

The Effect of Balint-style Group on Empathy Ability and Interpersonal Communication Skills of Rehabilitation Students

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ABSTRACT

To explore the effect of Balint-style group on empathy and communication skills of rehabilitation students, 64 volunteers were randomly assigned to the Balint group and control group. The Balint-group was trained with the Balint method, whereas the other group was organized as a reading club. Questionnaires on empathy ability and communication skills were used to evaluate the training effects after 20 weeks. Through the 20 weeks of training, the communication skills were improved significantly in both groups; however, the empathy ability was increased remarkable only in the Balint group. The Balint-style group can promote the interpersonal communication skills and empathy ability of rehabilitation students.

Keywords: Empathy ability, Interpersonal communication skills, Balint group.

1. INTRODUCTION

The interpersonal ability to communicate with patients, of which the core quality is the empathy ability, serves as a key professional skill for health care workers. The Global Minimum Essential Requirements in Medical Education (GMER) set up by the World Federation for Medical Education (WFME) already included communication skill as one of the seven basic skills for medical practice as early as 1999. The Chinese Medical Doctor Association (CMDA) has also classified “communication ability” as the core learning content in the curriculum of “Humanistic Medicine Practice Skills Training”^[1].

In general, the Western countries place a higher value on the research and practice of doctor-patient communication ability training for medical students. For example, in the professional curriculum provided by American medical colleges and universities, courses in the category of humanism and social science, such as “Doctor-Patient Communication”, account for 25% of the total class hours, and assessment tools, e.g., SEGUE Framework and the Roter Interaction Analysis System (RIAS), of which the effectiveness has been widely

recognized by the academic community, are adopted to assess the effect of the courses^[2-3]. The practical research on “doctor-patient communication ability training” in China started quite late, compared with Western countries; an analysis on the curriculum system of 50 medical colleges and universities in China indicates that only 40% of these medical schools have provided course related to communication ability training as optional, while the other 60% have not yet offered any of such courses, with only the theories of “communication skills” scattered in other courses randomly. Among the few communication skill-related courses, however, a common problem of more emphasis on theories but less on practice tends to be a big challenge, and many young doctors have complained about the communication problems that they face as one of the main difficulties in their subsequent clinical practice and real work situations^[4].

The professional discipline of rehabilitation therapy has been run officially since 2001, and a large number of rehabilitation therapists much needed for our country have graduated from this medical technology specialty that has been vigorously developed in China in recent years. Rehabilitation therapists work with patients and their families, and their work contains not only providing

symptom-specific treatment, but also health education and psychological pain relief, and this is why rehabilitation therapy matters directly to both the patients' quality of life for the time being and whether or not the patients can successfully return to a normal social life. Undergraduates majoring in rehabilitation therapy not only need to equip themselves with solid theories and practical skills, but also have to master the ability to communicate effectively and establish a good relationship with patients. Therefore, it is agreed across the academic community in terms of theory that humanistic education and communication skills training should be both integrated into the curriculum of rehabilitation therapy specialty, but there is a lack of sufficient practical research to support this theoretical consensus^[5-6].

Physician's empathic abilities are essential to build a strong doctor-patient relationship, which is known to improve treatment adherence and clinical outcomes^[7]. Empathy refers to the ability to share emotions with others, without confusion between self and others. It integrates emotional resonance, emotion regulation and perspective-taking^[8]. Empathy and interpersonal trust are critical in a doctor-patient relationship in clinical setting, yet empathic abilities seem to decline throughout medical school. This decline has been observed in preclinical students in China, as well as the Rehabilitation students, because current medical education has attached much importance to skills and knowledge over cultivation of the human quality. Loss of empathy shall undermine the interpersonal communication as medical students move through the clinical phases of their training. As a consequence, interventions aiming at promoting empathic skills and interpersonal communication skills among medical students should be used.

Balint group, named after Michael Balint, a Hungarian psychoanalyst, was initially started in 1950s, with an attempt to help general practitioners (family physicians) to reach a better understanding in general practice. Currently, Balint group has gained access to some homogenous professionals, including psychiatrists, physicians, gynecologists, obstetricians, nurses, psychotherapists, teachers and social workers. The method comprises cases presentation followed by general discussion, led by mental health professional, with emphasis on the emotional troubles of the doctor-patient relationships experienced by a group of physicians in their clinical practice.

Balint groups are practiced in many countries across the world, and mandatory programs in medical education and profession training in America and Europe. In the past few years, some researchers have noticed the importance of Balint group in training of the medical students in their preclinical years. Guillaume Airagnes^[9] reported students who had received doctor-patient

relationship training seminar can improve empathizing capabilities, which indicates that specific Balint groups are beneficial to helping health-professionals and medical students in developing their empathy skills and reducing interpersonal difficulties. However, researches on the benefits and practice of Balint group are limited to improving the doctor-patient's relationships through boosting capabilities and qualities of providers and nurses.

Based on all of the above, in this highly innovative study, a Balint-style group training is adopted for rehabilitation undergraduates to cultivate their empathy ability and interpersonal communication skills. The current study was designed to examine the changes in empathic abilities and interpersonal communication skills observed in Rehabilitation students who have finished their training sessions in a Balint group.

