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## **Psychosomatic Care and Burnout in Specialist Training: New Data on the Effectiveness of Intensive Course Formats**

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### **Abstract:**

#### *English:*

Courses on basic psychosomatic care are mandatory components of specialist medical training in general medicine, gynecology, urology, and pediatrics, as well as for various additional qualifications and billing authorizations. Intrinsic motivation among participants is often low, negatively impacting learning outcomes. One-week block courses integrating theoretical content, intervention techniques, and parts of the required Balint groups significantly enhance learning motivation and lead to lasting changes in both professional and private contexts. These formats help counteract burnout among physicians. The presented data confirm the findings of a 2019 study. Implementation of this format is also recommended for other specialties.

#### *German:*

Kurse zur Psychosomatischen Grundversorgung sind verpflichtende Bestandteile der ärztlichen Weiterbildung in den Fachgebieten Allgemeinmedizin, Gynäkologie, Urologie und

Kinderheilkunde sowie für diverse Zusatzbezeichnungen und Abrechnungsgenehmigungen. Die intrinsische Motivation der Teilnehmenden ist häufig gering, was den Lernerfolg negativ beeinflusst. Einwöchige Blockveranstaltungen, die theoretische Inhalte, Interventionstechniken und Teile der geforderten Balintgruppen integrieren, steigern die Lernmotivation deutlich und führen zu nachhaltigen Veränderungen im beruflichen und privaten Kontext. Diese Formate wirken Burnout bei Ärzt\*innen entgegen. Die vorliegenden Daten bestätigen die Ergebnisse einer Studie aus dem Jahr 2019. Der Einsatz dieses Formats wird auch für weitere Fachgebiete empfohlen.

**Keywords:** Psychosomatic care, Burnout, Specialist training, Intensive training courses

## Background & Relevance

Work-related psychological and psychosomatic disorders have increased significantly in recent years. This is supported by numerous scientific studies. For example, the number of sick leave days due to burnout rose from 5.7 days per 100 employed women and 10.5 days per 100 employed men in 2014 to 7.0 and 11.1 days respectively in 2021 [1]. However, earlier diagnoses likely did not distinguish burnout from other disorders as precisely. Similar findings have been reported internationally: In the Netherlands, the percentage of employees suffering from burnout increased from 11.3% in 2007 to 14.6% in 2016 [2], while in Portugal it rose from 8% in 2008 to 15% in 2013 [3]. Already in 2004, over 20% of physicians in Germany were suspected to suffer from burnout syndrome [4].

During the COVID-19 pandemic, burnout cases among healthcare professionals increased further. A U.S. study showed moderate to severe exhaustion in 45% and 37%, moderate to severe depersonalization in 49% and 18%, and reduced professional efficacy reported as moderate and severe by 38% and 51%, respectively [5; 6]. Among surgeons in Kuwait, burnout prevalence is as high as 76.9% [7].

Physicians, especially those in training, experience burnout significantly more often compared to peers with similar academic backgrounds (around 40%). There are large differences depending on specialty and role, with prevalence rates up to 80% in some areas. Substance abuse occurs in 12.5%. "Compared to other professions, female physicians are even more at risk of addiction. This is due to high job demands, often above-average workload, and the pressure of great responsibility inherent in the medical profession" [2]. Relationship problems

or divorces affect 27.5%. Female physicians seem not to fare worse overall than other female academics, but in the US, their divorce rate is 1.5 times higher than that of male colleagues and tends to increase with higher workload. 31% of female physicians in their first year report significant depressive symptoms—more than twice as many as the general population. About 17% have suicidal thoughts [4; 8]; the suicide rate is five times higher than average, with women more affected than men. Although exact comparative data is lacking, these figures indicate a serious problem.

Some studies estimate burnout prevalence among employed female physicians even higher [9]. A 2019 survey by the Marburger Bund found 35% of female physicians often or very often felt burned out. Residents showed higher burnout levels than specialists and senior physicians [10]. Weekly working hours mostly exceed 50, sometimes even 60. Increased time pressure is a key daily stressor for 69% of female physicians. Alongside uncertainties and frustration at work, these are main stress factors leading not only to burnout but also other psychological disorders such as depression. About 22% occasionally to almost always experience depressive symptoms. A recent US study shows a dramatic increase in burnout and depression symptoms among residents depending on working hours, with female physicians particularly affected [11].

The Maslach Burnout Inventory [12] is the most commonly used instrument to detect and quantify burnout. It measures three dimensions: emotional exhaustion, depersonalization (empathy loss), and personal accomplishment. Each dimension is rated as low, moderate, or high.

A follow-up survey of former participants in psychosomatic care courses showed that 16.9% of residents scored in the highest (critical) range across all scales, requiring urgent treatment, while only 15.3% scored unproblematic in all areas. Specialists at clinics were even more affected, with 42.9% scoring high. Participation in the "Psychosomatic Care" course [3] is mandatory for physicians in training in general medicine, gynecology and obstetrics, urology, and pediatrics. Specialists attend the course to improve billing options in outpatient practice; thus, many hospital physicians from other specialties take the course before planning outpatient practice.

