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Cuban Healthcare Professionals' Perceptions of Balint Groups: A Pilot Study

Percepciones de los Profesionales Sanitarios Cubanos sobre los Grupos Balint: Un Estudio Piloto

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ABSTRACT
Background: Balint groups are crucial in Psychosomatic Medicine, focusing on healthcare relationships and providing psychotherapeutic training. Objective: To explore healthcare professionals' perceptions of Balint groups in Santiago de Cuba's Basic Psychosomatic Course, identifying perceived benefits and training needs. Methods: Cross-sectional survey of 34 healthcare professionals who completed Balint training (2018-2020), categorized by specialty (Natural/Traditional Medicine, Psychiatry, Others). The Spanish-translated *Rückmeldung Balintgruppe* questionnaire assessed learning effects, group dynamics, and practical applicability using ten Likert items and one open-ended question. Results: Participants provided positive evaluations (1-2 on 6-point scale, 1=best). Group atmosphere, leadership competence, and continuation interest received highest ratings. Kruskal-Wallis test showed significant differences in perceived work impact among groups (p = .046), though post-hoc comparisons showed not pairwise differences. Competent leadership correlated with satisfaction (r = -.400, p = .019). Qualitative analysis revealed needs for additional resources (44%) and training (38%). Conclusions: Balint groups demonstrated high acceptability among Cuban healthcare professionals. Findings suggest they're promising tools for professional development in Cuba's healthcare context, requiring culturally adapted resources and ongoing supervision for implementation.
Keywords: balint group, psychosomatic medicine, health personnel

RESUMEN
Antecedentes: Los grupos Balint son cruciales en Medicina Psicosomática, enfocándose en relaciones sanitarias y proporcionando formación psicoterapéutica. Objetivo: Explorar las percepciones de profesionales sanitarios sobre grupos Balint en el Curso Básico de Medicina Psicosomática de Santiago de Cuba, identificando beneficios percibidos y necesidades formativas. Métodos: Encuesta transversal a 34 profesionales sanitarios que completaron formación Balint (2018-2020), categorizados por especialidad (Medicina Natural/Tradicional, Psiquiatría, Otros). El cuestionario *Rückmeldung Balintgruppe* traducido al español evaluó efectos del aprendizaje, dinámica grupal y aplicabilidad práctica usando diez ítems Likert y una pregunta abierta. Resultados: Los participantes proporcionaron evaluaciones positivas (1-2 en escala de 6 puntos, 1=mejor). Atmósfera grupal, competencia del liderazgo e interés de continuación recibieron calificaciones más altas. La prueba Kruskal-Wallis mostró diferencias significativas en impacto laboral percibido entre grupos (p = .046), aunque comparaciones post-hoc no mostraron diferencias por pares. Liderazgo competente correlacionó con satisfacción (r = -.400, p = .019). Análisis cualitativo reveló necesidades de recursos adicionales (44%) y formación (38%). Conclusiones: Los grupos Balint demostraron alta aceptabilidad entre profesionales sanitarios cubanos. Los hallazgos sugieren que son herramientas prometedoras para el desarrollo profesional en el contexto sanitario cubano, requiriendo recursos culturalmente adaptados y supervisión continua para su implementación.
Palabras clave: grupo balint, medicina psicosomática, personal sanitario

Introduction

The Balint groups (BG) were created by Enid and Michael Balint in 1950 in the United Kingdom as a response to the need for (psycho)therapeutic training of physicians and other healthcare personnel, which in turn led to the formulation of a new way to promote and exercise these skills in both medical and non-medical staff. BGs could also be defined as: "…grupos de trabajo focalizados en las relaciones asistenciales y, particularmente, en las relaciones asistenciales que se han mostrado problemáticas para el profesional" [... work groups focused on healthcare relationships and, particularly, on healthcare relationships that have proven problematic for the professional] (Tizón, 2019, p. 27). Explained in more practical terms, they are supervised and guided discussion groups where experiences or topics with an emotional component for healthcare personnel are discussed. These will have a structure defined by the group guide, the participant who shares their experience through a case, and the group itself (it should be noted that the group structure can change and adapt depending on where, when, and who conducts it) (Sheikhmoonesi et al., 2021; Tizón, 2019).

