

1 A qualitative study of reflective 2 practice groups for emergency 3 medicine resident doctors

4 Abstract 300 words – 224 words

5 Paper up to 3000 words - 3613

6 Tables/figures - up to 6 - 5

7 References 30 - 47

8 Abstract

9 Aim

10 Resident doctors in their third year of emergency medicine training in the UK face multiple
11 challenges, leading to very high levels of burnout and exodus from the training
12 programme. The North West School of Emergency Medicine trialled reflective practice
13 (Balint) groups to try and help this. This involves regular small group meetings focusing on
14 case-based reflections on the emotional aspects of practice. We aimed to explore the
15 impact of Balint groups on emergency medicine resident doctors.

16 Methods

17 Qualitative study involving semi-structured interviews with resident doctors in their third
18 year of training (ST3) in the UK. Participants included those who had undertaken Balint
19 group sessions, ST3s who did not participate, and Balint group facilitators. Interviews were
20 recorded, transcribed and analysed using reflexive thematic analysis.

21 Findings

22 Twelve participants were included between September 2023 and May 2024. They reported
23 Balint groups to be a hugely positive part of their training. Participants developed a
24 psychological toolkit and a supportive community to help manage the emotional and
25 stress-related aspects of emergency medicine. This led to improved job satisfaction, which
26 participants believed would enhance retention. Participants felt their ability to manage
27 the emotional needs and challenges of their patients had improved. The groups were
28 feasible to run but required planning and communication to facilitate release from clinical
29 work.

30 Conclusion

31 Balint groups for ST3 emergency medicine resident doctors are feasible. Clinicians report
32 benefits for themselves and perceived benefits for their patients. This supports continuing

- 1 and developing the programme locally and piloting similar programmes in other
- 2 professional groups and localities.
- 3

1 Box - what is known, added, and implications

2 What is already known on this topic:

- 3 ● Balint groups help develop reflective practice in General Practice and Psychiatry.
- 4 ● The groups may also help reduce anxiety, provide relief from stress, and help with
- 5 burnout and work-related satisfaction.

6 What this study adds

- 7 ● Balint groups are feasible in emergency medicine resident doctor training in the
- 8 UK, though they require buy-in from hospitals involved.
- 9 ● The peer learning was described as profound and matching or surpassing other
- 10 means of learning.
- 11 ● Participants valued the groups extremely highly and believed they could help with
- 12 retention, job satisfaction and overall psychological wellbeing.

13 How this study might affect research, practice or policy

- 14 ● This study supports ongoing funding for initiatives such as Balint groups in
- 15 emergency medicine to allow the development of a community of practice and
- 16 evaluation of longer-term impacts.
- 17

1 Introduction

2 The third (ST3) year for emergency medicine resident doctors in the UK is considered
3 especially challenging and is associated with exodus from the training programme and
4 high levels of dissatisfaction.[1] The year contains a high volume of essential competencies
5 to be acquired, whilst also stepping up to become a more senior decision maker.[2]
6 Additionally, ST3s are required to complete the three MRCEM (Membership of the Royal
7 College of Emergency Medicine) examinations to progress to ST4.[2] A review of the 2019-
8 2024 General Medical Council (GMC, the United Kingdom's medical regulator) annual
9 training survey showed that ST3 reported higher levels of workload and burnout than
10 other grades in emergency medicine.[3] Data from the north west of England, where this
11 study was conducted, showed a disproportionately high proportion of ST3 doctors
12 requiring extra training time to progress or leaving the training programme at that point
13 (RP, unpublished data).

14
15 Balint groups are a specific type of reflective practice group and have been used in
16 General Practice and Psychiatry training since the 1950s.[4] They were developed to
17 address the challenges clinicians faced in managing emotional and relational aspects of
18 patient care.[4] Balint groups typically comprise six to twelve members and one or two
19 group leaders. They meet regularly, weekly to monthly, for a protracted period. In the
20 meetings, which typically last 60 to 90 minutes, one participant presents an emotionally
21 challenging or complex case, which is then discussed by the rest of the group while the
22 original presenter remains silent. The group expresses their ideas, emotions, and thoughts
23 on the case whilst the presenter listens.[4,5] The process can help participants broaden
24 their perspective on the clinical encounter and the initial difficulty that led them to bring it
25 to the group. This discussion can help clinicians develop their practice, especially in the
26 patient-doctor relationship. It can provide insight into the emotional impact clinicians may
27 have on their patients and vice versa. Understanding this interplay can improve
28 subsequent communication and interactions with patients.[6]