Due to the high stress burden, motivation to engage with mandatory topics that rarely appear in daily medical practice is naturally low. Motivation theories such as Deci & Ryan's self-determination theory [5] emphasize the difference between intrinsic and extrinsic motivation

regarding learning success. Intrinsic motivation leads to more sustainable learning, deeper understanding, and better retention.

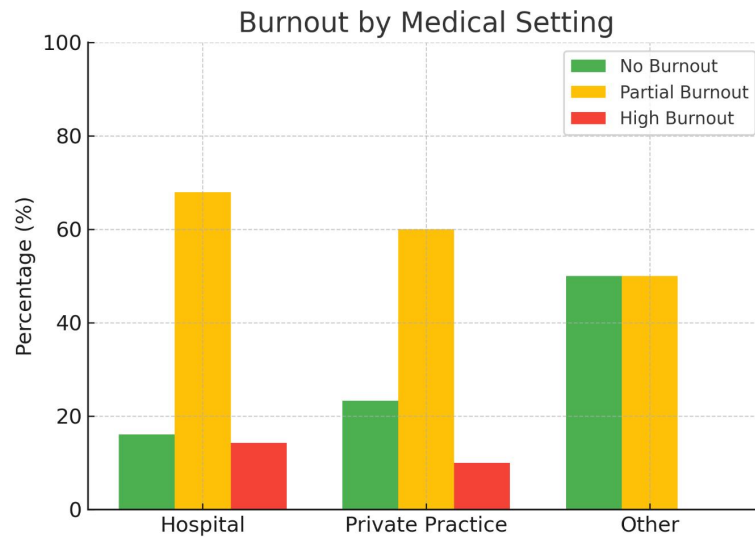
This high psychological burden contrasts with often mandatory participation in certain training topics—such as psychosomatic care—even when intrinsic interest is lacking. This raises key questions: Is the knowledge taught in such courses retained and applied long-term? Can these courses even serve a preventive function against overload?

## **Data source and methodology**

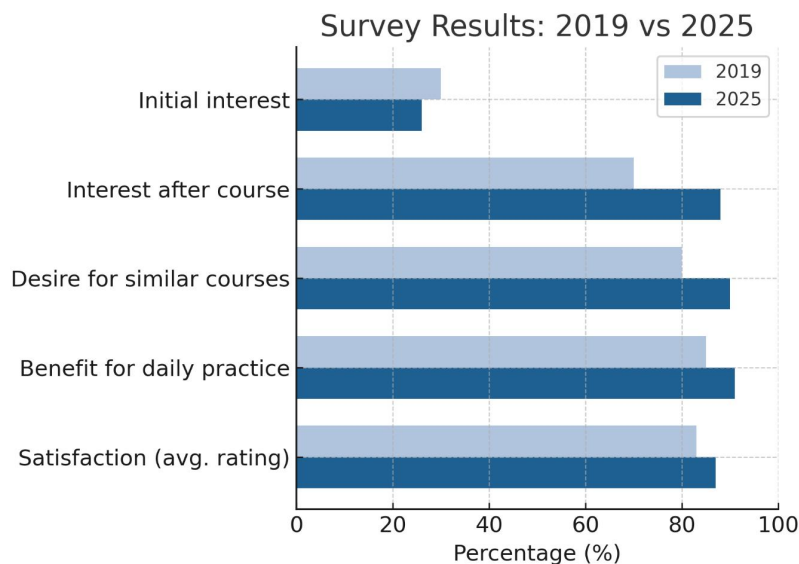
About 5000 participants of self-organized one-week intensive seminars on psychosomatic care from 2019 to 2025 were surveyed via SurveyMonkey by email. The courses took place in Germany, Spain, Greece, and online. In all cases, the Balint group was offered for at least six months online and/or in person. To maximize response rates, the survey was short and took less than one minute to complete. In total, 655 participants from block-format intensive courses on psychosomatic care between 2019 and 2025 responded:

- 71.9% found the block course better compatible with work. Consecutive block sessions are obviously easier to combine with frequent night and weekend shifts.
- 65.5% found the block course better compatible with family life. Given the high prevalence of work stress and family problems, these statements are significant.
- 84.3% rated the course with the highest grade. The average rating was 4.81 out of 5 [Figure 3]. Considering that only 25.8% had low or moderate intrinsic interest before the course, a large proportion of initially less interested participants must have rated the course very positively.
- 91.1% reported a large or very large benefit for everyday and professional life. These were deliberately queried together because many learned skills (e.g., communication and relationship understanding) apply broadly to interpersonal contexts, not just medicine.
- Before the course, only 26.6% had strong or very strong interest in the topic; after, 83% did [Figure 4]. Particularly among initially unmotivated participants, those with low (14.66%) or moderate (25.8%) interest dropped to 0% and 1.99%, respectively. This shows a clear increase in intrinsic motivation during the course, critical for lasting learning effects.
- Over 90% desire comparable formats for other training programs [Figure 5]. Regardless of content, the format itself is rated positively.

