2016

Prevention of Burnout by Use of Balint Method of Group Therapy

David A. Runge
UMass Amherst, College of Nursing, david.runge@bhs.org

Prevention of Burnout by Use of the Balint Method of Group Therapy

David Alan Runge

UMass College of Nursing

Capstone Chair: Pamela Aselton

Capstone Committee Member: Jeungok Choi

Capstone Mentor: Kevin Hinchey, MD

Date of Submission: April 25, 2016

Table of Contents

Abstract

Background*:* The prevention of burnout and intention to leave the profession in newly graduated nurse practitioners and physician assistants is necessary to keep this highly trained segment of the workforce engaged in providing healthcare. Intention to leave the profession is a concerning trait and is often due to burnout. ***Purpose***: The tool used in this project was the Balint method of group therapy, which is a British -psychoanalytical approach to making a better clinician. The purpose of these therapy sessions was to support and mentor the growth and development of newly graduated nurse practitioners and physician assistants in their first year transitioning from a student role to professional. ***Methods:*** Burnout prevention through group therapy and mentorship was offered at a large medical center in the Northeast in order to increase job satisfaction and cause these important clinicians not to leave the profession. Thirteen Balint sessions were held over several weeks with eight participants. ***Results:*** Although the new graduates who attended reported no objective signs of burnout according to the Copenhagen tool used, they did report subjectively situations of concern including how they were treated by physicians and office staff. I think you need to add the results of your burnout prevention session using the Balint method. ***Conclusions****:* The sessions were not mandatory and not everyone who was eligible attended, however the sessions were well received and participants found them helpful. Recommendations are that this project be incorporated at the site's residency program and become a sustainable part of the orientation of new clinicians with more experienced providers incorporated in the future.

Keywords*:* Balint method, burnout, novice nurse practitioner, physician assistant

Introduction

Newly graduated nurse practitioners and physician assistants have learned mostly through their didactics as well as through their clinical rotations. Many of the nurse practitioners may have extensive clinical knowledge from working as a nurse at the Bachelor's degree level. These nurse practitioners and physician assistants are a reflection as to how far medicine has come, especially for nurses from the early days of being just a silent observer. These providers are making clinical decisions and diagnosing illnesses independently, something thought impossible without a physician.

The terminal degree for a nurse's clinical career is the doctoral degree. Many nursing graduates from Doctoral of Nursing Practice (DNP) will be looking to work in clinical settings soon after graduating and passing their certification exams. This holds true for newly graduated physician assistants and one might expect this to be a smooth transition. However as stated by Hill, and Sawatzky, (2011) many nurse practitioners, are likely not prepared for the transition from theoretical practice to real practice on day one. Many of the institutions that employ newly graduated nurse practitioners and physician assistants expect them to be expert practitioners from the first day of employment while others employers find an immediate adjustment not be reality.

Some of these newly graduated providers may even be working alone and may not have a more experienced practitioner to confide with. Without a mentor or another provider to emulate, the transition to practice can be difficult according to Sullivan, Humbert, and Cragg, (2010). A new graduate should be considered a novice for a period of time, no less than a year. Mentorship is needed to support the new graduate, not in what they are lacking but what they need to succeed. Left unaddressed bad habits and feelings can fester in the newly graduated nurse

practitioner or physician assistant and lead to unfortunate feelings about their career. This situation could lead to a self-reported feeling of job and career dissatisfaction. Taken to an extreme self-reported feelings of burnout could result in the intention to leave the profession Cragg, (2010).

Problem Statement

Newly graduated nurse practitioners and physician assistants often report burnout and the subsequent intention to leave the profession. Heinen, Van Achterberg and Schwendiman (2013) found that "burnout is consistently associated with nurses' intention to leave their profession. As the population in the United States and Europe are living longer, and with the inclusion of the baby boomer generation entering their senior years the burden on the health care delivery system will be great. Nurse Practitioners and Physician Assistants help fill the gaps in geriatrics and primary care to address this potential crisis.

Background

New nurse practitioners report several different reasons for leaving their profession. Hayes (2005) listed some of the most common reasons to leave the profession as apathy from medical doctors, lack of respect, poor utilization in the advanced role, and lack of mentorship. Hill and Sawatzky (2011) stated that mentorship is essential for the new Nurse Practitioner, and Hayes (2005) defined mentorship as an intense relationship between a novice and an expert to promote role socialization and ultimately, role success. This mentorship factor is crucial for the newly graduated nurse practitioner or physician assistant as well as the institution they work for in order to avoid burnout, promote the health of the professions, and retain providers.

