

Experiences of a Support Group for Interns in the Setting of War and Political Turmoil

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Background and Objectives: Intern support groups have been instituted in many residency programs to improve resident well-being. In this article, we discuss the themes that emerged in intern support group meetings in a family medicine program operating in a setting of war and political instability. **Methods:** We held support groups, led by a family physician and a psychologist, that met monthly. Participants were residents in the family medicine program at the American University of Beirut. These residents began their training days after the commencement of the 34-day war between Israel and Hizbollah in 2006. Themes and issues discussed by the residents were noted and are reported in this article. **Results:** We found that despite the stressors of the political situation, our interns focused on the usual stress of internship, such as the difficulties of functioning as interns in other departments and dealing with the time demands of internship as their main sources of stress at the beginning of internship. The stresses associated with the war did not emerge in the group until later in the year. These included tension with patients and political confrontations with staff, as well as personal struggles with the lack of political stability and depressed mood. **Conclusions:** This paper serves to share our experience and highlight some areas of concern that residents experience when training in a country or region that is at war.

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The concept of support groups for interns was introduced in the 1960s in psychiatry residency programs. At the time, intern therapy groups were used to increase the sensitivity of interns to their own emotional processes.¹ More recently, other residency programs have established support groups for their residents as a means to improve resident well-being and prevent psychological maladjustment.² This was in response to studies showing that depression, anxiety, and burnout were common during the first year of residency training³ and that social support and supportive networks were the leading mediators in the stress/distress relationship.³⁻⁵

General stress-inducing factors during residency include high self-expectations, feelings of incompetence, lack of control, issues of autonomy, time constraints,

work overload, and work/family interference.^{5,6} High rates of psychiatric illness, drug abuse, alcoholism, and suicide have also been cited.³ Recent studies have focused on resident burnout, a factor associated with depression and problems in patient care.⁷⁻⁹

Support groups are often the place to begin making sense of one's experiences that are initially perceived as overwhelming. The sharing of experiences promotes a sense of universality—"I am not the only one." The expression of emotions and the process of giving and gaining advice are key factors associated with the benefits of group therapies.⁵ Through this type of social support, residents become more aware of potential emotional exhaustion, detachment, and feelings of inefficacy, while working to increase their understanding of the program and its accompanying stressors. They learn to manage those stressors and maintain a level of optimism and meaning within their work and family lives.

It would seem obvious that residency training in the setting of war and political instability introduces additional stressors. However, to date, there are no studies

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that examine the additional effect of the war experience on physicians in training. This paper discusses the themes that emerged from intern support group sessions in a family medicine program operating in a setting of war and political instability. The purpose of such a description is to share our experience and highlight areas of concern to others who may face similar conditions in the future.

Methods

The Family Medicine Residency Program at the American University of Beirut (AUB) was established in 1979. The curriculum spans 4 years with four to five residents in each year of training. Graduates are eligible to sit for the Arab Board of Family Practice. Hospital rotations are primarily at the AUB Medical Center, a tertiary care hospital and major referral center in Lebanon. Interns spend a major portion of their first year in other departments, including pediatrics, internal medicine, and obstetrics.

From the beginning of their internship year, our current group of residents had to deal with significant stressors in addition to the usual challenges of internship. Our academic year begins on June 15th. On July 12th the country was plunged into a 34-day war, the intensity of which had not been seen since the worst periods of the Lebanese civil war. The fighting between the Israeli Defense Forces and Hizbollah made headlines all over the world. The war was marked by daily bombing of homes, roads, and bridges; the displacement of nearly 1 million people; the death of 1,183 citizens; and the destruction of at least 15,000 housing units.¹⁰

In addition to dealing with the insecurity and stress of war, our housestaff had to care for the displaced and the injured. Two residents lost their homes, and one had two brothers who were seriously injured. Several residents were separated from their families, who had moved to safer locations. Since the end of the war with Israel, Lebanon has continued to struggle with political instability and security concerns. There have been political assassinations, random bombings, and street protests. Political disagreements resulted in a major rift between government supporters and anti-government protesters, resulting in two distinct political affiliations.