29
30 Most of the published research on Balint groups supports their ability to develop
31 reflective practice, though much of this is methodologically weak.[7] There is some, albeit
32 limited, evidence that Balint groups can help beyond reflective practice, with a small
33 number of studies suggesting that Balint groups may help reduce anxiety and provide
34 relief from stress.[8,9] Other studies indicate that they help alleviate burnout and improve
35 work-related satisfaction.[8,10,11] This evidence, combined with the problems in ST3 and
36 the experience of Balint groups in other specialities within the region, led to the decision
37 to trial the groups for a year. The pilot was funded by COVID-19 recovery money awarded
38 in recognition of the GMC survey data that emergency medicine residents were at
39 increased risk of burnout.[12] This study utilised the pilot to try and understand the impact
40 of Balint groups for ST3s and answer the following research questions:

- 41 - What is the trainees' experience of the Balint group?
- 42 - What impact has the Balint group had on the trainees' work?
- 43 - Has the Balint group impacted trainee resilience?
- 44 - Has the Balint group had any impact on career sustainability?
- 45 - What is the trainees' experience of the ST3 training programme?
- 46 - What impact has the ST3 training programme had on the trainees' work?

1 - What is the experience of those leading and organising the Balint programme?

2 Methods

3 This qualitative study took place during the initial pilot of reflective practice groups for
4 ST3 Emergency Medicine Resident doctors from September 2023 to May 2024.
5 Membership of the Balint group was offered to all ST3 resident doctors in the northwest,
6 with 12 signing up. The group met weekly in a room at a local university. Groups were
7 facilitated by a psychiatrist experienced in Balint and a consultant emergency physician. At
8 each session, one group participant presented a case, then listened to a facilitated
9 discussion without interjecting. Two cases were discussed at each session. Resident
10 doctors were released from clinical shifts to attend Balint, and group attendance was not
11 classed as study leave.

12
13 Data collection for this study comprised semi-structured interviews with eight of the
14 twelve group participants, three ST3 doctors from a part of the region that was unable to
15 participate in the trial, and two people central to organising the Balint groups. The
16 rationale for interviewing three ST3 doctors who were unable to participate was to
17 examine the impact of the ST3 training programme, postulating that, in the absence of
18 Balint, residents may utilise other means to achieve similar goals. The rationale for
19 interviewing two organisers, who were not part of the research team, related to previous
20 attempts to introduce similar innovations being marred by logistical issues and a perceived
21 need to understand this in greater depth. Each group had bespoke interview guides (see
22 Appendix 1).

23
24 All members of the Balint group were invited to participate; other participants were a
25 convenience sample based on their willingness to participate. Participants were
26 approached by email from RP. Interviews were conducted using video conferencing
27 software and utilised an interview guide, available in Appendix 1. All interviewees
28 provided informed written consent. Details about the participants are included in Table 1.
29 To ensure anonymity, these demographics are not linked to quotations provided in the
30 results section. Additionally, one member of the Balint group conducted an
31 autoethnography and recorded this in a series of reflexive field notes.[13] This participant
32 had expressed interest in joining the Balint group and the associated research before it
33 began. The research team thought that a longitudinal method would add depth to the
34 study, and DD is an experienced ethnographer who could support the participant with
35 their autoethnography.
36

Table 1. Interview participants. Two participants initially agreed to participate, but no interview was completed.