The BG has, among other functions, a psychotherapeutic purpose (helping staff identify their own personal problems or conflicts, as well as those of patients); a sensitization purpose (raising awareness among staff about the importance of the psychological component in providing adequate patient care); an emotional containment function (creating a climate of trust, hope, support, and mutual reflection, while also serving as a means of alleviating work-related stress and preventing potential psychological conditions among healthcare staff), and a teaching purpose (providing a space for collective learning and reflection, where the exchange of experiences is fundamental). The Balints developed an efficient tool for improving the quality of healthcare at all levels, facilitating the biopsychosocial approach to the health-disease process. This tool would later become an important part of psychosomatic medicine (PM) (Popa-Velea et al., 2021; Shan et al., 2024; Tizón, 2019; Wuan et al., 2021).

Research on Balint groups has shown mixed results across different healthcare contexts. A systematic review by Yazdankhahfard et al. (2019) analyzing nine studies published between 2008-2018 identified four main research aims: evaluating resident and medical student experiences, improving communication skills and reducing burnout, assessing effects on empathy, and exploring contexts of presented cases. While qualitative studies consistently reported benefits in personal and professional development, quantitative studies did not always demonstrate increased patient-centeredness compared to control conditions. The review found that despite general consistency in qualitative findings across different countries, the evidence was limited by reliance on self-reporting and the variable quality of included studies.

Qualitative studies have reported positive outcomes. Ng et al. (2022) found that BGs provide medical students with an emotionally resonant experience that teaches them to reflect

on difficult emotions associated with clinical encounters. Ryding and Birr (2022) reported that participation in BGs for at least 1.5 years helps younger doctors build their professional identity through deeper understanding of doctor-patient relationships. Similarly, Nalan and Manning (2022) documented that psychiatry residents attributed fellowship with peers, self-efficacy, and hope in their work to BG participation.

However, quantitative studies have yielded less encouraging results. Yousefzadeh et al. (2024) found no significant differences between Balint and control groups in quality of work life, resilience, or nurse–patient communication skills among psychiatric nurses. A systematic review by Clough et al. (2017), which evaluated psychosocial interventions for occupational stress and burnout among medical doctors, found no evidence supporting the efficacy of discussion-based interventions such as Balint groups, although stronger evidence was found for cognitive-behavioral interventions.

The implementation of Basic Psychosomatic Courses and, consequently, the application of BGs in basic medical training programs, especially in family medicine residency programs, can significantly improve the quality of medical care and the level of preparation of these professionals (Player et al., 2018). Hence, it is not surprising that the application of BGs is relevant in Primary Health Care (PHC), particularly in the context of the Cuban National Health System, where PHC has a high degree of development and reach. In addition to its complex structuring, it is focused on comprehensive patient and community care, which supports several of the main postulates of PM proposed by González de Rivera and Revuelta (2000)**.** These postulates state that health and illness are conditions determined by a dynamic interaction of biological, psychological, and social factors that mutually influence each other at all levels, from molecular to symbolic, requiring a comprehensive approach that considers both the patient's total situation and the therapeutic relationship for effective prevention and treatment (Di Fabio et al., 2020; Journal of Public Health Policy, 2021; Tizón, 2019).

Following the first Congress of Psychosomatic Medicine held in Santiago de Cuba in 2018, an annual multidisciplinary event was established that integrates all biomedical specialties. This initiative led to the creation of the Lectureship of Psychosomatic Medicine at the University of Medical Sciences of Santiago de Cuba and the German-Cuban Society of Psychosomatic Medicine. As part of these congresses, Basic Psychosomatic Courses have been taught since 2018, which include BG training for various health professionals. The course design extends beyond traditional workshop formats, incorporating sustained monthly group supervision over a year-long period to ensure deeper integration of the Balint methodology (Timmermann, 2019).

Despite growing international interest in BGs, there is a notable absence of research from the Cuban healthcare context. Most published studies originate from another countries (United States, United Kingdom, Israel, Iran) with fundamentally different healthcare

systems and medical cultures. No previous studies have evaluated BG implementation within Cuban Basic Psychosomatic Courses or explored Cuban healthcare personnel's perceptions of this intervention's utility in their professional practice.

Therefore, the objective of this pilot study was to explore healthcare professionals' perceptions of the utility of Balint groups implemented within the Basic Psychosomatic Course in Santiago de Cuba, identifying perceived benefits and training needs.

