Essential Characteristics of Effective Balint Group Leadership

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Objective: *Balint work in the United States has suffered from a lack of written material on how Balint group leaders structure and guide group process. This study identified characteristics of effective Balint group leadership by gathering information from experienced Balint leaders.* Methods: *We used evaluations of the leadership methods used by 21 Balint group leaders assembled at an American Balint Society workshop to pilot test the Society's credentialing process. Free text and rating data from leader evaluation forms were analyzed using qualitative text analysis and factor analysis. We also conducted focus groups.* Results: *Convergence was seen on several characteristics across all sources of data. Effective Balint leaders operate to create a safe environment and move the group toward a new understanding of a specific doctor-patient relationship. Specific leader behaviors include protecting the presenter from interrogation, encouraging open speculation by group members, avoiding premature solutions, and tolerating silence and uncertainty.* Discussion: *Although Balint group leaders rely on behaviors common to other small-group methods, they create a space and purpose markedly different from that seen in other small groups in medical education. Balint group leaders model and create a safe environment for shared, creative speculation and a more empathic experience of the doctor-patient relationship.*

Since Michael Balint's seminal description of his work with general practitioners in the United Kingdom,[1] Balint groups have been established in many countries and settings, all with the common goal of improving the quality and therapeutic nature of doctor-patient relationships. Descriptive reports sought to introduce the topic of Balint groups to those who might not be familiar with the technique and to trace the development of the Balint movement in America.[2-8] Four studies have been published describing the prevalence of Balint group activity in family medicine residency training in the United States.[9-12] Little has been done, however, to identify and communicate the essential characteristics of effective Balint group leadership.

This lack of research in Balint leadership has had unfortunate consequences. Balint leadership skills generally must be learned through direct observation of more-experienced leaders. Where direct observation and training has not been available or sought, ineffective group leadership has sometimes dampened enthusiasm for Balint work. In addition, the lack of established characteristics of effective Balint group leadership has resulted in misconceptions about the process and goals of Balint groups. One study describing the function of Balint groups highlighted many of these problems,[13] such as groups functioning largely as support groups or leaders who tended to serve more of a didactic teaching function than is desirable in a Balint group.[14] These problems have been obstacles to the further dissemination of Balint groups in the United States. Consequently, despite its popularity among those familiar with the Balint group method, the method's role as a tool for improving students' and practitioners' understanding of doctor-patient relationships has been underused.

Since the integrity of Balint work in the United States depends on the availability of trained leaders, an effort was made to credential Balint leaders. The American

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Balint Society (ABS) convened a pilot Balint leader certification workshop in Sayre, Pa, in February 1999, during which accomplished Balint leaders (20 from the United States and one from Britain) were certified by the ABS. The purposes of this workshop were to (1) distill the variables associated with quality Balint leadership, (2) explore how these variables would be recognized, (3) evaluate leaders, and then (4) provide feedback to them in a timely, formative fashion. The following paper grows out of that workshop and represents our effort to identify the necessary and unique characteristics of Balint group leadership.

Methods

Data Source

The pilot certification workshop was divided between (1) time during which actual Balint groups were led successively by each participant and (2) focus group sessions. Following each Balint group, members were asked to complete one of three rating forms appropriate to their role in the group (ie, leader, presenter (coleader), or group member) (Appendix 1). Each participant was also instructed to use the back of the rating form for written, free-text comments. On the last day of the workshop, participants were divided into two focus groups. Each group was asked to consider two clusters of issues through brainstorming and group discussion. One of the focus group topics asked specifically, "What are the skills of leading a Balint Group?" The comments generated provided additional data for our analysis. A combination of qualitative and quantitative methods were incorporated in analyzing 64 completed rating forms from the workshop.

Qualitative Analysis

Qualitative analysis was used to generate themes out of the written, free-text comments of the participants' evaluation forms. Each author received a typed copy of these comments for analysis of categories or themes of essential Balint leadership skills using a grounded hermeneutic editing approach.[15] Each author independently derived leadership skills using this approach before subsequently presenting that account to the other three authors for reflection and dissection. After discussion and debate, the authors generated a mutually agreed-on set of comments on leadership skills. The authors continually rechecked their account against the context and content of the original comments to assure that the account expressed a close fit with those comments. In accordance with any hermeneutic approach, the account underwent numerous critical iterations to guard against the authors presenting their own theories and presuppositions of essential Balint leadership skills.