Participant ID	Gender	Date	Interview length
Balint Participants			
B1	Male	15/5/2024	51 minutes 58 seconds

Table 1. Interview participants. Two participants initially agreed to participate, but no interview was completed.			
B2	Male	10/7/2024	46 minutes 57 seconds
B3	Male	23/7/2024	48 minutes 17 seconds
B4	Female	Did not participate	
B5	Female	29/5/2024	32 minutes 45 seconds
B6	Female	3/6/2024	56 minutes 44 seconds
B7	Male	1/5/2024	51 minutes 3 seconds
B8	Female	17/5/2024	45 minutes 33 seconds
B9	Male	13/9/2024	48 minutes
Organisers			
O1	Female	20/5/2024	44 minutes
O2	Female	9/9/2024	39 minutes 28 seconds
ST3 Resident Doctors Not Offered Balint			
M1	Male	11/6/2024	1 hour 17 minutes 30 seconds
M2	Female	Did not participate	
M3	Male	5/7/2024	54 minutes
M4	Female	20/8/2024	34 minutes

1
2 Interviews were transcribed, checked for accuracy by the interviewer, and analysed with
3 reflexive thematic analysis.[14–16] Initial and interim meetings were conducted where
4 members of the research team conducting the analysis could iteratively and
5 collaboratively develop their analyses. This process led to the generation of themes—
6 these are not groups of data that are about the same thing, but ‘stories about particular
7 patterns of shared meaning across the dataset’.[14] Reflexive thematic analysis
8 emphasises the effortful nature of analysis, in that themes are not found within the data;
9 rather, they are created through analytical work. This highlights the role of the researcher
10 in generating the analysis, laying this open to scrutiny. The analysis used a six-stage
11 approach to thematic analysis.[14,17] These stages are descriptive and supportive, as
12 opposed to having clear divisions. As was expected, the analysis went back and forth
13 through the stages multiple times.

14
15 An academic emergency physician (DD) led the research and trained the rest of the team in
16 both semi-structured interviewing and reflexive thematic analysis. GH is an adult and
17 paediatric emergency medicine consultant whose Master’s in Medical Education thesis
18 focused on developing resident doctor resilience. JB, HK, and AJ are emergency medicine

1 resident doctors who had recently completed ST3. RC was an ST3 resident doctor during
2 the research period. RP is a consultant in emergency medicine and Head of School for
3 emergency medicine in the North West. The context of the team is essential, as the
4 analytical approach, through reflexive thematic analysis, allows the research team's
5 experience to enrich the analysis. DD, GH, JB, HK, AJ, and RC conducted interviews and
6 analysis. Participants were matched with interviewers whom they did not know.
7
8 The methodological orientation of the study was constructivist in that meaning was
9 constructed through the researchers' interaction with the data.[18] The study's timeline
10 meant that analysis was completed after the interviews were finished, so an ongoing
11 assessment of theoretical saturation was not possible.[19] However, themes were very
12 consistent across interviews, so we are confident that theoretical saturation was achieved.
13
14 The 'Consolidated Criteria for Reporting Qualitative Research (COREQ)' checklist can be
15 found in Appendix 2.

16 Patient and public involvement

17 No patient involvement.

18 Results

19 Analysis led to the development of three main themes, each with key sub-themes. Theme
20 one relates to the perceived benefit to patients of the Balint group, with a subtheme of
21 the emotions of emergency medicine. Theme two groups the participant benefits with
22 subthemes of a psychological toolkit, community of support, and job satisfaction. The
23 third theme relates to running the Balint groups. These are presented below, supported
24 by direct quotes from the data (see Table 2). These quotes are not linked to the
25 participants from Table 1 to facilitate anonymity. Figure 1 provides a visual overview of
26 the study's central themes. Illustrative interview participant quotes for each theme and
27 subtheme are available in Table 2. Figure 2 and Figure 3 provide an abridged
28 autoethnographic account of a participant's experience of Balint. This has been edited for
29 anonymity. The account explores multiple themes, helping readers understand how they
30 might interact.

31 Theme 1 - Patient benefit

32 While not the explicit aim of the groups or the dominant theme in the data (theme two,
33 participant benefits, had far more examples to draw from), it is clear that participants
34 believed that Balint groups are of benefit to patients principally by helping clinicians work
35 with the emotional aspects of the patient journey through the emergency department.
36

Table 2. Illustrative interview participant quotes for themes and subthemes on the impact of Balint groups for ST3 emergency medicine resident doctors cross-matched with the study research questions.