Methods

Study Design and Participants

A cross-sectional descriptive study was conducted with health professionals who completed the Basic Psychosomatic Medicine course and systematically participated in Balint groups between February 2018 and February 2020. They were evaluated using the survey developed by Fritzsche et al. (2021), the *Rückmeldung Balintarbeit*. (See Appendix 1 and 2).

This cross-sectional descriptive study included healthcare professionals from two cohorts of the Basic Psychosomatic Medicine course: the 2018–2019 cohort and the 2019–2020 cohort. Each cohort completed an 80-hour course distributed over one year, consisting of two 40-hour blocks separated by a period of supervised practice. Eligibility criteria included: (a) completion of the full Basic Psychosomatic Medicine course, (b) attendance at all required Balint group sessions (30 hours within the course plus 12 additional monthly sessions), and (c) voluntary consent to participate. Exclusion criteria comprised: (a) incomplete survey responses, (b) absence during survey administration, or (c) declining participation. Of 35 eligible professionals approached from both cohorts, 34 (97.1%) met inclusion criteria and were included in the final analysis. One participant was excluded due to providing incomplete responses to the survey questions. Participants were grouped into three professional categories based on their academic background and clinical practice: (1) Natural and Traditional Medicine (specialists and residents), (2) Psychiatry (specialists and residents), and (3) Other specialties and non-medical personnel (including medical specialists in surgery and family medicine, nursing graduates, and psychologists). The size of each professional-category cohort was also considered when categorizing participants: categories with insufficient numbers were consolidated into the deliberately heterogeneous third group. This categorization was established to explore potential differences in perceptions across medical specialties and healthcare roles, given the heterogeneous composition of course participants and the varying degrees of exposure to psychosocial approaches in different professional backgrounds.

Instrument

A Spanish-translated version of the *Rückmeldung Balintgruppe* questionnaire, developed by Fritzsche et al. (2021), was used to assess participants' perceptions of the Balint Group sessions. The instrument consists of 10 items with four-point Likert scale responses ("Totally applicable", "Mostly true", "Partly applicable" and "Not applicable"), plus an open-ended question for qualitative comments and an overall experience rating (1=best to 6=worst). Administration was face-to-face, paper-based, at the end of all sessions, and completion required approximately five minutes.

The original German version demonstrated adequate psychometric properties in its initial sample (n > 200), with confirmatory factor analysis (WLSMV) reporting $\chi^2 = 288.14$, $df = 26$, $p < .001$; RMSEA = .078 [90% CI 0.070–0.086]; CFI = .981; TLI = .974, and satisfactory internal consistency (Cronbach's α =.838 for "Learning effects" and α = .739 for "Relationship and leadership") (Fritzsche et al., 2021).

In the present study, 34 subjects were surveyed. Given the reduced sample size (n = 34), no new factor analysis was performed nor was local internal consistency (Cronbach's α) calculated, as the literature recommends a minimum of 50–100 cases to obtain stable estimates in these procedures (Kyriazos, 2018). Instead, to ensure face and content validity in the Spanish version, the questionnaire was reviewed by certified experts from the German Balint Society (two lead Balint group teachers with over 12 years of experience and two senior facilitators), who evaluated the adequacy of the items.

Although the Spanish version was produced via direct translation by a bilingual expert, back-translation, formal piloting, and cultural equivalence analyses were not conducted. Consequently, all psychometric evidence for this study relies on Fritzsche et al. (2021) original validation. This represents the first application of the instrument in the Cuban context, and the absence of a formal, locally adapted psychometric validation constitutes a key limitation to be addressed in future research.

The questionnaire designed by Fritzsche et al. (2021) allowed for the evaluation of multiple dimensions of learning and experience in the Balint group. In the cognitive aspect, it explored the acquisition of new knowledge by participants. Regarding emotional experience, the instrument evaluated self-discovery through group work, the personal relevance of discussed cases, and the emotional impact of presentations. Practical applicability was assessed through participants' perception of how the analyzed cases would influence their daily professional performance. The questionnaire also addressed aspects related to group dynamics, including the quality of the work environment and leadership effectiveness. In this latter aspect, both motivational capacity and competence in group facilitation were evaluated. Finally, it explored participants' interest in continuing their participation in future Balint groups, particularly regarding the discussion of clinical cases

under this methodology. Open-ended responses were analyzed using thematic content analysis. Responses were independently coded by two researchers, with themes identified through consensus.