In addition to written comments on the leader rating forms, data was analyzed from the focus groups on Balint leadership conducted the last day of the work-

shop. Participants were divided into two groups, and each responded to the question, "What are the skills of leading a Balint Group?" The two groups came together to report and continue to generate responses to this question. One author acted as scribe, writing responses and reports from the focus group on newsprint where everyone could see them, checking for clarification and accuracy to be sure that what was written represented what was meant by the groups reporting. These responses were transcribed verbatim and subjected to a qualitative analysis in which items with identical meanings were collapsed into a single representative statement. Both raw transcribed data and the resulting analysis into essential, nonredundant themes were reviewed by three other members of the research team and by two non-research team members to check for accuracy and bias.

Quantitative Analysis

As mentioned earlier, conference participants used three types of rating forms to evaluate leader performance during the Balint groups. A specific form was used depending on whether the rater was acting as a coleader, a group member, or a case presenter. This provided three sets of data with responses on 5-point Likert scales for each rating item. To explore common themes among the rating form items, we performed a principal components analysis (PCA) of responses on the group members and presenters' leader evaluation forms. We used PCA with Varimax rotation, a technique that forms combinations of the items being analyzed that are orthogonal, or uncorrelated, with each other. The factor loadings depict the strength of correlation of the individual items with the factor. There were too few coleader forms for a valid PCA analysis.

Focus Groups on Balint Group Leadership

Focus group responses were transcribed and subjected to a qualitative analysis in which similar meaning units were collapsed into a single composite statement. They were then grouped according to categories or themes relevant to leadership.

Results

Five essential Balint leadership skills were derived from our three sources of data (ie, the factor analysis of two leadership evaluation forms (Tables 1 and 2), the qualitative analysis of 137 free-text leader descriptions, and the focus group assessment of Balint group leadership behaviors and attitudes.

Creates Climate of Safety, Acceptance, and Trust

The ability to create a climate of safety, acceptance, and trust was identified as an important leadership skill in all sources of data. With 37% of the free-text leader descriptive statements commenting on it, it represented

one of three major themes in the qualitative assessment of all leadership descriptors. The focus groups emphasized the importance of an "atmosphere of safety," using terms like "The leader should foster a positive holding environment." Factor four of the group member's objective evaluation form and factor three in the presenter's objective form cite respectively "providing individual support" (Table 1) and "preserving presenter safety" (Table 2). These behaviors establish the foundation needed to conduct a Balint seminar.

Establishes and Maintains Group Norms

Factor two (Table 1) of the group member's evaluation form cited "providing group structure" as an important leader skill. The focus groups identified "maintaining boundaries and balancing participation between presenter and group and among group members" to describe this skill.

Promotes Movement Toward the Group's Task

The Balint leader's behavior promoting group movement was reinforced by factor three of the group members' evaluation form, "promoting group movement" (Table 1) and also factors one and two of the presenter's evaluation form, "focusing group process" and "facilitating case reframe" (Table 2). In the context of a Balint Group, this represents encouragement of the group to view the doctor-patient relationship in a new way. The label "encouraging group movement" fit 31% of the free-text descriptors of Balint leader behavior and constituted one of three major themes in the qualitative analysis of data. Focus groups also cited "keeping the group on task."

Understands Group Process

The focus groups paid particular attention to understanding group process as an essential skill of Balint group leadership. To be effective, the leader must understand the dynamics of groups, their developmental stage, how to intervene, and the consequences of inter-

Table 1

Factor Analysis of Group Members' Ratings of Leader

Maintaining Group Focus	*Providing Group Structure*	*Promoting Group Movement*	*Providing Individual Support*
Factor 1	Factor 2	Factor 3	Factor 4
Cultivated a climate of trust (0.893)	Set rules and boundaries as necessary (0.767)	Identified moods of the group related to the case (0.842)	Avoided in-depth personal psychological probing (0.883)
Protected presenter/members from group cross-examination (0.837)	Provided opportunity for all to speak (0.748)	Helped group explore different patient-doctor scenarios (0.733)	Legitimized emotions (0.452)
Sat comfortably with uncertainties (0.724)	Elaborated, reflected, and clarified feelings (0.684)	Intervened to promote group process (0.710)	
Positive impressions of the Balint group leader's performance (0.689)	Elaborated, reflected, and clarified thoughts (0.618)		
Noted themes or topics avoided by group (0.648)	Was empathetic with group's process (0.597)		
Assumed different roles (0.626)			
Made clear interventions (0.604)			
Used knowledge of parallel process to facilitate group insight (0.593)			
Respected all points of view (0.578)			