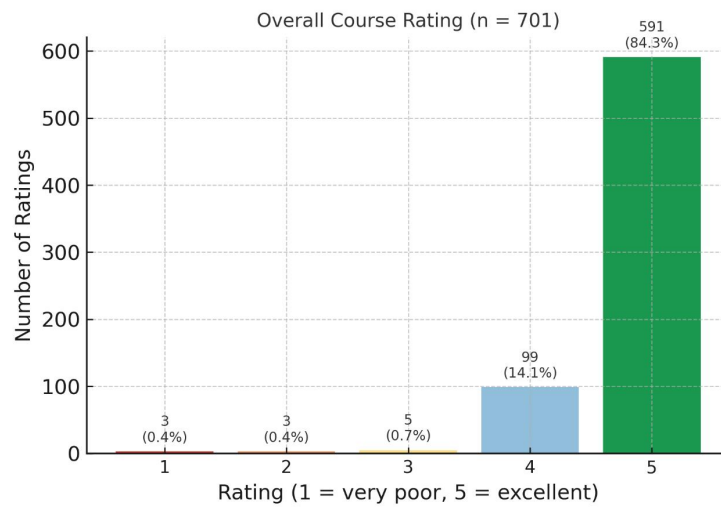
At the end of recent courses, the Maslach Burnout Inventory [12] was regularly distributed and anonymously completed by participants. A follow-up survey reassessed these results. Naturally, not all remembered, leading to a relatively low return rate (86 participants). The data indicated notably higher burnout burden at clinics than in other settings—though results should be interpreted as trends due to small numbers [Figure 1].



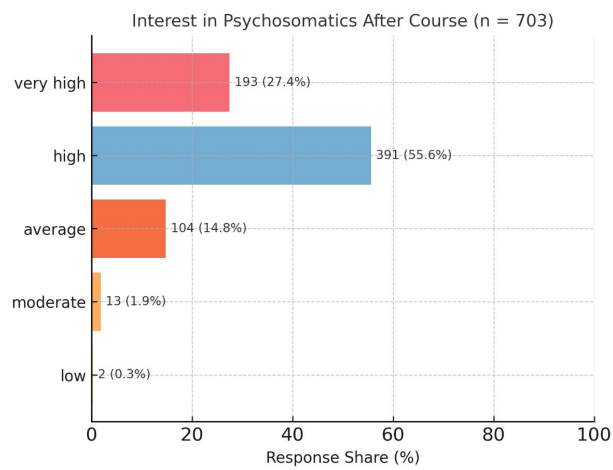
**Figure 1**



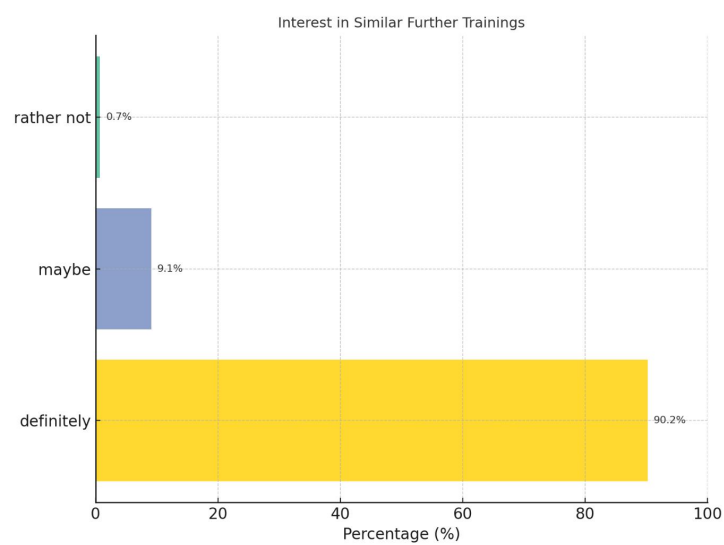
**Figure 2**



**Figure 3**



**Figure 4**



**Figure 5**

## **Key findings**

Even participants without prior interest rated the course very positively. The significant shift toward intrinsic motivation fosters sustainable changes even among initially uninterested participants. The block format acted like a micro-retreat: relieving, motivating, and a buffer against burnout.

More physicians are experiencing burnout and other mental health problems than often recognized. Prolonged and intense training and working conditions increase the risk of exhaustion, relationship problems, and addiction.

The course's content is effective as both primary and secondary prevention. The positive motivational effects of this block format can help counteract burnout symptoms in physicians.

## **Conclusion**

Due to the immense psychosocial and professional stresses in medical specialist training and other specialties, suitable prevention programs are urgently needed. The presented data and extensive experience confirm the effectiveness of one-week intensive psychosomatic care courses with integrated Balint groups. These courses increase intrinsic motivation, promote personal and professional change, and reduce burnout symptoms. They are therefore highly recommended to medical educators, institutions, and health policy decision-makers. The course format has proved practicable in different countries and is well suited for implementation in other medical specialties.

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