Course Configuration:

The Basic Psychosomatic Medicine course was offered to two cohorts during the study period. The first cohort attended from 2018−2019 and the second from 2019−2020. Each course consisted of 80 total hours: 20 hours of theoretical training, 30 hours of verbal interventions, and 30 hours of supervised Balint group work. The course was structured as two 40-hour blocks with supervised practice in between.

Between the two 40-hour blocks, participants attended 12 monthly Balint Group sessions conducted by qualified facilitators. These sessions were additional to the 30 hours of Balint group work already included in the basic course curriculum.

During this intermediate period, participants had the opportunity to apply their learning from the first stage in monthly meetings. The second 40-hour block focused on intensive evaluation and discussion of Balint group experiences, promoting exchange among participants.

For successful course completion, participants were required to attend 100% of both 40-hour modules and all scheduled Balint group sessions.

Data Collection Procedures

The recruitment of healthcare personnel and the administration of the survey were conducted in person after the completion of the courses. All eligible participants were approached during the final course session, where the study objectives were explained and voluntary participation was requested. Paper-based surveys were administered after course completion in a classroom setting with a researcher present to clarify any questions.

Statistical Analysis:

For processing the obtained data, SPSS (version 28.0) was used (IBM Corp., 2022). Given the ordinal and dichotomous nominal nature of the survey variables, descriptive statistics were calculated as frequencies and percentages for all items. To explore differences between professional groups, the non-parametric Kruskal-Wallis test was used for ordinal survey items, as these data do not meet the assumptions for parametric tests. When significant differences were found, post-hoc pairwise comparisons were conducted with Bonferroni correction to control for Type I error. Spearman's correlation coefficients were calculated to examine relationships between leadership evaluation items and overall course ratings. Statistical significance was set at $p < .05$.

Ethical Considerations:

The Institutional Review Board (IRB) of the University Medical Center Regensburg (*Universitätsklinikum Regensburg*) reviewed the study protocol and exempted it from requiring formal ethical approval and written informed consent, as the study involved only healthcare professionals' educational experiences and did not include patient data or interventions. Additionally, the study was approved by the institutional authorities at the University of Medical Sciences of Santiago de Cuba. All research activities were conducted in compliance with both German and Cuban research ethics guidelines. Each participant was provided with a detailed explanation about the characteristics of the research and the relevance of their participation, clearly ensuring their right not to take part in the research and guaranteeing their anonymity. Additionally, they were informed that they could withdraw from the study at any time if they wished to do so. Confidentiality of information was always guaranteed to respondents.

Results

The selected study group consisted of n = 34 subjects, who were divided into different subgroups: Natural and Traditional Medicine (n = 15), Psychiatry (n = 9), and other specialties and non-medical personnel (n = 10) (see Table 1). Many participants were specialists or residents in Natural and Traditional Medicine, and most were female (n = 28, 82.3%).

Table 1. Evaluation of Balint groups according to participants' academic background.

n = 34	Natural and Traditional Medicine			Psychiatry			Other specialties and non-medical personnel			*p**
n (%)	15 (44)			9 (27)			10 (29)			
Questions (%)	Partially applicable	Mostly true	Fully applicable	Partially applicable	Mostly true	Fully applicable	Partially applicable	Mostly true	Fully applicable	
I learned something new about myself through group work	0	27	73	0	56	44	0	30	70	,339
I acquired new knowledge	0	27	73	11	33	56	0	30	70	,567
The discussed cases are important to me	7	53	40	11	56	33	0	50	50	,639
I was emotionally moved by the presented cases	0	87	13	11	44	44	10	60	30	,581

The case reports will have a positive impact on my work	7	53	40	0	11	89	0	60	40	**,046**
The group atmosphere was good	0	33	67	0	33	67	0	30	70	,983
I am interested in participating in future group work for case discussions like the Balint group	0	27	73	0	33	67	0	10	90	,464
The course leadership was motivating	0	7	93	0	33	67	0	0	100	,128
The group leadership was competent	0	22	78	0	22	78	0	0	100	,226

Note: Values represent percentages within each professional group. The "Not applicable" response option was available but not selected by any participant. (*p-values from Kruskal-Wallis test. Only "The case reports will have a positive impact on my work" showed $p < 0.05$, which did not remain significant after correction for multiple comparisons).