Burnout in the medical profession is defined by Chochinov and Breutbart (2008) as the progressive loss of idealism, energy and purpose experienced by people in the helping professions as a result of the conditions of their workplace. Newly graduated nurse practitioners and physician assistants have many things to learn in their first job such as assuming the transition from student to provider, becoming independent, and the learning curve of being a new provider. One negative aspect to this learning curve is that some newly graduated nurse practitioners leave or intend to leave the profession altogether after experiencing burnout Chochinov and Breutbart (2008).

Some initiatives are beginning to take shape in trying to identify early who might be more prone to experience burnout. Mustafa, (2015) postulated that some health behaviors were more likely to prevent burnout, such as exercise on a regular basis, and some were thought to lead more towards a propensity to burnout such as being sedentary in college. Burnout truly can affect the healthcare provider in overt and also in subtle ways.

Romani, and Ashkar, (2014), define burnout as a common syndrome afflicting health care workers, particularly physicians who are exposed to a high level of stress at work. The findings of their review stress the use of burnout reduction techniques for these physicians was imperative, however there was little evidence that long term stress reduction would occur past the intervention whether using mindfulness or relaxation techniques. The authors do mention that some small studies have suggested Balint sessions of group therapy or exercise may have longer positive benefits. Atanes et al., (2015) reported that mindfulness and a subjective report of well-being had a correlation to consider. The article found that a negative report of mindfulness, also had a correlational negative report of subjective level of well-being. The study

did not consider advanced practitioners but did consider physicians or nurses. A correlation however was noted in both groups.

There are some ways to troubleshoot the intention to leave and burnout, according to Vahey, Aiken, Sloane, Clark and Vargas, (2004) Addressing concerns of nursing shortages, improving work environments, and promoting measures to increase job satisfaction all have been found to correlate with lower rates of nursing burnout. In regard to physician assistants and burnout, Chou, Li, and Hu (2014) stated that Physician Assistants were thought to have near equal levels of burnout reports to nurses, with reports of job strain, low social support, and over-commitment as major reasons for burnout. One such stop gap procedure or solution is the use of mentorship, by established nurse practitioners or physician assistants who help guide the newly graduated provider through their first year, and potentially beyond.

Bell, Davison, and Sefcik (2002) found that up to 59% of emergency room physician assistants had moderate or high levels of emotional exhaustion on par with emergency room nurses and physicians. An even more bothersome finding was discovered by Walters, Mathews, and Daily (2014) who found that out of the 158 army physicians and physician assistants screened for burnout 53 were actually burnt out. Burnout is an active process, and one that sometimes has an insidious onset that may go unrecognized or underappreciated by the person who is burning out. Support and mentorship is identified as two major ways to help the new provider grow and even thrive as a new graduate. Chockinov, and Breitbart (2009) stated that mentorship when incorporated into the training of new providers can aid in their eventual independence, and assist them in their transitions into providers.

The use of Balint method of group therapy has been found to be a valid tool to help clinicians over time. Bar-Sela, Lulav-Grinwald, and Mitnik (2012), found that oncology residents who had several sessions of Baltin therapy during their residency reported the method as effective in their self-perception of stressful situations, and that the sessions were thought positive in their maturing as oncologists dealing with difficult patient encounters.

A vulnerable group for burnout are physician assistants and nurse practitioners within their first year of employment. If techniques like mindfulness can positively impact the new provider in the short term, a more enduring method to improve well-being as novice providers is needed. Contemplating this, Hayes (2005), discusses the need for mentoring and support especially with in the first year of employment post-graduation for nurses is high. This can be applied to any novice health professional however, and is the basis for this project. Balint method of group therapy especially done for the new graduate provider can offer a long- term support mechanism than mindful communication.

Review of the Literature

Inclusion and Exclusion Criteria

A detailed search of PubMed with the keywords: Balint Method, burnout, physician assistant and novice nurse practitioner were performed. Inclusion criteria included articles published within the last ten years that mentioned physician assistants or nurse practitioners, as well as resident physicians. The Stetler rating of strength ranging from levels 1 to 4 was chosen to rate the power of evidence from studies chosen to be reviewed. Since most of the studies selected were of low power on the Stetler rating system or were pilot studies many of these articles were chosen for the relevance to the proposed project.

Balint Method of Group Therapy

Another PubMed search for Balint method of group therapy revealed 108 articles from which one was specifically chosen for the description and definition of what Balint method is and was considered a level 4 Stetler rating. Mahoney, et al. (2013) describes the purpose of the Balint method on the application of psychological principles in a group setting for the purpose of developing an improved understanding of the clinician-patient relationship, by fostering empathy for the difficult situations in day to day practice. The Balint sessions are unique in that the moderator has little involvement but is used as a guide to keep the participants focused on the goal of self-reflection of shared similar experiences. Other authors described group seminars that were arranged for junior and senior oncology residents meeting with a Balint clinical psychologist that found that at one year post-implementation there was decreased self-reports of burnout. Bar-Sela et al (2012).

