

# BURNOUT SYNDROME - COMPARATIVE INVESTIGATION BETWEEN FAMILY PHYSICIANS WITH & WITHOUT BALINT TRAINING

*Albert VERESS, M.D., Ph.D.,(1), Valentin PANTEA, M.D.(2), Éva Veress, M.D.(3)*

*1. Dept. Psychiatry of County Hospital, Miercurea Ciuc,*

*2. Pharmacology and Medical Faculty, Oradea,*

*3. Public Health Authority, Miercurea-Ciuc,*

*Abstract: Autorii au investigat manifestările sindromului de secătuire (burnout) care au apărut la medicii de familie; ei au observat două grupuri separate de medici, unul în care participanții aveau experiență de grup Balint, iar celălalt – grupul de control – fără experiență balintiană. Concluziile demonstrează rolul protectiv al practicării grupului Balint pentru evitarea apariției simptomelor de secătuire în timpul practicii medicale obișnuite.*

*Cuvinte cheie: medici de familie, manifestări ale sindromului de secătuire, practica de grup Balint*

*Abstract: The authors investigated the burnout symptoms in family physicians; they observed two different groups, one with Balint training and other – control group - without Balint training. The conclusions show a protective role of Balint practice for avoiding the burnout symptoms during regular medical activity.*

*Key words: family physicians, burnout syndrome manifestations, Balint training.*

## **Introduction**

Freudenberger described the burnout syndrome (BS) in 1974. This syndrome was initially described at the volunteers who worked for a humanitarian organization (1).

In 1983, Maslach defines BS as a "syndrome of **emotional exhaustion, depersonalization and reduced personal accomplishment** that can occur among individuals who carry out 'people work' of some kind" (2).

In 1994, Pines and Aaronson spread the practice of BS to other workers and Karazman in 1998 utilized BS in medical activities.

## **The aim of research**

Through this research, we tried to find the influence of Balint group on the medical activity of family physicians.

## **Method and materials**

For this research, we used a questionnaire with 48 items grouped in 12 themes. Each set of 4 questions corresponds to one problem that can appear in the medical activity: powerlessness, lack of information, conflict, poor team work, overload, boredom, poor feedback, punishment, alienation, ambiguity, lack of rewards and value conflict. Every item could be marked from 1 to 9 corresponding to the frequency of appearance during the medical activity (1 – seldom and 9 – constant). By adding up all the marks, we obtained a score and by this, we could identify the level of SB: 48 – 148 low level, 149 – 312 moderate level and 313 – 432 high level (3).

We applied this questionnaire to two groups: one made up of 10 family physicians from Harghita County (who participated at Balint training) and 58 family physicians from Bihor County selected at random. We considered the second group as reference group because they did not participate in Balint training.

The composition of the **Balint group** was:

- 10% men and 90% women;
- 70% from village and 30% from city;
- 10% single, 10% divorced and 80% married;
- Average age – 38 years;
- Average length of service – 12 years;

- Average number of patients – 1650.

Affirmative the length of service from Monday to Friday as 8 hours/day and 5 hours/week-end.

The composition of the **reference group** was:

- 26% men and 74% women;

- 48% from village and 52% from city;

- 1.8% single, 10.3% divorced, 3.4 widower and 84.4% married;

- Average age – 47 years;

- Average length of service – 20 years;

- Average number of patients – 1734.

Affirmative the length of service from Monday to Friday as 9 hours/day and 5 hours/week-end.

### Results

The **reference group** had these scores: 13.8% low BS, 74.1% moderate BS and 12.1% high BS. The average score was 214.

For the **Balint group** scores were 60% low BS, 40% moderate BS and the average score was 137.

In the **reference group**, the highest marks were attributed to overload (average mark 26.7), ambiguity (average mark 2.3) and conflict (average mark 20.3). The lowest marks were:

Value conflict (average mark 14.7), poor teamwork (average mark 15.4) and no information (average mark 15.6).

In the **Balint group**, the highest marks were attributed to ambiguity (average mark 17.7), overload (average mark 16.3) and unrewardingness (average mark 16.3). The lowest marks were:

No information (average mark 9.1), poor teamwork (average mark 10.8) and value conflict (average mark 11.6).

