



BALINT METHOD AS A WAY TO PREVENT BURNOUT SYNDROME IN NURSING PRACTICE

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ABSTRACT

The Balint approach is a well known method that is predominantly applied as a way to prevent professional distress, including burnout syndrome in general practice.

The opportunity of applying the method to nursing practice is discussed in this article. The group process in Balint groups is analysed and a concrete experience from a session with nurses is shared.

As a conclusion, we consider the Balint method application as a promising tool for prevention of burnout syndrome in nursing practice.

Key words: Balint groups, professional distress, prevention, health care professionals

INTRODUCTION

The medical science shows a remarkable progress in the recent decades in the treatment of diseases – new drugs, methods, forms of application etc. In the same time the gap between the medical progress and the way it has been translated into positive results for the patient is growing.

This tendency is influencing the way the health professionals experience this discrepancy. Confronting the disease predisposes a whole spectrum of negative feelings due to the fear of loss (lost?) and undesirable changes. They exert influence on the personality of the medical practitioners taking care of the patient – effects that can vary from stress to burnout syndrome.

Burnout syndrome and the Balint approach:

What is burnout syndrome?

In the classical definition of Freudenberg it “...is a constellation of manifestations connected

with the work behaviour.” (Freudenberg, 1974) (3) According to Maslach burnout syndrome “...is a psychological distress, that is ...negative attitude, changed behaviour and worsening of the professional performance”. (Maslach, 1976) On the base of this definition the well known Maslach Burnout Inventory (MBI) is constructed. Nowadays it is accepted as a “golden standard” for investigating the burnout syndrome. (2, 5, 6, 8)

Who might suffer from burnout? Anyone may be affected; predominantly people practicing helping professions are under the risk of developing burnout. We would like to emphasize that it is not the sign of weaknesses, psychiatric disease or inability to cope with life. Burnout can be seen as a result of a pathological reaction to stress. Pathological reaction to stress emerges when facing the stressor exceeds the individual’s ability to adapt. It is manifested as behavioural changes in the spectrum from cynical attitude towards clients to complete indifference in work and life.

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The comparison between distress and burnout is shown on **Table 1**.

Distress	Burnout
Overload	Withdrawal
Overemotional reactions	Dull emotional reactions
Hyperactivity	Reduced activity
Anxiety	Depression
Somatisation	Emotional exhaustion
Can destroy us physically	Can make us think that the life is not worthy

The burnout syndrome can be treated and prevented. The ways to prevent it can be classified as follows:

A. Individual strategies:

1. Self-awareness
2. Training to cope with stress
3. Relaxation techniques (for stress relief)
4. Creative work
5. Individual psychological help

B. Group strategies (2)

The Balint approach is based on group work and peer support. It is a well known method and is predominantly applied as a way to prevent professional distress, including burnout syndrome among general practitioners. (1) A way to understand Balint approach is to look at the medical consultation as a social situation - the medical consultation can be seen as a meeting of two systems: the doctor's system and the patient's system. The consultation's success depends on the physician's skills to understand what is going on between the two of them (doctor & patient) during the act of communication - to "decode" the communication.

The patients:

- work out their own definitions;
- have their own views about the disease;
- their behavior is based on these views and beliefs;
- their evaluation of the risk of disease predisposes their coping strategies. (1)

The doctor's challenge concerns:

- duality - mind / body;
- treatment - art or science;
- disease - diagnosis or problem (case) formulation

- the symptom - description or understanding;
- the model of the consultation: disease-centered or person-centered;
- "labeling" the disease or mutual creativeness. (1)

Balint stresses the importance of discovering the nature of the disease/symptoms/communication in the transition from "unorganized" to "organized" stage of the disease. Here we would like to cite some popular phrases from Michael Balint that express the core of his approach:

- "The drug 'doctor'"
- "The collusion of anonymity"
- "The courage of one's own stupidity"
- "The mutual investment fund"
- "The doctor's apostolic function"(1)

The Balint approach application in Bulgarian nursing practice – one example:

Nursing is a profession with a high level of stress especially in Bulgaria due to extremely low number of nurses, scarce resources and work overload. Additionally the role of these professionals as part of the medical team is still underestimated. Burnout syndrome can be expected as frequent as when physicians are concerned. Regular practicing Balint groups in nursing are not yet developed in Bulgaria. That is why we would like to share some experience from the work of a demonstration Balint group that consisted mainly of nurses. Only one of the participants was a physician who presented the following case:

"Four-month old child with a minority background (gipsy family) is hospitalized twice in the infectious ward with a very serious infection. The child is in extremely bad overall

condition and dies in a short period despite all the efforts of the medical team. The referent performs several professional roles (consultant, supervisor, manager). The mother, 17-years old, not competent and socially neglected runs away from the hospital. The other family members and relatives “forget” the body of the dead child in the hospital. After a whole month wasted efforts to find another solution the body is burned out in the biomedical waste incinerator of the hospital. The referent keeps experiencing this horror for three months.”

The case presented above is very difficult and complicated one. It can be seen as a reflection of many of the problems of the state medical and social care systems and of the contemporary Bulgarian society as a whole. In this respect we would use the following empirical evidence from the work of one of the regular Balint groups in Bulgarian – the most frequent topics reported in one Sofia Balint group are:

- the difficult patient
- complex pathology
- terminal disease and loss
- life-threatening illness or behaviour
- social problems
- the patient with the ‘thick’ medical record
- difficult relationships with the social or other statutory systems
- the psychiatric patients
- difficulties with the family system

According to the topics above the case can be classified as follows:

- complex pathology
- terminal disease and loss
- social problems
- difficult relationship with the social or other statutory systems
- difficulties with the family system.

This single case “covers” five of the nine most frequent topics presented above. Besides that it involves huge and strong negative feelings and frustration. It is very illustrative one because complex problems predisposing to burnout (according to the three of the scales of MBI) are involved. This is a case with complex pathology, very difficult relationships and deficits in the patient’s family system, social problems, a series of organizational problems – short-fails of functioning and networking (hospital, outpatient structures, and social care structures), lack of debriefing system in the hospital. All the paths of

this complex case are combined forming a knot focusing on the health professional who is expected to take the ultimate responsibility. Is it strange that the terror of the case is still reverberating in the referent more than three months after the case is concluded? Except for the individual unconscious here we come across the institutional unconscious and the defense mechanisms of social systems and institutions against anxiety and their methods of coping. (7) The process development in this Balint group is a very interesting one. The dynamics of the group work can be presented in different ways because the process has been many-sided. For the purpose of this analysis we choose to use Elizabeth Kubler-Ross’s model of the stages of experiencing loss:

- fight
- denial
- bargain
- depression
- acceptance
- hope. (4)

A way to explain the dynamics of the demonstration Balint group cited above is to say that the main focus of the working through of the group was concentrated on the last three stages of the Elizabeth Kubler-Ross model. What has happened can be summarized as compassion, understanding and grieving. It ended with a symbolic funeral of the baby and one minute silence. The referent final phrase was: “What a human way the things are commented here!”

In conclusion: Burnout syndrome is a real danger in medical practice including nursing. It can and should be prevented in different ways and by individual and group strategies. In this category, the Balint approach can be used effectively. Our experience and analysis of the case presented in a mixed Balint group where the nurses prevailed gave us a good perspective. We consider the Balint method application in nursing practice as a promising tool for prevention of burn-out syndrome in nursing practice.

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