Burnout

A PubMed search using just the word 'burnout' revealed 9220 articles. Narrowing the field to 51 articles was accomplished by typing in 'Nurse Practitioner burnout'. Many of the articles discuss burnout combined with intention to leave the profession. A cross sectional analysis of surveys was chosen as it included 2025 medical and surgical units across 10 European countries by Heinen et al., (2013) Through the analysis of the surveys it was found that burnout was a primary reason to leave the profession. Aiken etal., (2012), found a correlation of poor to fair quality of patient care with nurse staffing and work environment, as a contributing factor for feelings of burnout.

Physician Assistant

A few articles were found in the PubMed search that dealt with physician assistants and burnout together. Out of 18 articles discovered only three had any measurable outcome, and all were pilot studies with the conclusion more information was needed. One study mentioned physician assistants alone, the rest were with either with nurses, medics, or physicians combined. From this search it is noted that physician assistant's feelings of burnout alone have not really been examined like many of the other disciplines.

Novice Nurse Practitioner

PubMed was used with the search term 'novice nurse practitioner', which revealed 72 articles. One by Hill and Sawatzky (2011) which had a large cohort of 7,600 newly graduated nurse practitioners, and stated that Novice nurse practitioners struggle with the challenge of providing safe and competent care to their clients while continuing to fill the gaps in their knowledge. Sullivan et al., (2010) found that familiarity of the role of the nurse practitioner with office staff and physicians had a positive correlation to novice nurse practitioners transitioning to practice well.

Not surprisingly there were few references to nurse practitioners and physician assistants together when considering burnout, or in using Balint Groups technique with these two groups combined together. Mahoney et al (2013), mentions that Balint groups help physicians see their blind spots in clinical practice. The ultimate goal of Balint therapy is for self-reflection through group experience of difficult cases to better prepare the group of participants for difficult patient encounters. This is applicable and easily expandable to include nurse practitioners and physician assistants. As mentioned by Bell et al., (2002), 59% of surveyed Physician Assistants in an

emergency room setting had signs of burnout, including insomnia, and low satisfaction with physician supervision as main reasons.

While cross-sectional survey studies such as Aikenet al., (2012) and Heinen et al., (2013) were indeed quite large in sample size, they had relatively weak Stetler rating of 4 for the strength of the research. Hill and Sawatzky (2011), and Sullivan, et al, (2010), found a correlation between mentorship and support of the novice nurse practitioner in moving them forward in their career path, and helping them avoid burnout.

As further supported by Yedidia, Chou, Brownlee, Flynn, and Tanner (2014), striving for a work – life balance is essential to be able to care for our patients". While there may be sparse research on the true measure of Balint therapy on growth and empathy levels or decreasing burnout the topic is not something easily quantifiable. Therefore burnout was selected as it is better understood and a more measurable quantifier, than trying to measure improved job satisfaction from use of Balint method of group therapy. Furthermore, as stated by Fortney, Luchterhand, Zgierska, and Rakel (2013) job satisfaction cannot be totally measured by salary alone, there are many other conditions to consider.

Mindfulness

To support the short-term nature of improved sense of well-being, Krasner et al., (2009) reported that participation in a mindful communication program was associated with short term and some sustained improvements in the well-being and attitudes associated with patient centered care. They do caution from their pre-test and post-test analysis designs having limitations on the mindful communication intervention applied would need more validation.

Mindfulness alone appears to have merit albeit in the short term, but requires more randomized trials.

The use of mindfulness has begun to be looked at in objective ways. The principle is to reflect on a person's current life situation, and how it affects their work. Atanes et al., (2015), reported that mindfulness was associated with a subjective report of well-being. The article found that a negative report of mindfulness correlated with a negative report of subjective level of well-being. The study did not consider advanced practitioners but did consider physicians or nurses.

Theoretical Framework

The theory chosen as the basis of this project was selected based on how to be a change agent against a system already established. When considering change within a system there is one choice that stands out: which is Kurt Lewin's theory of change. This theory has three principle stages necessary for change. The first stage would be unfreezing, which is a time of recognition and identification of a need for change in an environment. Unfreezing is a way to increase the driving forces or decrease the restraining forces towards change. The second stage of Lewin's theory is the actual change itself. The third stage is re-freezing which is conceptualized as a mandatory step to occur if change is to be permanent in an organization (Lewin 1951). It is also the time where the actualization of that which was changed and making it the new normal experience with the desire that the change be a positive one. White and Dudley Brown (2012) state that change theory is an assessment of the forces throughout the change process.