According to the gender of physicians by comparing the average scores, we obtained the next results:

	Reference group	Balint group	% difference
M	209	126	39.7%
F	222	138	37.8%

Making a comparison between the average score according to the place of surgery, we obtained:

	Reference group	Balint group	% difference
Village	196	169	13.8%
City	243	162	33.3%

By analyzing the scores according to age of physicians, we divided the groups in 3 subgroups: under 35 years, between 35 – 50 years and over 50 years. Thus, we obtained:

	Reference group	Balint group	% difference
< 35 years	206	162	16.5%
35 – 50 years	217	162	25.3%
> 50 years	227	112	50.7%

According to the civil status by comparing the average score, we obtained:

	Reference group	Balint group	% difference
<b>Married</b>	226	175	22.5%
Single	222	127	42.8%
Divorced	182	112	38.5%
Widower	194	-	-

### Discussions

The physicians from the Balint group have scores of BS obviously lower than the reference group obtained by physicians without Balint training. The difference between two groups vary between 13.8% and 50.7%, the average difference was 32.1%. The average score of the reference group was 214 in comparison with 137 of the Balint group (the percentage difference is 36.4%).

The *teamwork* and *value conflict* items show a better approach of those who use the Balint method for patient – physician relationship. At each category of the questionnaire (gender, civil status, place of office, age) the average scores show a better value for physicians from the Balint group than the reference group.

We observed that the problems shown at the reference group (overload, ambiguity and conflict) were spotlighted by other Romanian authors (4), (5), (6). This evidence confirmed the validity of the reference group. Because the symptoms are similar, some people may be diagnosed with burnout although they really have depression. So people should be very careful not to (self-) diagnose burnout too quickly. This could lead to unsuitable treatment. For instance, someone with depression might be advised to take a longer vacation or time off work. People who are “only” exhausted because of work can recover if they follow that advice.(7).

### Conclusions

This research confirmed again, if it was necessary at all, the validity of observations other authors made in other groups. It is obvious that Balint training offers to the participants a different way of thinking in their activity and this special kind of approach saves the mind and the spirit from failing to sand bar of occupational and emotional exhaustion. However, if people with depression do so it might actually make things worse because the kind of help they need is very different, such as psychological treatment or medication.

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## QUESTIONNAIRE

Age: ; Gender: ; Years of work at the same job:

### Powerlessness

1. I cannot solve the problems assigned to me.
2. I feel trapped in my job with no other options.
3. I am unable to influence the decisions that affect me.
4. I am afraid that I may be laid off and there is nothing I can do.

### No Information

5. I am unclear about the responsibilities of my job.
6. I do not have the information I need to perform well.
7. People I work with do not understand my role.
8. I do not understand the purpose of my work.

### Conflict

9. I feel caught in the middle.
10. I must satisfy conflicting demands.
11. I disagree with people at work.
12. I must violate procedures to get my job done.

### Poor Team Work

13. Co-workers undermine me.
14. Management displays favoritism.
15. Office politics interfere with my doing my job.
16. People compete instead of cooperate.

### Overload

17. My job interferes with my personal life.
18. I have too much to do in so little time.
19. I must work on my own time.
20. My workload is overwhelming.

### Boredom

21. I have too little to do.
22. I am overqualified for the work I actually do.
23. My work is not challenging enough.
24. It appears to me that I spend the bulk of my time on routine tasks.

### Poor Feedback

25. I do not know if what I am doing is right or wrong.
26. My supervisor does not give feedback on my work.
27. I get information too late to act on it.
28. I do not see the results of my work.

### Punishment

- 29. My supervisor is over-critical.
- 30. Someone else gets credit for my work.
- 31. My work is unappreciated.
- 32. I feel am blamed for the mistakes of others.

**Alienation**

- 33. I am isolated from others.
- 34. I am just a cog in the organizational wheel.
- 35. I have little in common with people I work with.
- 36. I avoid telling people where I work or what I do.

**Ambiguity**

- 37. The rules are constantly changing.
- 38. I do not know what is expected of me.
- 39. There is no relationship between performance and success.
- 40. Priorities I must meet are unclear.

**Unrewarding**

- 41. My work is not satisfying.
- 42. I have few real successes.
- 43. My career progress is not what I had hoped.
- 44. I do not get respect.

**Values Conflict**

- 45. I must compromise my values.
- 46. People disapprove of what I do.
- 47. I do not believe in the company.
- 48. My heart is not in my work.

**Likert scale**

**1 = once; 2 = seldom; 3 = often; 4 = too many times**