Compassion fatigue and burnout

The role of Balint groups

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General practitioners are often the 'first port of call' for patients with a range of mental health problems, many of whom have a history of trauma or loss. Exposure to emotionally difficult situations puts them at risk of burnout and compassion fatigue. Balint groups are groups of GPs, usually facilitated by a psychiatrist, who discuss the doctor-patient relationship and provide peer support. Participation in Balint groups, along with other professional and personal activities, has the potential to prevent compassion fatigue and burnout in participants.

Around 20% of Australians are affected by mental health problems, with at least 70% cared for in general practice.[1,2] General practitioners are ideally suited for this role because of their accessibility and the lack of stigma associated with seeking help from a GP. Their knowledge of the patient, and past medical, social and psychological history enables them to treat the patient holistically.

General practitioners see the full range of 'difficult' patients – the acutely mentally ill, the traumatised, the dying, those with chronic pain or chronic illness, the 'heart sink' patient, and the socially disadvantaged. Patients depend on GPs for their health care, and it is GPs' responsibility to patients, staff, families and friends to keep themselves as balanced and healthy as possible.

Because of their exposure to patients' traumatic stories, GPs are at an increased risk of being personally influenced by these stories in an adverse way. Few enter the medical profession thinking they might pay dearly for their care of others.[3] They usually come with strong beliefs in such ideals as the decency of people, the conviction that justice will prevail, and their own ability to make a difference.[4] As beliefs become eroded, they may be overwhelmed with a sense of disappointment, failure, hopelessness and responsibility.

Burnout and compassion fatigue

Burnout and compassion fatigue are concepts that describe the responses experienced by those dealing with difficult patients. It may be useful to distinguish between burnout and compassion fatigue, as early recognition of compassion fatigue may prevent burnout.[5]

The United States National Center for Post Traumatic Stress Disorder describes 'burnout' using Figley's definition of 'physical, emotional and mental exhaustion' caused by long term involvement in emotionally demanding situations.[6] Contributing factors include professional isolation, working with a difficult client population, long hours with limited resources, ambiguous success, unreciprocated giving, and failure to live up to one's own expectations. The symptoms are depression, cynicism, boredom, loss of compassion and discouragement. Burnout can be pervasive and recovery can be difficult.[7]

Compassion fatigue, as opposed to burnout, can be of sudden onset and is a natural consequence of working with people who have experienced stressful events. It develops as a result of the doctor's exposure to their patients' experiences combined with their empathy for the patient.[8] Symptoms include helplessness, confusion, isolation, exhaustion and dysfunction. There is usually a feeling of being overwhelmed by work and of being incapable of effecting successful patient outcomes. If addressed in the early stages there can be complete and rapid recovery.

The ability to deal effectively with the risk of burnout is partly dependent on an emotional and intellectual understanding of why GPs entered the helping profession, as well as an increased awareness of their own adaptive resources and coping mechanisms.[9]

A significant issue is the tension between empathy and detachment. Empathy has been described as a 'way of being where the helper, without judgment, enters the private world of the client to understand the feelings and personal meanings that the client is experiencing'. There can be a still 'deeper level of empathy, where the helper gains an insight beyond that of the client, into the client's own story'.[10]

Empathy and compassion have been shown to be important in maintaining an effective therapeutic alliance with patients and in delivering effective and high quality health care.[11] For some doctors, this may extend to a feeling that there is an ethical obligation to sacrifice their own needs for the needs of their patients. It is those who have enormous capacity for feeling and expressing empathy who tend to be more at risk of compassion fatigue. Those most

vulnerable to a progression to burnout are those who take their empathy to the extreme and view themselves as rescuers.[6] Such a sense of 'omnipotence' and perfectionism can hamper insight into the early signs of dysfunction by justifying personal behaviour as necessary for the benefit of patients.

On the other hand, it has been shown that doctors who seek detachment from, rather than emotional engagement with, their more difficult and demanding patients have more protection from burnout, improved concentration, rationing of time, and maintenance of impartiality.[10] Integrity, sacrifice and compassion are needed, but also self awareness to engage empathically with patients more effectively and to gain insight into responses to patients' stories.[10]

The role of the Balint group

Balint groups were initiated by Dr Michael Balint in the United Kingdom after World War II, and focussed on the importance of the doctor-patient relationship as a therapeutic tool. A Balint group of doctors, traditionally led by a psychoanalyst, meets regularly to discuss those patients who are causing a reaction in their own lives.[12]

Because GPs work in relative isolation, there is a need to have peer support in order to take on a high burden of mental health care. With the support of their peers, group members may be able to address unrealistic expectations and build a more balanced and realistic sense of meaning and purpose for themselves and their work.

The work culture of medical practitioners values self sufficiency, stoicism and repression of emotions.[4] An exaggerated sense of personal control, fear and denial, causes many doctors to avoid dealing with personal vulnerability until significant damage has occurred.[3] By taking part in self analysis activities in a Balint group, the doctor can learn to recognise personal reactions, develop an awareness of the early signs of distress, and internalise what is learnt from the interaction with other participants. The development of a personal 'observer ego' can help doctors understand what is happening between themselves and their patients, and hence be appropriately detached and able to act in the best interests of the patient.[13] A strong assessment tool can be the ability to reflect on personal experience and to hear what important 'others' say.[6] In an environment such as a Balint group, doctors can debrief, 'normalise' emotional reactions, reduce stress by sharing experiences, reinforce the value of their work, and reformulate boundaries.

Prevention and management of burnout

The management and prevention of compassion fatigue and burnout can be divided into personal, professional and organisational categories.[14]

Personal

Helpful activities in the personal arena include humour, relaxation, exercise, good nutrition, sharing of emotions, hobbies and other activities in which one can excel, respecting one's own limits, maintaining time for self care activities and spiritual connections.[4]

Professional

Participation in a Balint group should be included in any list of helpful professional activities, along with maintenance of a balance of variety and nature of work, pacing of work, and sufficient release time. Professional boundary keeping such as overtime limits, not taking work home, understanding self disclosure boundaries and realistic expectations are best explored with peers.

Organisational

For many GPs, the organisational issues are complex and extremely frustrating. The chronic shortage of GPs, inadequate rebates, increased paperwork, professional isolation, limited resources, time pressures, fear of litigation and societal attitudes to name a few, are mostly beyond their control. Some have dealt with this by reducing their time in private general practice and moving into alternative activities such as teaching, research or medical politics.

Conclusion

So, back to the original question. Do Balint groups protect from compassion fatigue and burnout? Peers in a Balint group can help each other have better insight into 'schemas', the deep, often unconscious level that has often been exposed in the struggle with more difficult patients. They can help teach to draw better boundaries for those 'heart sink' patients. Beliefs that are idealistic and inappropriate can be challenged, and positive feedback from peers can contribute to the enjoyment of the real meaning and purpose of being a GP.

Conflict of interest: none declared.

Acknowledgment

We would like to thank the members of our Balint group for all they have done for us in the past 5 years, and for their willingness to constructively critique the content of this article.

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