It is necessary to recognize the power of the forces and to involve the individuals in the organization, to build trust, encourage a new view, and to integrate new ideas into the organization. In regard to this project the Balint method of group therapy was the driving force for change. The self-reflection in a group setting was hoped to result in an actual change in behavior which would lead to a decrease in feelings of burnout, and intention to leave the profession. Burnout would be considered what was in need of change, and it would be unfrozen. Refreezing would be the self-reflection about what was learned, and being able to perform one's work duties to the best of one's abilities without negative emotions. As stated by Zaccagnini and Waud-White (2014) the objective of inter-professional collaboration is, of course, to generate a practice or systems enhancement to improve health of an individual or population.

After selecting change theory, it was essential to lay the foundation to build upon the planning stages of this project on burnout prevention and deterrence of intention to leave the profession by newly graduated nurse practitioners in their first year of employment. However with the baby boomers retiring and needing more care, as well as nursing professionals either retiring or leaving the profession provider burnout is a crucial issue. Nursing organizations such as the ANA have predicted the pending nursing shortage for some time making this topic urgent as well in the paradigm that every nurse practitioner retained will count. Decreasing feelings of burnout will hopefully help in the retention of staff and aid in their respective growth and development.

Project Design and Methods

This study tracked participant progress through the Balint sessions and reports of feelings of burnout. A pretest-posttest design was used to try and quantify objectively reports of burnout.

The expectation with multiple sessions would be that through use of the burnout tool feelings of burnout decreased with each meeting. One way to measure the progress or lack of improvement in understanding or coping skills was with the use of a burnout tool (Appendix ??). Qualitative data was also gathered to evaluate the results of the burnout tool from the candidates. This was done anonymously by randomly assigning a letter and number to each candidate on the questionnaire. Each session performed documented how many sessions a participant attended or whether they came to just one meeting. The project was intended to collect more objective information, with each subsequent Balint session. However only three participants attended more than one session, making objective statistics difficult.

Prior to the onset of Balint sessions a concern arose regarding numbers of sessions attended. The concern was confirmed by many of the participants attending just one session. To try and troubleshoot this possibility, beforehand emails were sent out weekly regarding schedules. One major reason the sessions had a low attendance was that the sessions were not mandatory. After completion of the implementation phase of this project it was discovered that most of the participants were not able to attend more than one session.

Settings and Resources

The location for this project was at a large multi-hospital health care system in Western Massachusetts. A large meeting room was used with a large rectangular table with many chairs with enough seating for 15 people. In addition the room was well lit, and easy to get to. This site was chosen because it had the most new graduates in the general vicinity. The room was also private with few people going by minimizing interruptions. Catering brought hot water, tea,

and coffee with the required condiments to each meeting. Overall the general response to the room and the catering was very positive.

Recruitment

The human resources department was contacted early on in the planning stages for this project at the chosen site, and had a list of prospective candidates to contact. Each candidate was invited to these sessions via email with the purpose, time, location, and schedule for all sessions. Every two weeks during the implementation phase of the Balint sessions a reminder email was sent out to participants.

In addition to sending out the invitations to newly graduated nurse practitioners and physician assistants more seasoned providers were invited to participate in moderating sessions. The experienced providers helped moderate sessions by giving examples from experiences, and helped with mentoring participants. They were not part of the data collected and the three veteran nurse practitioners and physician assistants were there purely to assist and speak to their own experiences. The general response from new graduate and veteran physician assistant and nurse practitioner was positive.

Description of the Group

The desired target group was newly graduated nurse practitioners and physician assistants hired within their first year of graduating. To be considered for this study nurse practitioners were either from a master's level nurse practitioners or doctoral prepared nurse practitioners as well as physician assistants. This author had hoped to include these group sessions with both newly graduated physician assistants and nurse practitioner as part or their upcoming residency

program. However, by the time of the implementation phase was over the looming residency program for nurse practitioners and physician assistants had yet to officially begin.

Organizational Analysis/ Needs Assessment

The Department of Human Resources at the selected site has been hiring many nurse practitioners and physician assistants each year. There are over 120 of these highly trained providers within the confines of the chosen system in myriad roles. Each one of these new providers spent their first year with no formal support system in place. As result a steady attrition has occurred. Some of these providers have left for personal reasons but others left due to burnout. Many of these providers who left did so after one to two years of employment. As a reflection on these providers leaving such critical places as the emergency department or in the outpatient setting, a new nurse practitioner and physician assistant residency is still being implemented in the organization. The loss of these providers over the years has delayed the progress the facility had desired to improve next available outpatient appointments. Each professional loss is one that has repercussions to the team as a whole, a panel of patients for example that loses a provider, now has to incorporate them into a general pool.