Theme Subtheme – facet of subtheme	Illustrative interview participant quote	Research question(s) mapped to
Patient benefit Emotions of emergency medicine - managing the emotional aspects of emergency care	<p><i>"A few more tools to try and manage different personality types, different types of patients."</i></p> <p><i>"Validate how they feel. In that, and say, I completely understand where you're coming from. That's helped a lot to try and de-escalate."</i></p> <p><i>"Oh, they're in a bad place, or they don't know how to process their emotions, or they don't know how to get what they need out of the situation."</i></p>	What impact has the Balint group had on the trainees' work?
Patient benefit Emotions of emergency medicine - teaching others to manage the emotional aspects of emergency care	<p><i>"So it's given me a great deal of insight into my communication skills and the way I view the patient-doctor relationship. In fact, I used Balint only recently. I was discussing a patient with one of my trainees, and she really couldn't get to the bottom of what was going on with this patient, ...</i></p> <p><i>Because of Balint, I was able just to step back and say, 'Do you think maybe that the reason you're struggling with trying to get a grip on this gentleman is because he's also struggling with trying to get to grips with his life?' So there was that mirroring of the way she was feeling and the way he was, which I would never have thought of prior to doing Balint."</i></p>	What impact has the Balint group had on the trainees' work?
Participant benefit Develop a psychological toolkit - improved self-awareness	<p><i>"...validated in a way, some reassurance at times that how you're feeling, that can be completely normal, and the reaction you've had to that situation is a pretty normal reaction to have..."</i></p> <p><i>"I think it's definitely helped me appreciate that it is a difficult job..."</i></p>	What is the trainees' experience of the Balint group?
Participant benefit Develop a psychological toolkit - developing mental models	<p><i>"mental models on how to navigate a similar situation that might arise"</i></p>	What impact has the Balint group had on the trainees' work?
Participant benefit Develop a psychological toolkit - resilience	<p><i>"I think that the concept of somebody being resilient and it being all on them to be resilient, I find quite difficult because I think we all can be resilient and then not be resilient based on what's going on in our lives at the time. I think that in terms of the ability to process difficult cases and then move forward from them, whether you call that resilience or not, I think has massively been helped by being part of the Balint group for me."</i></p>	Has the Balint group impacted trainee resilience?
Participant benefit Community of support - getting to know colleagues	<p><i>"Commonality in worries that they had with regard to consultations that were particularly challenging and sharing"</i></p>	What is the trainees' experience of the Balint group?
Participant benefit Community of support - help with feelings of isolation	<p><i>"It's an isolating career in some ways because you are often by yourself, it's lone practice."</i></p>	What is the trainees' experience of the ST3 training programme?
Participant benefit Job satisfaction - appreciation that it is a	<p><i>"I think it's definitely helped me appreciate that it is a difficult job and it made me quite impressed at times at what my peers do and what my colleagues do."</i></p>	What is the trainees' experience of the ST3 training programme?

Table 2. Illustrative interview participant quotes for themes and subthemes on the impact of Balint groups for ST3 emergency medicine resident doctors cross-matched with the study research questions.

<i>difficult job</i>		
Participant benefit <i>Job satisfaction - reflecting on sustainable working</i>	<p><i>"Thinking about what could make it more sustainable for me"</i></p> <p><i>"I think that being able to do that going forward is going to be extremely helpful with regards to having an ED career"</i></p>	Has the Balint group had any impact on career sustainability?
Participant benefit <i>Job satisfaction - retaining ST3 resident doctors</i>	<p><i>"Trainees feel supported, then that will hopefully stop them from dropping out"</i></p> <p><i>"So, yes, probably in the sense that I'm not actively thinking about dropping out of training or changing career paths and things at the minute"</i></p>	Has the Balint group had any impact on career sustainability?
Running Balint <i>Buy-in from hospital sites</i>	<i>"The biggest thing was trying to get buy-in from our hospital sites for our ST3s"</i>	What is the experience of those leading and organising the Balint programme?
Running Balint <i>Neutral space</i>	<p><i>"There is something wholly unnatural about taking a case that you've just been through and speaking about it in the hospital that you're working in, in a clinical environment and with the people that are around you all the time. What you actually need is to be away from the hospital."</i></p> <p><i>"What you actually need is to be away from the hospital."</i></p>	<p>What is the experience of those leading and organising the Balint programme?</p> <p>What is the trainees' experience of the Balint group?</p>
Running Balint <i>Regular groups</i>	<i>"It was a set time, the same time every week."</i>	What is the trainees' experience of the Balint group?
Running Balint <i>The right facilitator(s)</i>	<p><i>"It's really good having [ED facilitator] there as a much more experienced A+E Consultant and getting her perspective on things"</i></p> <p><i>"And then [psychiatry facilitator] as well from that psychiatry perspective, has given really great insights, I think she's slightly more the patient's advocate at times and says this is probably why they've reacted in such a way, or she would offer insights about a person's upbringing or their learned behaviours of how to react to stressful or difficult situations. And I think it's made me understand why patients react the way they do to certain things."</i></p>	What is the trainees' experience of the Balint group?
Running Balint <i>Challenge of training and retaining facilitators</i>	<i>"Enough facilitators and the right mix of facilitators is going to be one of the challenges if this were to go out to different sets of trainees, different year groups of trainees"</i>	What is the experience of those leading and organising the Balint programme?