Numbers in parentheses represent factor loadings, with higher numbers indicating stronger correlation of individual item with the factors.

Table 2

Factor Analysis of Presenters' Ratings of Leader

Facilitating Case Reframe	*Focusing Group Process*	*Preserving Presenter Safety*
Factor 1	Factor 2	Factor 3
I came to see new facets of the patient's problem (0.811)	The leader helped the group focus on the doctor-patient relationship (0.798)	I would choose to present another case in a group with this leader (0.815)
I have some new sense of hope for improving my care of this patient (0.788)	Positive overall impression of the Balint group leader's performance (0.746)	The leader avoided making an educational lesson of my behavior (0.772)
I now feel I can relate to the patient differently (0.749)	The leader avoided in-depth personal psychological probing (0.714)	I felt protected and supported by the leader (0.744)
I believe I can understand how the patient and I may have become stuck (0.500)	The leader helped the group reach an understanding of my difficulties with this patient (0.625)	

Numbers in parentheses represent factor loadings, with higher numbers indicating stronger correlation of individual item with the factors.

ventions. When the group process can be seen clearly for the way in which it parallels the case presentation, it can be used to illuminate the doctor-patient relationship for the group by a skilled Balint group leader. While not directly observable, this skill was identified by the focus groups as essential for Balint group leaders.

Personality/Style of the Leader

Regardless of skills the leader may exhibit, the leader's personality was noted as part of the leadership equation. Some aspect of the "personality of the leader" was cited in 23% of the free-text statements about leader behavior. The focus group affirmed that the leader should model behavior such as respect, speculation, curiosity, tolerance for uncertainty, and empathy for both the presenter and patient as well as a non-authoritarian and group-centered leadership style.

Discussion

This study of Balint Group leadership reaffirmed many of the important findings of past studies of small-group leadership skills such as the Ohio State Leadership Studies.[17,18] Those studies identified key leader behaviors such as "consideration," a supportive group maintenance function, and "initiating structure," a task-oriented or goal-achievement function. Research over the last 35 years confirms these two basic factors as essential aspects of leadership behavior, and both reappear in this study of Balint group leaders. Findings from the pilot workshop demonstrated internal consistency by distilling the same or similar factors of group leadership from qualitative and quantitative methods, using multiple instruments and multiple experienced evaluators.

Our findings are supported by the Leiberman et al study, who found that the most effective leaders are moderate in stimulating the group, high in caring for the group, use some interpretations of group process, and are moderate in asserting their group authority.[19] These, too, were characteristics we found of effective Balint group leaders. Finally, the importance of the personality style of the Balint leader also reflects earlier studies of leader characteristics.[20-24] As Heider put it, leading in a "nourishing manner" without "coercion" or "taking credit" and being in the moment will effect a fruitful outcome.[25] However, certain essential characteristics of Balint group leadership were specific to the goals and processes of Balint groups. The absolute necessity of creating a safe environment that models empathy and allows for divergent viewpoints is of particular importance in Balint group leadership. The Balint leader avoids making any group member the object of a teaching lesson or of psychological analysis.

The establishment and maintenance of particular group norms such as self-reflection and exploration of meaning rather than problem solving is key to Balint leadership. The Balint group leader must possess a grasp of the group's process, understanding the complexity of the case and its dynamics as manifested by the presenter's and group's response. Keeping the group responsible for doing the work is another essential Balint leader skill. It is not the leader's individual brilliance that illuminates the case but the richness and diversity of group participation and interactions he/she facilitates.