The Other specialties and non-medical personnel category consisted of four medical specialists in Internal Medicine, Pulmonology, Immunology, and Physiology respectively. This category also included one dental surgeon, one nursing graduate, three psychology graduates, and one psychopedagogy graduate. The other two categories (Natural and Traditional Medicine and Psychiatry) were composed of medical specialists and residents from each specialty, with specialists predominating.

The Kruskal-Wallis test revealed a statistically significant difference among the three professional groups only for the item “The case reports will have a positive impact on my work” ($H(2) = 6.15$, $p = .046$). Post-hoc pairwise comparisons with Bonferroni correction showed that the initial differences observed between Natural and Traditional Medicine and Psychiatry groups (uncorrected $p = .019$), and between Psychiatry and Other healthcare professionals (uncorrected $p = .044$), did not remain statistically significant after correction (adjusted $p = .058$ and $p = .132$, respectively). All other survey items showed no significant differences among professional groups (all *p-values* > .05).

The question corresponding to the course evaluation (The course deserves the following rating) consists of 6 possible evaluation options ranging from 1 to 6, where 1 is the best possible course evaluation and 6 is the worst. All evaluations of the course fell within the two highest scores, 1 and 2: Natural and Traditional Medicine: 1 = 87%, 2 = 13%; Psychiatry: 1 = 67%, 2 = 33%; Other specialties and non-medical personnel: 1 = 90%, 2 = 10%.

Spearman correlation analysis revealed a strong positive correlation between motivating and competent leadership evaluations (r = .749, p < .001). Competent group leadership showed a significant negative correlation with overall course ratings (r = -.400, p = .019). Given that the course rating ranged from 1 (best) to 6 (worst), this negative correlation indicates that higher perceptions of leadership competence were associated with better (lower numerical) course evaluations. The correlation between motivating leadership and overall ratings, while in the expected direction, did not reach statistical significance (r = -.243, p = .165).

Sixteen participants (47 %) provided written comments in the open-ended section. Thematic analysis revealed five main themes (Figure 1): (1) requests for continuation of Balint group sessions (n = 3, 19%); (2) need for additional training and preparation (n = 6, 38%); (3) desire for supplementary educational resources—including bibliography, videos, and other didactic materials (n = 7, 44%); (4) interest in broader application of the methodology (n = 2, 13%); and (5) positive evaluations describing the experience as “interesting, novel, and timely” (n = 3, 19%). Several responses contained multiple themes. The predominant requests were for additional resources and further training opportunities. Representative comments included: "*Mantener el grupo, entrenamiento y bibliografía*" [Maintain the group, training and bibliography], "*Bibliografía y videos de sesiones de trabajo*" [Bibliography and videos of work sessions], and "*Valioso, más preparación, intercambio interdisciplinario*" [Valuable, more preparation, interdisciplinary exchange]."