2. METHODOLOGY

2.1. Research Subjects

64 students, 30 males and 34 females, were randomly selected from the junior year of three universities in Shanghai that offer undergraduate programs in rehabilitation therapy. Then the research subjects were divided into two groups, Group A and B by drawing lots, with Group A being the treatment group for Balint group training and Group B being the control group organized as a reading club. All subjects had participated in clinical apprenticeship and volunteered to take part in this study.

2.2. Research Methodology

2.2.1. Balint Group Training

In order to ensure the effectiveness of Balint group, we carefully planned the processes by taking the research purpose and member's state into consideration. The process consisted of invitation, case presentation, real questions, group discussion and feedback from the presenters. The first session included background introduction by the group leader, emphasis on confidential principles, training processes and self-introduction among members, and the second to the sixteenth session were composed of case presentation, experience sharing, management of the conflict, discussion, improvement of the empathy, acceptance and interpersonal trusts. The last session was focused on self-comments from participants and sharing of their feelings as well as measures to cope with the anxiety.

A Balint group is a discussion group of 8-12 members with full privacy led by an experienced psychotherapist^[10], of which the function is to improve the empathy ability, interpersonal understanding and communication skills of the participating members^[11-12]. The Balint group training process in this study is shown in Table I.

Table1: Balint Group Training Process

Step	Activity	Notes
1	1 facilitator presents a recent case	Focus on the case and related emotional experience
2	Other members ask questions to the facilitator	The facilitator clarifies any unclear point in the narration, or states the concern (if any) and refuses to answer any question (if needed)
3	Other members express their feelings about the facilitator's presentation and discuss it	Other members do not criticize or suggest; the facilitator does not speak or ask questions
4	The facilitator expresses feelings and feedbacks on the discussion among the other members	All members in discussion; thank the facilitator and switch to next person

The Balint group leaders are trained professionals with excellent psychodynamic theories in psychological counseling, and were missioned to control the time of activities and progress, encourage the participants to give their opinions towards the case and speak out their stories, appropriately coordinate the discussion, and ensure the safety and privacy of the members.

Subjects in Group A accepted the Balint group training once a week for 20 weeks, while subjects in Group B were trained in the reading group during the same period, with the same frequency, single session length and total training length as in Group A. Due to Covid-19 restrictions, both the Balint group and the reading group training for this study were conducted as online meetings using Tencent Meeting software.

2.2.2. Questionnaire Survey

The Jefferson Scale of Empathy (JSE) was used to measure the empathy ability of the treatment and control groups, respectively, before and after the training in this study. The scale, specifically designed to test the empathy ability of medical workers and medical students, was developed by Hojat, and translated and revised by Tian Jiang et al. The scale contains 20 questions, including 10

in "perspective taking", 8 in "compassionate care", and 2 in "standing/walking in the patient's shoes," each answered on a 7-point scale (1 = strongly disagree, 7 = strongly agree) ^[13]. The internal consistency coefficient obtained using this scale in this study was 0.876.

The SEGUE Framework was adopted to test the communication skills of the treatment and control groups, respectively, before and after the training in this study. The checklist-style rating scale was developed by Gregory Makoul from Northwestern University, US, and introduced to China and translated into Chinese by China Medical University in 2006. It is currently one of the most commonly used tools for evaluating medical students' communication skills, available for both self-assessment and peer assessment. The scale consists of 25 items categorized into 5 dimensions, i.e., set the stage, elicit information, give information, understand the patient's perspective, and end the encounter; it employs a nominal scale (i.e., yes/no/n/a) for the testing ^[14]. The internal consistency coefficient obtained using this scale in this study was 0.839.

2.3. Statistical Analysis

Three subjects in this study were not able to participate in the whole journey of group training due to personal reasons, and as a result, data from 30 people in the treatment group and 31 in the control group were valid enough for the final result statistics. SPSS22.0 was used for statistical analysis of the data. Paired *t*-tests for each group were conducted to test the effect of group training, based on the scores of empathy ability and communication skill tests before and after training; independent *t*-tests were performed to compare the different scores between the treatment and control groups before and after training to test the effect of different training methods on empathy ability and communication skills. A *p*-value less than 0.05 (*p*<0.05) was statistically significant.

3. RESULTS

3.1. The Effect of Group Type and Training Method on Communication Skills

The comparison of communication skill test results between the treatment group (Balint group) and the control group (reading club) before and after training is shown in Table II.

Table2: Test of Differences in Communication Skill Scores Between the Two Groups Before and After Training (M±SD)

Group	Number of subjects	Before training	After training	t	P
Treatment	30	89.31±13.99	105.94±9.84	17.57	0.000
Control	31	87.83±12.86	102.66±11.56	14.39	0.000
	t	0.86	0.31		
	p	0.61	0.78		

The result of the paired *t*-test showed that the communication skills of both the treatment and control groups got improved significantly ($P < 0.05$) through the 20-week group training.

The result of the independent *t*-test showed that there was no significant difference in communication skill scores between the treatment and control groups both before the training ($P > 0.05$) and after the training ($P > 0.05$).