1 Emotions of emergency medicine

- 2 Many of the challenging interactions in the emergency department revolve around some
- 3 of the inherently emotional experiences that patients undergo, such as pain, fear, poor

1 communication, and uncertainty. The skills developed from Balint can help practitioners to
2 manage the emotional aspect of emergency medicine in a more skilled way.

3

4 This was achieved by enhancing their communication skills and improving their ability to
5 practice in an empathetic manner, through a better understanding of the patient's
6 perspective and experience. This benefit was not isolated to the interactions with patients
7 of Balint participants; it also extended to the clinicians whom Balint participants may be
8 supervising or supporting and, by extension, the patients they are caring for:

9 Theme 2 - Participant benefits

10 The impact of the Balint group on participants as individuals was the strongest of the
11 three themes and is subdivided into three sub-themes.

12 Develop a psychological toolkit

13 Regarding the first theme of patient benefit through the emotions of emergency
14 medicine, participants found that the Balint group helped them develop a psychological
15 toolkit. A key component of their psychological tool kit was improved self-awareness and
16 reflective ability. The second component of the psychological toolkit is developing mental
17 models of how others have approached common yet challenging workplace situations.
18 Learning directly from their peers in a way they would rarely be able to do in work. The
19 third component is how Balint helps participants manage workplace challenges, perhaps
20 through resilience. Though, like in the literature, the term was contested.

21 Community of support

22 One of the key benefits of the Balint groups was the development of a supportive
23 community of peers. This was achieved through getting to know colleagues and the
24 shared experiences they recounted. The groups also helped combat a sense of isolation
25 that can come from the change in seniority, making more independent decisions and
26 starting to lead a clinical team. Two aspects were vital for developing the community of
27 support: the regularity of the sessions and that they occurred away from the usual
28 workplace.

29 Job satisfaction

30 The final impact on participants was a reported increase in job satisfaction. One way this
31 was developed was through appreciating the difficult job that interviewees and other
32 participants in the Balint group did—a sense of collective pride in the skills and
33 achievements of their peers working in challenging clinical environments.

34

35 The group provided an opportunity for the participants to reflect on how they might make
36 work more sustainable for them. The data suggested that Balint groups have helped retain
37 resident doctors in the training programme, at least in the immediate term.

1 Theme 3 - Running Balint

2 The final theme explores how the groups operate, identifies essential elements for
3 success, and highlights specific nuances for managing groups in the context of emergency
4 medicine.

5
6 Getting the group started required a great deal of communication between those leading
7 the pilot and the resident doctors' workplaces. A key decision early on was that the
8 resident doctors would not be expected to attend Balint groups in study, education
9 development, or their own free time. But like their counterparts in General Practice and
10 Psychiatry, this would be clinical time. This required a cultural shift towards accepting that
11 reflecting on practice is a core part of emergency department work.

12
13 The groups took place in a room at a local university. Both participants and organisers
14 agreed that this space, being away from the clinical workplace, was of paramount
15 importance. Holding the sessions at regular intervals had additional benefits for
16 participants, who noted that rather than a case *"being on their mind"* for an indefinite
17 period, they could temporarily put it to one side, knowing that they would have the
18 opportunity to discuss whatever about the case was troubling in the next Balint group.