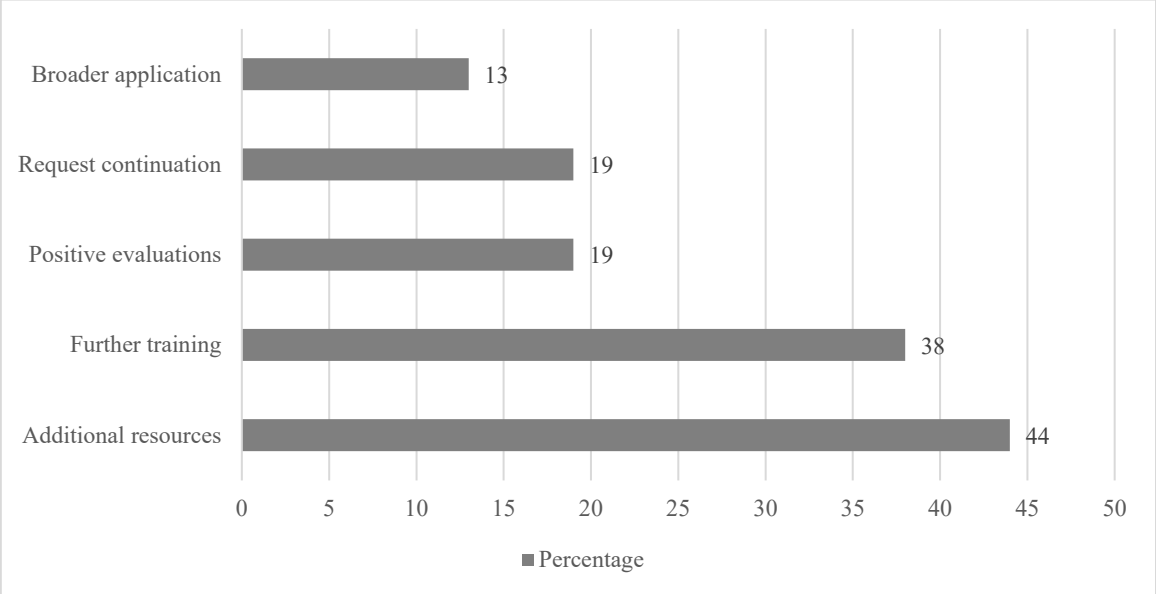

Figure 1. Themes from open-ended responses regarding Balint group experience (Note: Percentages reflect the proportion of respondents mentioning each theme. Responses could contain multiple themes).

Discussion

Various authors have contributed to the conceptual evolution of Psychosomatic Medicine from the beginning of the 19th century to the present. Several years ago, the word psychosomatic was introduced into the field of medicine to indicate the profound influences that life experiences, emotional states, and even cognitive processes have, either positively or negatively, on health and human functioning. Currently, psychosomatic thinking is based on overcoming partial views and reductionist abstractions, seeking the integration of biological and social manifestations in a unitary understanding of the human being. Among its concrete applications, Psychosomatics is distinguished both as a medical orientation and as clinical practice (Ulnik, 2019).

Michael and Enid Balint developed the psychotherapeutic function of physicians through a group methodology that spread globally under the name "Balint groups." These groups focus on case discussions, where patient issues, their relationship with illness, and the connection between both are analyzed. The "psychotherapeutic function" of the physician is consolidated in this mutual collaboration, facilitating organization and progressive learning around a team with common tasks and objectives (Gómez Esteban, 2020).

Our cross-sectional survey revealed predominantly positive assessments across all evaluated dimensions, with overall course ratings between 1-2 on a 6-point scale. This high satisfaction aligns with findings from Fritzsche et al. (2021), who reported an overall grade of M = 1.80 (SD = 0.72) among 1,667 physicians participating in mandatory Balint groups. However, our study's voluntary participation context may have positively influenced these assessments compared to mandatory settings.

The interprofessional composition of our sample provides unique insights. While our sample consisted predominantly of physicians from various specialties (82.4%) with minimal nursing representation (2.9%), the inclusion of diverse healthcare professionals (17.6%) provides a broader interprofessional perspective compared to previous studies. This diversity enriches our understanding of Balint group applicability across healthcare disciplines. Cao et al. (2022) similarly demonstrated effectiveness in multidisciplinary teams, showing significant improvements in mindfulness levels (115.53 ± 5.49 vs 170.83 ± 2.93, $p < .001$) and psychological well-being among nurses.

The statistically significant difference found in perceptions of work impact ($p = .046$) between professional groups, particularly between Psychiatry and Natural/Traditional Medicine practitioners, warrants deeper analysis. This item specifically assessed practical applicability—how participants anticipated applying case discussions to their daily practice. This finding resonates with Popa-Velea et al. (2021), who found that Balint participation was associated with higher presence of meaning scores ($t(78) = 2.28$, $p < .05$) and modified coping

strategies. Psychiatrists' more positive assessment may reflect their psychodynamic training orientation, aligning with observations that different professional backgrounds influence construct compositions in Balint group experiences.

Our qualitative findings revealed five themes, with 44% requesting additional educational resources and 38% seeking further training. This echoes Nalan and Manning (2022), where residents described initial "hesitancy" but ultimately experienced increased "connectedness" and professional "validation" through participation. The desire for continued sessions (19%) suggests initial acceptance despite limited exposure, supporting Van den Eertwegh and Stalmeijer's (2023) findings that peer reflection meetings help students "put things into perspective" and develop alternative coping approaches.

