectively write "aha" moments or epiphanies which they attribute to BG experience
- Inductive reasoning, allowed the consistencies between the "aha" moments to show themselves; researchers were not looking for any specific themes
- NVivo 10 was used to manage and code the data
- The chart to the right shows the process in which the results were found
- Once satisfied with organization, recheck of all existing codes took place to be confident each code fell within the correct category

RESULTS

 Out of 135 members 29 individuals responded; 25 out of the 29 indicated having an "aha" moment. 17 out of 25 shared his or her "aha" moment





Table 1: Nvivo 10 word cloud of written "aha" moments, the larger the word the more times it was written

Chart 2: Visual of the number of times each theme was referenced in the "aha" moments

CONCLUSION

- Burnout affects every aspect of Better Care, Better Health, and Better Cost
- This qualitative research provides a new perspective on BG that quantitative research could not provide
- BG is a source of closure, stress-relief, support, raised emotional awareness, and improved doctor-patient relationships
- Qualitative research is not the solution to burnout, but is the next step to understanding and addressing burnout

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Emergent Themes Through Content Analysis

Main Theme	Subthemes	Example
Doctor-Patient Relationships	Improvement of Doctor-patient RelationshipsUnfinished Business	"I was able to stay present with them, attune to and even further explore their concerns that had filled me with dread (before Balint), and move ahead with them."
Emotional Insight	EmpathyInsight for SelfInsight for Other	"I do remember having an intense reaction to the comments and feeling incredibly sad. It became clearer to me that my patient was blocked from her emotional pain and I was colluding in this with her by focusing on the discussion of her physical pain. It also became clearer to me that I had some unresolved personal issues that were connected to the case and this was also a factor in my feeling numb and disconnected with a patient that I felt I should otherwise feel closer to."
Group Experience	 "BG State of Mind" Group Provoked Insights Leadership in BG: Content and Presence Multiple Perspectives Parallel Process Safe Environment: Validation 	"I had not told anyone else this story, and to see it handled so respectfully and entered into wholeheartedly by people who took it on as their own, was moving to me. As they "tried on" various motives and aspects of the story, I felt incredibly validated and supported. At the end of the group when I returned from listening in, rather than feeling the heaviness of shame and isolation, I felt understood, appreciated, and almost heroic in how I had chosen to interact with my patients."

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- 1. Bodenheimer, T., & Sinsky, C. (2014). From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. The Annals of Family Medicine, 12(6), 573-576. doi:10.1370/afm.1713
- 2. Roy, K. V., Vanheule, S., & Inslegers, R. (2015). Research on Balint groups: A literature review. Patient Education and Counseling, 98(6), 685-694. doi:10.1016/j.pec.2015.01.014
- Bar-Sela, G., Lulav-Grinwald, D., & Mitnik, I. (2012). "Balint Group" meetings for oncology residents as a tool to improve therapeutic communication skills and reduce burnout level. Journal of Cancer Education, 27(4), 786–789. doi:10.1007/s13187-012-0407-3

Chart 1: Cycle of