19
20 The groups were led by a psychiatrist who is experienced in facilitating Balint and an
21 emergency physician who was a novice facilitator. This provided a range of perspectives
22 but also allowed the facilitators to support one another and build capacity to make the
23 Balint group programme sustainable. Group members valued the credibility and
24 experience of the facilitators and felt that highly skilled facilitation had a noticeable
25 impact on what they gained from the groups. Having two facilitators was a real positive,
26 but finding, training and retaining facilitators was seen as a significant challenge to making
27 Balint groups more accessible in the future.

28 Other findings

29 The three themes described above were clear and consistent findings from the study.
30 There were some additional findings that, while less prominent than the three main
31 themes, warrant brief discussion.

32
33 The interviews with the resident doctors who were not offered Balint revealed much the
34 same in terms of work pressures and their impact.

35
36 *"The environment is very intense in ED, and even in the five years that I've worked in*
37 *emergency medicine, how intense that environment is has just become more and more*
38 *palpable."*

39
40 Without access to Balint, these doctors employed less formal approaches to managing the
41 effects of complex cases, such as consulting with friends, family, and colleagues. These
42 conversations were helpful in terms of unloading the psychological impact, but they did
43 not help develop the psychological toolkit or supportive network of peers that Balint
44 achieved.

45

1 *“Sound out with people that you're not the only person feeling that particular way”*

2

3 What is clear from the interview data is the high level of benefit participants found in their
4 experience of being in the Balint group.

5

6 *“I found it probably one of the most helpful and rewarding things that I've done since being in*
7 *emergency medicine training”*

8 Discussion

9 We found that participants benefited greatly from a Balint group to stimulate reflective
10 practice. The group helped participants develop a psychological toolkit and a supportive
11 community, and helped them improve their job satisfaction. This may help retain them in
12 the training programme and the profession. Participants also identified how the groups
13 had helped them in patient interactions, which they believed had benefited their patients.

14

15 A 2015 realist review found that developing reflective practice and participating in group
16 discussion “incentivised physicians to think critically about medical decisions”[20] in the
17 context of educating them to deliver high-value, cost-conscious care. Our findings echo
18 this, and many other studies in linking participation in reflective practice with a belief that
19 reflective practice improves patient outcomes.[21,22] We still lack clear empirical evidence
20 that reflective practice does indeed impact patient outcomes. Despite this, there is a
21 strong belief from key organisations, such as the United Kingdom’s medical regulator, the
22 General Medical Council,[23] the UK Medical Schools Council,[23] and the Royal College of
23 Emergency Medicine,[24] that reflective practice is essential for contemporary medical
24 professionals.

25

26 While emergency departments are recognised as places of high emotions, the impact on
27 patients and staff is understudied. The limited research examining staff has some
28 pertinent findings. A 2018 US study found that system, hospital, and patient factors
29 influenced provider emotions, which in turn influenced patient outcomes and safety.
30 Importantly, the authors found that provider strategies could influence the impact of
31 these factors on emotions and the impact of emotions on outcomes.[25] What is also clear
32 is that ‘emotional labour’, as the authors of a 2021 ethnography of emergency nursing
33 termed it, is significant and that the culture of the speciality can be a barrier to discussion
34 related to emotions.[26] Our participants suggest that Balint groups can help with this
35 ‘emotional labour’ and may be an early step towards culture change. The experience of
36 emergency department patients was explored in a 2019 systematic review,[27] which
37 highlighted the importance of recognising suffering and providing empowerment to meet
38 patients' emotional needs. Our study findings show that Balint groups are one way that
39 emergency physicians can be supported to meet these needs.

40

41 Participants described developing a psychological toolkit with three main components:
42 self-awareness, resilience, and the development of mental models for approaching future
43 challenging situations. Self-awareness helps emergency physicians understand their
44 limitations, biases, and emotional responses, improving patient safety and team
45 performance.[28] Despite its importance, there is little evidence on how to improve self-

1 awareness in health professionals.[29] Our findings suggest that Balint groups, alongside
2 targeted self-awareness courses [30] and indirect methods such as analysing patient
3 complaints [31], may support its development.