An intern support group in the family medicine residency program was established in the academic year 2005–2006. During the first year, the group was led by a family physician on faculty in the department. Starting the second year (2006–2007), a clinical psychologist from outside the department was asked to co-lead the new group of interns, which meets monthly for 1 hour. Because of the intensity of the war and competing responsibilities, the first meeting of the intern support group was not held until September 2006, nearly 3 months after the beginning of the academic year. The group consisted of six interns (two women

and four men) ages 23 to 31, from different regions in Lebanon.

Results

At the beginning of the year, the interns did not feel that the political and security situation had a negative influence on their lives. Instead they were focused on adjusting to their demanding jobs, which seemed to provide an escape from the turmoil around them. Although the group leaders repeatedly asked about the effect of the political situation on their work and well-being, the interns denied the situation was affecting them. They maintained that they had to remain “professional” and could not let the situation affect their work.

Interestingly, the stressors and concerns that were initially voiced by our interns seemed to echo those of family medicine interns around the world. Feelings of inferiority and powerlessness as residents working in other departments were often discussed. Interns reported feeling unwelcome and having to work harder to prove themselves. They reported feeling taken advantage of and having difficulty asserting themselves and preserving their rights.^{5,6}

After the first half of the year, residents started discussing the influence of internship on their personal lives. They mentioned that they had lost touch with their friends, were spending less time with family, were exercising less, and were not finding the time to engage in activities that they enjoy. They discussed feeling depressed, though they often used the word in jest.

As the year progressed, however, themes related to the effects of the war and the stress related to political affiliations that developed after the war began to emerge. One intern discussed a situation in which a patient refused to be examined by the intern without knowing her political affiliation. Another intern related his experience of a laboring patient who complained about the orange straps of the fetal monitor—orange being the color representing one political party. One intern described his experience of having to endure political jokes and remarks targeted against his political affiliation from an attending. During our meetings, the interns dealt with such issues with humor, often minimizing their more personal reactions.

Further struggles expressed by the interns represented the daily stressors associated with the country’s political tension. One intern could no longer see the point in buying herself new or expensive items; she stated that a broken faucet in her home should merely be replaced by a plastic one. Another was disappointed that her family had become more concerned with whether she made it home safely and less concerned with her medical accomplishments. One member, who later admitted to experiencing a major depressive episode immediately after the war, focused on the need “to live only in the moment.”

Discussion

The war and political tensions in Lebanon had a clear effect on our interns. Whether it was in their attitude about life in general, their interactions with their patients, or their relationships with colleagues and staff, the negative effects were apparent in the group discussions. However, despite these emotional challenges, all our interns maintained a devotion to their work and training.

We found it interesting that, at least initially, the concerns of our interns mirrored those of family medicine residents in Western countries, despite the political turmoil around them. Evading difficult emotions has always been a concern within group therapies among physicians in training, primarily due to a desire to maintain professionalism. Only after interns were able to overcome feelings of professional insecurity were they able to express more personal emotions and difficulties. The increased feeling of safety in the group, in addition to the accumulation of stress over time due to the persistent political instability, may have also played a role in allowing these emotions to emerge.

It is worth noting that despite our discussions about political tensions and political affiliations, none of the interns discussed their own political affiliations. We feel that the political polarization of residents may be an issue worthy of attention. Feeling anger toward one another or having differences may be viewed as detrimental toward the safety of the group.

Finally, at the time, it seemed natural and appropriate for us to delay the initiation of the support group during the war. The intern support group was perceived as a luxury that was of secondary importance to the

responsibilities of patient care and of returning home safely. However, in retrospect, we feel that the support group should not have been delayed. Although initially the sessions may not have served to discuss the war situation, an earlier formation of the group could have set the stage for an earlier processing of the impact of war.

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