Limitations

This study used multiple methods of analyzing leadership in Balint groups. Even with the numerous methods of data collection and analysis used, however, we still collected most of our data over a short period of time among a very select group of expert leaders. These 21 subjects had all been well trained in the Balint method of group leadership. Therefore, the groups were usually relatively easy groups to lead with relatively cooperative and understanding group members. In a more difficult group, other leader behaviors might be exhibited that were not observed in the studied groups.

A further study might observe Balint leadership with difficult or problematic groups. Future research might also sample Balint leadership at various stages of group development as a contrast to the smooth-running advanced groups that were observed for this study.

Conclusions

It is possible to isolate essential group leader behaviors that are demonstrated by effective Balint group leaders. Balint group leaders rely on behaviors common to other small-group methods; however, they also create a space and purpose markedly different from those seen in other small groups in medical education. Balint group leaders model and create a safe environment for shared, creative speculation and development of a more empathic understanding of the doctor-patient relationship. We hope this study will be educative and thought provoking for those currently leading or intending to lead Balint groups as well as for those studying or researching leadership in such groups. The complexity of studying leadership appears more apparent than ever to us but an endeavor that will hopefully benefit all those involved, including the patients seen by physicians who participate in better-led Balint groups.

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Appendix 1

Rating Forms

Form 1
American Balint Society
Leader Evaluation Form
Group Member's Form

LEADER'S NAME _____ OBSERVER'S NAME _____
Please rate the individual's competency as 1=never to 5=always

Providing Model Behavior	1	2	3	4	5	N/A
Made clear interventions						
Sat comfortably with uncertainties						
Elaborated, reflected, and clarified thoughts						
Elaborated, reflected, and clarified feelings						
Legitimized emotions						
Assumed different roles						
Was empathic with group's process						

Creating an Atmosphere of Safety	1	2	3	4	5	N/A
Set rules and boundaries as necessary						
Protected presenter/members from group cross-examination						
Respected all points of view						
Provided opportunity for all to speak						
Avoided in-depth personal psychological probing						
Cultivated a climate of trust						

Observing Group Process	1	2	3	4	5	N/A
Intervened to promote group process						
Intervened appropriately to developmental stage of group						
Used knowledge of parallel process to facilitate group insight						
Helped group explore different patient-doctor scenarios						
Identified moods of the group related to the case						
Noted themes or topics avoided by group						
Positive impression of the Balint group leader's performance						

Comment further on back with examples or clarifications of your ratings.

Form 2
American Balint Society
Leader Evaluation Form
Presenter's Form

LEADER'S NAME _____ OBSERVER'S NAME _____

Mark one box per row, from 1=Never to 5=Always

Evaluation of Presenter's Feedback	1	2	3	4	5	N/A
The leader helped the group reach an understanding of my difficulties with this patient						
The leader helped the group focus on the doctor-patient relationship						
I felt protected and supported by the leader						
I came to see new facets of the patient's problems						
I now feel I can relate to the patient differently						
I have some new sense of hope for improving my care of this patient						
I believe I can understand how the patient and I may have become stuck						
I would choose to present another case in a group with this leader						
The leader avoided in-depth personal psychological probing						
The leader avoided making an educational lesson of my behavior						
Positive overall impression of the Balint group leader's performance						

Comment further on back with examples or clarifications of your ratings.

Appendix 1

(continued)

Form 3
American Balint Society
<u>Leader Evaluation Form</u>
Coleader's Form

LEADER'S NAME _____ OBSERVER'S NAME _____

(1) strongly disagree, (2) disagree, (3) undecided, (4) agree, (5) strongly agree

Quality of Case and Group Climate	1	2	3	4	5
The case presented was usually complicated					
The presenter appeared responsive to the coleader's attempts to be helpful					
The group appeared responsive to the coleader's intervention					

Co-Leader's Behaviors	1	2	3	4	5
Seemed to grasp the case and how the group was receiving it					
Interventions with the group were clear					
Interventions with the group facilitated its process					
Interventions with the presenter facilitated his or her learning					
Was sensitive to individual members of the group					
Allowed my interventions to play out					
Supported my interventions					
We worked together well as a team					
Was too disclosing of his/her reactions to the patient, presenter, or group					
Appeared comfortable with the uncertainties of the case					
Too readily fell into a therapist role					
Too readily fell into a teaching role					
Overall, this coleader was effective in facilitating the group					

Comment further on the back with examples or clarifications of your ratings.