4
5 Resilience training has shown promise in small studies,[32] but the concept is contentious
6 in emergency medicine, as it may be seen as drawing focus from systemic pressures to
7 individual coping.[33] Because resilience emerged as a secondary benefit rather than an
8 explicit aim, Balint groups may avoid this controversy.

9
10 Developing and sharing mental models is often described as part of good teamworking in
11 emergencies.[34] Evidence from competency committees [35] and hospital discharge
12 planning[36] suggests they support decision making. Our participants found Balint groups
13 useful for forming mental models for the emotionally challenging cases frequently
14 encountered in emergency medicine.

15
16 A sense of fellowship has been reported in Balint groups for psychiatry residents,[37]
17 reflecting a broader literature highlighting belonging as essential for sustainable medical
18 careers.[38,39] Participants similarly emphasised collegiality as a major benefit.

19
20 Job satisfaction influences physical and mental health,[40] and leadership behaviour is an
21 important determinant of that.[41] Some of the improvement in job satisfaction reported
22 by participants may therefore also reflect School of Emergency Medicine's supportive
23 leadership in enabling the group.

24
25 Previous attempts to trial Balint groups in emergency medicine have run into significant
26 logistical problems, such as an initiative from South Wales that secured funding and
27 facilitators but failed to recruit enough members.[42] Given the rotational nature of
28 emergency medicine training, getting buy-in from the sites was essential for feasibility.

29
30 Certain times in professional education, not limited to postgraduate medical education,
31 are more challenging than others. Increases in responsibility, such as transitioning from
32 medical student to doctor, or resident doctor to consultant, are recognised as such.
33 Medical schools in the UK have developed their curricula for this initial transition[43] and
34 various avenues of support are available for the new consultant.[44] The Royal College of
35 General Practice has a dedicated programme of support for the first 5 years of
36 independent practice.[45] Transitions within training programmes are less well developed,
37 but programmes such as this, supported by innovations such as appointing a dedicated
38 training programme director for the ST3 year and introducing interim reviews,[46]
39 alongside an introduction to ST3 simulation course[47] all help.

40 Limitations

41 We did address retention of benefits once the group had finished, nor did we assess for
42 systematic differences between those who participated and those who did not. Balint
43 groups incur costs for participant and facilitator time, as well as room hire. Our study does
44 not report an economic evaluation. These are areas for future research. An international
45 comparison of emergency medicine training, particularly those using versions of the RCEM

1 curriculum, to assess for similarly challenging periods as the ST3 year in the UK, is also
2 warranted.

3 **Conclusions**

4 Our findings suggest that Balint groups are highly effective in building reflective practices,
5 communities of support, and job satisfaction. By creating a psychological toolkit,
6 participants were better able to serve their patients and work sustainably. Balint groups
7 should be offered to ST3 doctors, and further work done to evaluate their efficacy in other
8 professional groups and settings.

9 **Data availability statement**

10 Data are available upon reasonable request, which the awarding ethics committee will
11 review.

12 **Ethics statements**

13 **Patient consumer for publication**

14 Not applicable.

15 **Ethics approval**

16 Lancaster University Research Ethics Committee granted ethical approval for the project
17 (FHM-2024-3841-SA-2) on the 15th March 2024.

18 **Contributorship statement**

19 DD, GH and RP developed the initial research question and study idea. DD, GH, RP and RC
20 developed the study design. DD, GH, RC, HK, JB and AJ conducted data collection and
21 analysis. DD completed the first draft of the paper. All authors contributed to further
22 drafting and editing and provided final approval of the version to be published. DD is the
23 guarantor.

24 **Competing interests**

25 Lancaster University provided funding for this study and is DD's employer. The funder
26 didn't influence the results/outcomes of the study despite author affiliations with the
27 funder. All other authors have no competing interests to declare.

28 **Acknowledgements**

29 None declared.

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4 Data sharing statement

5 Data are available upon reasonable request.

6

7 Appendix 1. Interview Guides

8 Appendix 2. COREQ Checklist

9 References

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