The absence of significant differences in most survey dimensions across professional groups contradicts some literature suggesting differential effects. Clough et al. (2017) found that cognitive-behavioral interventions showed stronger evidence than discussion-based approaches like Balint groups, yet our participants uniformly endorsed the methodology's value. This discrepancy may relate to the Cuban health system's emphasis on biopsychosocial approaches throughout training (Di Fabio et al., 2020), potentially creating more receptive attitudes toward psychodynamic interventions.

Regarding burnout prevention, while we didn't directly measure burnout indicators, participants' positive assessments of emotional processing and group atmosphere suggest potential protective effects. Huang et al. (2020) demonstrated that Balint groups prevented significant increases in emotional exhaustion (t = -2.662, p = .013) and depersonalization (t = -2.433, p = .020) compared to controls. Similarly, Shan et al. (2024) found improvements in personal achievement scores (F = 9.598, p = .003) among head nurses, though effects on other burnout dimensions were limited.

The high evaluation of group leadership (93-100% rate it as fully competent) and its significant correlation with overall course satisfaction (r = -.400, p = .019) aligns with Fritzsche et al.'s (2021) findings. The negative correlation coefficient reflects the inverted rating scale (1=best, 6=worst), confirming that better leadership was associated with higher course satisfaction. This underscores the critical role of skilled facilitation, particularly given Ng et al.'s (2022) emphasis on creating safe spaces for "modelling vulnerability" in medical education."

Our findings must be interpreted considering several limitations beyond those affecting the Results section. The voluntary participation may have introduced selection bias toward more psychosocially oriented practitioners. Moreover, the lack of formal cultural validation of the instrument in the Cuban context presents interpretive challenges that are not resolved through direct translation alone. The uniformly high ratings across all domains could reflect cultural response tendencies within Cuban healthcare. Without culturally adapted

benchmarks from the original German validation, it is difficult to discern whether these ratings represent genuine satisfaction or culturally shaped biases. This issue is especially relevant given Cuba's strong emphasis on biopsychosocial care, which may foster openness toward Balint groups but also underscores the need for culturally tailored evaluation tools. Additionally, as Yazdankhahfard et al. (2019) note in their systematic review, measuring Balint group outcomes remains challenging due to the complexity of assessing relational and emotional learning.

Despite not finding significant effects in all measured domains, our results don't negate Balint groups' potential value. Yousefzadeh et al. (2024) similarly found no significant improvements in quality of work life or resilience among psychiatric nurses, yet participants still valued the experience. This suggests that traditional quantitative measures may inadequately capture the nuanced benefits of Balint participation, such as the "professional identity development" described by Ryding and Birr (2022).

The qualitative findings from open-ended responses provide valuable insights into participants' learning needs. The predominant themes—requests for additional educational resources (44%) and further training (38%)—suggest that while participants valued the experience, they recognized the complexity of the Balint methodology and desired deeper preparation. The repeated requests for bibliography and audiovisual materials highlight a gap in Spanish-language resources for Balint group training, particularly adapted to the Cuban context. The fact that 19% expressed interest in maintaining group sessions indicates initial acceptance despite limited exposure during the course.

The implementation of Balint groups in Cuba faces unique challenges and opportunities. The strong preventive orientation and integrated biopsychosocial approach of the Cuban health system provides fertile ground for this methodology. However, the need for systematic training and ongoing supervision, as emphasized in our qualitative findings, requires institutional commitment and resource allocation.

Future research should address the methodological limitations identified, including larger sample sizes enabling robust statistical comparisons, pre-post designs measuring expectations and outcome changes, and mixed methods approaches capturing both quantitative outcomes and qualitative experiences. Development of culturally adapted Spanish-language training materials represents an immediate practical need. Additionally, the limited male participation and exclusion of medical students should be addressed in future studies.

This pioneering study of Balint groups in the Cuban healthcare context demonstrates high acceptability across diverse professional groups, despite methodological limitations preventing definitive efficacy conclusions. The uniform positive reception, coupled with expressed desires for continuation and expansion, suggests that Balint groups represent a

promising intervention for supporting Cuban healthcare professionals in developing emotional competencies and managing the psychological demands of clinical practice, warranting systematic implementation with appropriate cultural adaptations and institutional support.