Finances alone are not the only thing that can be of benefit for the supported and mentored nurse practitioner, but patient satisfaction can also increase through continuity of care. If the nurse knows what is expected of them and what their duties entail and this is well defined, and they are allowed to have time to perform the tasks they were trained to do, they and their facility will succeed Aiken et al., (2012). The community population that was addressed were newly graduated nurse practitioners and physician assistants, the location chosen had at 40 of

these providers who met the criteria. Mentorship and the Balint method group therapy sessions was the technique applied.

Key Stakeholders

The site had been contacted well in advance of the sessions, and the head medical doctor who is the chairman for education program at the selected location was identified as the key stakeholder. Obviously the success of this residency program or these Balint therapy sessions could directly be reflected by staff retention, and reports of job satisfaction. Either of these initiatives had been thought of to benefit the health care system, the location the providers work, and especially the patients. Other key stakeholders were the head of the research department, and the IRB team.

Barriers and Facilitators

The patient should indirectly benefit from the effects of group therapy by the self-reporting of increased empathy towards them by their respective providers. Bar-Sela et al., (2012) found that those resident doctors who used the Balint method had increased their self-report of empathy. However, the universality of this method can also be seen as an asset for use with nurse practitioner or physician assistants. The data collected from the Literature review did have some large studies in physical numbers however the relative power of the studies were low.

Goals, Objectives, and Expected Outcomes

The main goal of this project was to decrease the feelings of burnout in newly graduated nurse practitioners as well as physician assistants. Through the Balint method of group therapy is the means to achieve this goal. Balint method of group therapy in some ways is essentially

mentorship. The first objective was to get a cadre of newly graduated nurse practitioners and physician assistants to attend several of these sessions each. The second objective was for these same candidates to actively participate in more than one Balint session of group therapy. The third objective was having them fill out a burnout questionnaire for each session. The final objective was surveying the participants for report of decreasing feelings of burnout, and intention to leave the profession.

The rationale behind this project was that hopefully through self-reflection and growth with the therapy sessions and mentorship, the participants would report decreased feelings of burnout. The burnout tool used should also reflect improvement from frustration and hopefully stem intention to leave the profession. Level of burnout can therefore be measured, and the desired result should be seen by a decrease in self report feelings of burnout.

Expected outcomes were that participants found the therapy sessions helpful and enlightening. Many new providers feel alone with their experience, and these sessions were also a way for others to meet and acknowledge other providers going through a similar experience. Also to the institution chosen for the site an outcome that would be that participants were less likely to leave their positions.

Implementation

This DNP student was responsible for securing the site for the Balint Therapy sessions, procuring a list of newly graduated nurse practitioners and physician assistants, printing and use of burnout tool, pretest assessment of feeling of burnout, and use of the burnout tool post therapy session, comparison of different sessions and feelings of burnout, moderator and host of each session, post study analysis, and evaluation of results.

Each candidate was given a rationale for the study and also about the confidentiality of participation. The participant and the DNP student talked about burnout before and briefly after the session was over and they were asked to fill out a Copenhagen Burnout survey. These sessions lasted about one hour and a half, and were based on one topic or scenario. The moderator went first and gave a topic or topics for the day, and gave an example followed by open discussion and mentored responses. Smaller groups of one person and moderator did occur and these sessions were still useful. Some sessions had more than one topic presented and discussed.

Protection of Human Subjects

No personal identifying information was gathered except for demographic information gathered such as age and gender of the participant. Also collected was how long they had been employed at the institution and whether they were a physician assistant or nurse practitioner. An exemption from the University of Massachusetts Institutional Review Board department was obtained on October 20th, 2015. The host site IRB department gave approval on December 24th, 2015. The project was also placed on IRBnet.com website to track progress. Although there was no collection of patient information, there was still the need for a confidentiality statement for the providers to know that no information will be reported beyond the sessions. The confidentiality statement contained consent to the Balint sessions and agreement to the expected privacy of those in the sessions. The confidentiality statement is attached to this document in the Appendix B Modified Copenhagen Burnout Tool.

.

This project hinged on the participation of newly graduated nurse practitioners and physician assistants. Once they were in the session for group therapy they had to actively participate which was also a concern. The DNP student as moderator started the sessions based on a selected theme, and kept the dynamic flowing on topic. In addition the DNP student moderated and encouraged the participants to speak on their own behalf and gave frequent opportunities to reflect on the topic of the session. The whole idea of the Balint sessions was for the participants and not the moderator to speak, which is why this method is unique from other types of group therapy.

