

# BEATING BURNOUT with Balint

Veterinary wellbeing coach **Cathy Warburton** and medical doctor and Balint group leader **Renske van den Brink** discuss Balint groups and how they can be sources of support for medical professionals, including veterinarians.



**SOME DAYS IN** the clinic are fun – the clients are compliant and grateful, the animals improve under your care and guidance, and you go home thinking that your job is awesome. Then there are the days and encounters that leave you feeling burdened, bruised and wondering why you do it.

Veterinary work has stressors: the emotional demands, the euthanasias, the interminable money discussions and the moral dilemmas that accompany caring for both animals and clients, all while making money for the business. These occupational stressors build up and can contribute to job dissatisfaction, poor mental health and attrition – all problems that are well recognised in the veterinary industry.

'Balint groups' have been associated with reduced stress and burnout among medical professionals (Allen et al., 2017; Shorer et al., 2016; Stojanovic-Tasic et al., 2018) and have been shown to create more joy and satisfaction in client relationships

(Allen et al., 2017; Kjeldmand and Holmström, 2008; Koppe et al., 2016). Recent articles have suggested that veterinarians, too, may benefit from participation in Balint groups (Blum, 2018; Moir and Van Den Brink, 2019).

## WHAT IS A BALINT GROUP?

A Balint group is a facilitated, reflective-practice peer group. The concept of a Balint group was developed in the 1950s by Austrian psychiatrist Michael Balint and his wife Enid. It's now used by health professionals in many countries around the world. Eight to 12 health professionals and one or two trained facilitators meet face to face or online once a month to confidentially discuss clinical cases that are troubling the health professionals in some way. The group work focuses on feelings and relationships rather than on the clinical aspects of the cases. Typically, each Balint group session lasts 90 minutes and covers two case presentations.

## WHAT DOES A BALINT GROUP SESSION LOOK LIKE?

Participants sit in a circle or use an online group meeting platform such as Zoom. Everyone's voice is respected and given equal weight. A trained facilitator asks for a case such as those described in the sidebar. The cases are usually about encounters that have left the presenters feeling upset, annoyed, uncertain or troubled in some way. Those in the sidebar are not exact replications of real cases, but amalgamations of common scenarios.

Each case is described spontaneously and relatively briefly, without preparation or notes by 'the presenter', while the rest of the group actively listens. When the presenter has finished, participants are asked whether they'd like to ask any clarifying questions of fact. For example, in case A (see sidebar), they may ask, "How old is Mrs Burgess?" or "Does she have any family?"

The presenter is then asked to push back their chair slightly (or mute their

microphone if online) and listen to the group speculating on the case, the feelings it evokes and the possible perspectives of the different people involved. Using the example in case B, the discussion may initially centre on what it feels like when a client doesn't pay their bill, with some group members expressing feelings of anger while others feel dejected and worthless. It may then move on to wondering about Peter and what may have caused him to act in this way. Diverse opinions may emerge on the cause of his actions and all are respectfully considered. The discussion continues between the group members, with guidance from the facilitator(s) on areas that may not have been explored.

After about 30 minutes of explorative discussion, the presenter is asked to re-join the group. They may wish to remain silent, listening to others' conjectures, or join the discussion. Using the example of case C, the presenter may say how validating it was to hear that many of the participants had encountered cases like Doggie's, that they feel less alone and can begin to feel compassion for Jacqui's situation, even though they still disagree.

The case discussion finishes after 45 minutes, with no attempt being made to arrive at a solution or give advice.

After a short break, this process of discussing a case is repeated.

## KEY REASONS FOR PEOPLE JOINING A BALINT GROUP:

1. To have a safe and supportive place and time set aside each month to connect with people who understand their world.
2. To discuss stressful interactions and explore ways of viewing and living with what happened.
3. To learn and grow in the 'art' of veterinary work, developing skills such as active listening, non-judgemental compassion, emotional intelligence and managing uncertainty.

## WHERE DO I FIND OUT MORE OR ACCESS A GROUP?

For more information on Balint groups or to join a mixed group with other health professionals, go to [www.balintaustralianewzealand.org](http://www.balintaustralianewzealand.org).

To join a veterinary Balint group either online (via Zoom) or face to face (in Auckland), register your interest by emailing the authors at [renske@connectcomm.co.nz](mailto:renske@connectcomm.co.nz) or [cathy@makeheadway.com.au](mailto:cathy@makeheadway.com.au). There are plans to start new groups in May 2020. ☺

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## CASES

### CASE A – “MY ONLY FRIEND”

Mrs Burgess brought in her elderly cat with multiple problems and a declining quality of life. In the consultation she cried and told the presenter, "You have to fix Cleo; she's my only friend". The presenter described the weight of responsibility she felt to fix Cleo when she felt Cleo was experiencing an unacceptable level of suffering.

### CASE B – “MONEY'S NO OBJECT; JUST FIX HIM”

Peter's horse, Tangerine, was treated for colic. Peter showed little interest in information on treatment, costs and prognosis: "Money's no object, just fix him". Tangerine recovered after a lot of work, but Peter refused to pay his account and was extremely rude and verbally abusive. The presenter tells the group that the interaction with Peter has been on replay in his mind, coming into his thoughts when he has been relaxing at home.

### CASE C – “I'LL JUST GET ANOTHER ONE”

Jacqui brought in her young dog, Doggie, with signs of atopic skin disease. Jacqui said she was a single mum with limited money and time. She wasn't interested in treating Doggie or rehoming him ("I can't give somebody else this problem") and had decided on euthanasia. She said her kids were going to be really upset, but she'd tell them she had found a new home for Doggie and would get them another dog. The presenter described how conflicted and frustrated she felt, wanting to say what she thought to the client but feeling that she needed to support Jacqui's decisions and be professional.