Conclusions

Balint groups proved highly acceptable to Cuban health professionals from diverse professional categories. The strong association between competent leadership and participant satisfaction underscores the importance of skilled facilitation. The substantial demand for additional educational resources and training highlights critical implementation needs requiring context-specific materials and ongoing supervision. The Cuban health system's preventive biopsychosocial orientation creates favorable conditions for embedding Balint groups into continuing medical education programs, thereby supporting both occupational stress management and complex doctor–patient relationships. These groups are not only academic forums but also powerful self-learning tools that enhance care by integrating technical competence with emotional insight.

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During the preparation of this work, the authors used ChatGPT and Claude for the purpose of translating some texts. After using this tool/service, the authors reviewed and edited the content as necessary and take full responsibility for the content of the publication.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Data Availability Statement

The authors will make available the raw data supporting the conclusions of this article, without undue reservations.

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Appendix 1

Balint Group Survey Balint Group Feedback ("*Rückmeldung Balintgruppe*") (Adapted from: Balint group as a mandatory event - Effects of Balint work within the Basic Psychosomatic Care course (Fritzsche, Flatten, & Leonhart, 2021).

Medical specialty or field of training_____

Sex: **□ male** **□ female**

By completing this form, you contribute to improving the quality of our work and taking into account the demands and wishes of participants.

I learned something new about myself through group work.

□ Fully applicable **□ Mostly true** **□ Partially applicable** **□ Not applicable**

I acquired new knowledge.

□ Fully applicable **□ Mostly true** **□ Partially applicable** **□ Not applicable**

The discussed cases are important to me.

□ Fully applicable **□ Mostly true** **□ Partially applicable** **□ Not applicable**

I was emotionally moved by the presented cases.

□ Fully applicable **□ Mostly true** **□ Partially applicable** **□ Not applicable**

The case reports will have a positive impact on my work.

□ Fully applicable **□ Mostly true** **□ Partially applicable** **□ Not applicable**

The group atmosphere was good.

□ Fully applicable **□ Mostly true** **□ Partially applicable** **□ Not applicable**

I am interested in participating in future group work for case discussions like the Balint group.

□ Fully applicable □ Mostly true □ Partially applicable □ Not applicable

The course leadership was motivating.

□ Fully applicable □ Mostly true □ Partially applicable □ Not applicable

The group leadership was competent.

□ Fully applicable □ Mostly true □ Partially applicable □ Not applicable

General considerations:

_____

_____

_____

_____

_____

The course deserves the following evaluation (Considering that 1 is the maximum and 6 is the minimum):

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6

Appendix 2

Balint Group Survey (Spanish version) Balint Group Feedback ("*Rückmeldung Balintgruppe*") (Adapted from: Balint group as a mandatory event - Effects of Balint work within the Basic Psychosomatic Care course (Fritzsche, Flatten, & Leonhart, 2021).

Especialidad médica o campo de formación: _____

Sexo: masculino □ femenino □

Al completar este formulario, usted contribuye a mejorar la calidad de nuestro trabajo y a tomar en cuenta las demandas y deseos de los participantes.

Aprendí algo nuevo sobre mí mismo a través del trabajo grupal.

□ Totalmente aplicable □ Mayormente cierto □ En parte aplicable □ No aplica

Adquirí nuevos conocimientos.

□ Totalmente aplicable □ Mayormente cierto □ En parte aplicable □ No aplica

Los casos discutidos son importantes para mí.

□ Totalmente aplicable □ Mayormente cierto □ En parte aplicable □ No aplica

Me sentí emocionalmente conmovido por los casos presentados.

□ Totalmente aplicable □ Mayormente cierto □ En parte aplicable □ No aplica

Los informes de casos tendrán un impacto positivo en mi trabajo.

□ Totalmente aplicable □ Mayormente cierto □ En parte aplicable □ No aplica

La atmósfera del grupo fue buena.

□ Totalmente aplicable □ Mayormente cierto □ En parte aplicable □ No aplica

Estoy interesado en participar en futuros trabajos grupales para discusión de casos como el grupo Balint.

□ Totalmente aplicable □ Mayormente cierto □ En parte aplicable □ No aplica

El liderazgo del curso fue motivador.

□ Totalmente aplicable □ Mayormente cierto □ En parte aplicable □ No aplica

El liderazgo del grupo fue competente.

□ Totalmente aplicable □ Mayormente cierto □ En parte aplicable □ No aplica

Consideraciones generales:

_____

_____

_____

_____

_____

El curso merece la siguiente calificación (Considerando que 1 es la máxima y 6 es la mínima):

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6