There was use of a burnout tool, to measure levels of burnout, however no information was shared with others outside the sessions. The selected burnout tool was a modified Copenhagen burnout tool (Appendix B). The DNP student also tracked sessions and participants by numbering and lettering each session and participant. Some quotes are mentioned in this study for qualitative purposes, but absolutely no patient or provider information is connected with the statements.

Results

The Balint sessions did go through as planned. There was a delay in getting the site chosen to approve of the project. However once approval was accepted the Balint sessions began. In total there were 13 sessions held, out of a pool of 39 people eight newly graduated nurse practitioners and physician assistants attended the sessions. This was a good amount however a disappointing finding was that only three candidates attended more than one session.

Out of the eight candidates who met the criteria, five were female and two male. Also, six were nurse practitioners, and two were physician assistants. The participants came from a

varied spectrum of specialties including orthopedics, neurology, and cardiac surgery. The candidates came from a myriad different programs and backgrounds. All candidates were local to the area and grew up not far from the location chosen for this project. Nurse practitioner participants came from several master's schools programs in the region, and one was a doctoral nurse practitioner. The physician assistant participants knew each other from the same program as classmates. The age of candidates was not collected directly, however all but one candidate was over 30 years of age. One physician assistant participant was clearly older than 20 and appeared to be in his 50's. He spoke of the fact that he had gone to physician assistant school as he wished to provide for his family, and have a stable job.

Most of the candidates came during a day off from work, but two of the participants took a break from their schedule to attend as much of a session as possible. These two participants had their pager activated a few times during their sessions. This interrupted the session, but these two participants only came to one session apiece. We continued when they returned. One participant had to leave during a session, to see an urgent consult, but then returned another time. All participants thought the location and the coffee and tea were ideal, however each of the candidates had better days they could attend. All participants reported subjectively that the sessions were meaningful. The best result was in the larger group where more interaction and dialog occurred. The results of the Balint sessions and Copenhagen scores are presented in Table I. below.

Table I. - Balint Session Results by Title and Gender					
Participant	PA	NP	Gender	Score	Session
1		X	Female	42	1
2		X	Female	38	3
3		X	Female	26	2
4	X		Male	16	1
5		X	Female	36	2
6		X	Male	28	1
7		X	Female	30	1
8	X		Female	22	1

The largest group that attended a single session was a total of three participants and two moderators. This was the most dynamic group as far as responses and participation during the Balint session. Interestingly all of the respondents scored low on the Copenhagen Burnout Tool. In fact one of the participants scored the lowest possible score of 16. The highest score was 42, which scored still relatively low on the score. The most common item scored high was on item seven, "do you find it hard to work with colleagues".

Subjective Comments

Some of the participants felt that some of their attending physicians were difficult to work with than others, or that some were very hard on them. "When I work with Dr., I get very nervous, and sometimes I throw up before working with him". Another quote was "I feel that I am called on first to answer group round questions because some of the surgeons know I stumble

on the answers and they like to embarrass me. I have cried about that". Further quotes describe feeling alone and without support. "I see patients and have office staff around me, but if I have a question regarding someone I am not sure about I do not get called back when I page my attending". "Sometimes I dread going to work because I am worried I may make a mistake". "The older physician assistant in my practice is very short with me, and sometimes he makes comments about how new I am".

Other topics revolved around sick patients or difficult situations. "I find it difficult sometimes when patients ask me for pain medications, and I have a hard time saying, no". "During my education I was not prepared for the sick patient encounter, and that sometimes is all I see". It is difficult giving bad news to a patient or their family, and sometimes I need a drink after work, just to process". "My husband does not work in the medical field, and when I have a difficult patient encounter he half listens, and I feel worse sometimes, because he does not understand what I am talking about".

Other topics included talking about where one worked and how they were treated by office staff. "When I am in the outpatient office I feel like I am bothering everyone when I have questions or requests". "My first few months I was spoken to about signing orders and sometimes when they are for other providers, I do not always agree with what is being ordered".

Discussion

Much was learned from the Balint sessions from a qualitative perspective. First of all this DNP student had successful sessions. The process of identifying the candidates within the chosen site was relatively straightforward with the assistance of the human resources liaison for this project. The session's dates were emailed every two weeks to the identified candidates.