3.2. The Effect of Group Type and Training Method on Empathy Ability

The comparison of empathy ability test results between the treatment group (Balint group) and the control group (reading club) before and after training is shown in Table III.

Table3: Test of Differences in Communication Skill Scores Between the Two Groups Before and After Training (M±SD)

Group	Number of subjects	Before training	After training	t	P
Treatment	30	71.58±6.53	84.00±5.37	19.89	0.000
Control	31	72.58±4.85	74.78±9.32	1.89	0.63
	t	0.98	13.21		
	p	0.79	0.000		

The result of the paired *t*-test showed that the empathy ability of the treatment group subjects experiencing 20 weeks of Balint training got significantly improved ($P < 0.05$), while the control group trained for reading showed no significant improvement in empathy ability ($P = 0.63 > 0.05$).

The result of the independent *t*-test showed that there was no significant difference in empathy ability scores between the treatment and control groups before the

training ($P > 0.05$), but the difference got bigger after the training, and the treatment group, with 20 weeks of Balint training, showed an empathy ability significantly higher than the control group ($P < 0.05$).

4. DISCUSSION

The main target of the rehabilitation therapy program is to train rehabilitation therapists for hospitals of all levels and types, rehabilitation centers, special education institutions, and elderly care homes. Compared with general outpatient doctors, rehabilitation therapists usually have longer contact with patients and provide more continuous care to them. In this case, it is extremely important for rehabilitation therapists to improve their understanding of the patients and their own communication skills, on the basis of having acquired relevant theories and practical skills. Therefore, the inclusion of courses on empathy ability and communication skills into the undergraduate curriculum for rehabilitation therapists can be greatly helpful for the students in their future career.

The Balint group combines psychoanalytic techniques and humanistic spirit to train general practitioners' empathy and communication skills by means of group discussions. Studies have confirmed that this approach can effectively enhance physicians' professional well-being and improve doctor-patient relationship^[15-17]. Given the nature of the work of rehabilitation therapists, doctor-patient relationship and doctors' communication skills have a significant impact on their work performance, thus it is of great practical significance to incorporate Balint group training into undergraduate programs of rehabilitation therapy.

The results of this study demonstrated that the communication skills of both the Balint group and the reading group were significantly improved through the 20 weeks of group training. An atmosphere of safety, equality and inclusivity could be created within the group, thus facilitating the interpersonal communication within the group. Group members could have their confidence boosted through continuous group work, leading to increased initiative and smoothness in their interactions with others; in addition, groups could provide members with a real social environment for practicing of skills and trying new means of communication, so that they could continuously optimize their communication techniques based on feedbacks they received. The responses collected from the subjects following the end of the study indicated that they held a very positive attitude towards the group work, believing that the viewpoints of other group members provided them with more diversified perspectives and they could gain support and strength from other members, thus becoming more optimistic and confident through the group activities, with their expression and communication skills improved.

Through comparing the test results of the Balint group and the reading group, it was found that the two groups showed significant difference in empathy ability, with the Balint group having significantly better empathy than the reading group after 20 weeks of training. More specifically, the Balint group, compared with the reading group, designed a more clarified activity schedule; for the group work every time, the facilitator reported the case along with their feelings for the case, and other members, as observers, needed to share their feelings and emotions as well, rather than focusing on the facts alone. Considering these special requirements of the Balint group in terms of communication, the group members needed to dig deeper into their own feelings and understandings of others' thoughts, through which they got their emotional sensitivity, awareness and expression significantly improved, so they could effectively strengthen their empathy. The reading group, however, mainly communicated about what they read and what they thought of the books, and the emotions generated were limited to their reading experience, thus the reading training failed to improve empathy of the subjects.

Some limitations may exist in current study. Firstly, Balint work started in China in mere several years and fewer experience can be drawn on, because the effectiveness should be verified over one to three years of consecutive training by weekly session; Secondly, leader in a typical Balint group shall be qualified through 2-3 years of training in Balint Group Society; Thirdly, Balint groups just focus on genuine doctor-patient relationships, and our study exclusively included the medical undergraduates, who had no real involvement in the patients except for interning in hospital in short time, and the cases discussed in our Balint group were just the dilemmas or difficulties of the participants in their pre-clinical years. In a strict sense, our group is defined as Balint-style group, and needs extensive training of the leaders for following trials as well as additional frequencies by extending the timeline. Besides, the participants can be recruited from students in their fifth-year/internship periods, which may help them on how to deal with the doctor-patient relationships in actual clinical settings.

5. CONCLUSION

Group training activities can effectively improve the interpersonal communication skills of rehabilitation students. Balint group training has shown its effectiveness in improving empathy ability. It is recommended that Balint group training sessions be included in the curriculum of rehabilitation therapy programs in the future to optimize rehabilitation students' communication skills and empathy ability, which will help them to better manage the doctor-patient relationship and enhance their work performance and workplace well-being in their future professional career.

ACKNOWLEDGMENTS

Funded by Shanghai Education Science Research Project (2019,2021) . (No.C19030, No. C2021039432,)

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