However, they were not mandatory which was what this DNP student had hoped would have been the case with the upcoming residency program for nurse practitioners and physician assistants. This residency program had not begun by the time of the projects conclusion. If they had been mandatory the numbers participating would be greater. Catering and securing a room was also very straightforward and easy to accomplish. From a logistical point of view the project can easily be replicated.

Certainly, making the sessions mandatory as part of a newly graduated nurse practitioner and physician assistant residency program would have made for larger and more interesting groups. An unexpected outcome was that several seasoned nurse practitioners and physician assistants expressed some interest in participating in the sessions. They were excluded as they did not meet the inclusion criteria of starting employment within one year of graduation. However, perhaps including all physician assistant and nurse practitioners could yield more candidates and better discussions in the sessions.

The scoring of the Copenhagen Burnout scale was certainly a surprise, yielding no conclusive admission to burnout from any of the participants through the use of the Copenhagen burnout survey. The DNP student had assumed that the scores would have been higher. Perhaps newly graduated nurse practitioners and physician assistants have yet experience sufficient amounts of feelings of burnout. None had any plan to leave their current job but all felt if they were unhappy, they would leave and find a new job.

The subjective stories from the different providers who attended did however bring up some concerning stories regarding possible feelings of burnout. Some of the reports were quite shocking, especially regarding how the physician assistants and nurse practitioners were treated

by physicians. Patient centered burnout reports were few, although everyone had tough patient encounters that they had to deal with.

Due to the richer data coming from the subjective narratives during the Balint sessions, more qualitative type surveys may be considered a better way to assess for warning signs of burnout in newly graduated nurse practitioners and physician assistants, rather than using an objective measure such as the burnout tool. The burnout survey felt awkward right before each session began. This author wonders if the Copenhagen Burnout tool might have been better used in more seasoned providers than those that just began their career, or possibly a different tool or no burnout survey included with reliance on subjective reporting was tracked.

Conclusion

Changing what can be at times an unsupportive atmosphere for nurse practitioners and physician assistants to one of support would be a major refreezing of current processes at the selected site. The ultimate goal would be able to hold the Balint sessions on a yearly basis for each new cadre of nurse practitioners and physician assistants. Perhaps on a larger scale the application of the Balint method could be of use to other settings not only primary care, but inpatient settings, and at different levels of education or different institutions. As stated by Fortney et al. (2013) job satisfaction does not only revolve around pay. Satisfaction needs to encompass having a work life balance, which is essential for enhanced performance and retention in the medical workplace. In essence providers are finding that the 40+ work hours per week took away negatively from home life. The younger generations of medical providers are now not only looking for prestigious positions, but also ones that factor in many quality of life

perks, such as decreased or shared call, flexible schedules, and outside variables such as school systems when choosing a job.

Through mentorship and the use of Balint Group therapy sessions these providers are hopefully going to decrease the report of feelings of isolation, dissatisfaction and burnout, and not have the intention to leave the profession. As stated by Chockinov, H., and Breitbart, W. (2009) giving support and mentorship for novice providers will translate into having better providers and productivity for the facility. Since completing the sessions and reviewing the Copenhagen Burnout Tool, it was interesting to note the low level of objective measure of feelings of burnout, However, the statements providers made indicated some dissatisfaction with the role. The subjective stories discussed were more convincing that the sessions may have merit outside of the objective measures. It would be worthwhile to repeat the sessions including them as mandatory part of the residency program for newly graduated physician assistants and nurse practitioners and to invite a broader mix of experienced providers to participate.

References

Aiken, L., Sermeus, W., Van den Heede, K., Sloane, D.M., Busse, R., McKee, M., & Kutney-Lee, A. (2012). Patient Survey, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *British Medical Journal Group, 344, e1717 1-22.*

Atanes, A., Andreoni, S., Hirayama, M., Montero-Marin, J., Barros, W., Rozani, T., & Demarzo, M., (2015). Mindfulness, perceived stress, and subjective well-being: a correlational study in primary care health professionals. *BMC Complement Alternative Medicine,* 15, 303-307.

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, 4, 786-789.*

Bell, R., Davison, M., & Sefcik, D. (2002). A first survey. Measuring burnout in emergency medicine physician assistants. *Journal of the American Academy of Physician Assistants, 3, 40-42, 45-48.*

Chockinov, H., & Breitbart, W. (2009). Handbook of psychiatry in palliative medicine second edition. 236-240. Oxford Press. Oxford, England.

Fortney, L., Luchterhand, C., Zakletskaia, L., Zgierska, A., & Rakel, D. (2013). Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care clinicians: a pilot study. *Annals of Family Medicine,* (5), 412-420.

Hayes, E. (2005). Approaches to mentoring: How to mentor and be mentored. *Journal of the American Academy of Nurse Practitioners, 17, 442-445.*

Heinen, N, Van Achtergerb, T, Schwendimann, R, et al. (2013). Nurses' intention to leave their profession: a cross sectional observational study in 10 European countries. *International Journal of Nursing Study*, 2, 174-184.

Hill, L. & Sawatzky, J. (2011). Transitioning into the Nurse Practitioner Role Through Mentorship. *Journal of Professional Nursing*, 27, 161-167.

Hu, L., Li, C,. & Hu, S. (2014). Job stress and burnout in hospital employees: comparisons of different medical professions in a regional hospital in Taiwan. *BMJ Open, 4(2) e004185*

Issel, M. (2014). *Health program planning and evaluation: A Practical approach for community health*. Jones Bartlett and Learning

Krasner, M., Epstein, R., Beckham, H., Suchman, A., Chapman, B., Mooney, C., & Quill, T. (2009). Association of an educational program in mindfull communication with burnout, empathy, and attitudes among primary care physicians. *Journal of the American Medical Association*, 12, 1284-93.

Lewin, K. (1951), *Field Theory in Social Science. Selected Theoretical Papers.* New York, New York: Harper and Row.

Mahoney, D., Diaz, V., Thiedke, C., Mallin, K., Brock, C., J., ...& Johnson, A. (2012). Balint groups: The nuts and bolts of making better doctors. *International Journal of Psychiatry in Medicine*, 45, 401-411.

Mustafa, O. (2015). Health Behaviors and personality in burnout: a third dimension. Medical Education Online. 20, 28187.

Romani, M., & Ashkar, K. (2014). Burnout among physicians. *Libyian Journal of Medicine*, 17, 235-256.

Sullivan, B., Humbert, J., Cragg, B., Legault, F., Laflamme, C., Bailey, P.H., & Doucette S. (2010). Supporting primary health care nurse practitioners' transition to practice. *Canadian Family Physician*, 56, 1176-1182.

White, K. & Dudley-Brown, S. (2012). Translation of evidence into nursing and health care practice: New York, New York. Springer Publishing Company.

Vahey, D., Aiken, L., Sloane, D., Clark,S., & Vargas, D. (2004). Nurse burnout and patient satisfaction. *Medical Care*, 42, 1157-1166.

Yedidia, M. J., Chou, J., Brownlee, S., Flynn, L., & Tanner, C. (2014). Association of faculty perceptions of work-life with emotional exhaustion and intent to leave academic nursing: report on a national survey of nurse faculty. Journal of Nursing Education, 10, 569-579.

Zaccagnini, M, and Waud-White, K. (2014*). The Doctor of Nursing Practice Essentials: A New Model for Advanced Practice Nursing.* Burlington, Ma: Jones and Bartlett

Appendix A

Table 2: Timeline

September 2014 to December 2014	-Formulation of idea for capstone during capstone 1 course. -Collation of Balint therapy sessions -Feasibility of project
January 2015 to May 2015	-Review of literature assessment -Rough draft of Capstone 2
February 2015	-Met with Dr Kevin Hinchey chief of academic affairs of BMC. -Signature of letter of agreement.
February 2015	Met with Dean at UMASS campus to go over Capstone proposal.
June 2015 to August 2015	-Finalizing Capstone proposal documentation. -Selection of burnout tool -Draft of confidentiality statement -Contact Human Resources for list of candidates for the group therapy sessions. -Invitations sent out to candidates via email or interoffice mail.
September 2015 to December 2015	-Balint therapy sessions begin bimonthly -Completion of capstone 4

January 2016 to May 2016	-Wrapping up Balint sessions -Post session completion data analysis -Written scholarly paper of capstone 5. -Submission of completed paper to UMASS Present to professional audience

Appendix B

Modified Copenhagen Burnout Tool

1. How often do you feel tired? ___
2. How often are you physically exhausted?___
3. How often are you emotionally exhausted?___
4. How often do you think: “I can’t take it anymore?”
5. How often do you feel worn out?___
6. How often do you feel weak and susceptible to illness?___
7. Do you find it hard to work with colleagues?___
8. Does it drain your energy to work with colleagues?___
9. Do you find it frustrating to work with colleagues?___
10. Do you feel that you give, more than get back from colleagues?___
11. Are you tired of working with colleagues?___
12. Do you sometimes wonder how long you will be able to work with colleagues?___
13. Do you find it hard to work with patients?___
14. Does it drain your energy to work with patients?___
15. Are you tired of working with patients?___
16. Do you find it frustrating to work with patients?___

Never	Rarely	Sometimes	Frequently	Always
1	2	3	4	5