Burnout Is Not Associated With Increased Medical Errors

To the Editor: In the abstract conclusion of Tawfik et al’s article1 on the relationship between physician burnout and reported medical errors, the authors report that “physician burnout, fatigue, and work unit safety grades were independently associated with major medical errors.” Yet burnout in health care providers, although associated with self-reported medical errors, does not appear to be associated with actual medical errors when measured objectively through chart audits, official error reports, and observation. In the few studies using objective measures of medical errors to examine the relationship, almost none have found an association between burnout and medical errors.2

The reasons for these discrepancies may be that providers with burnout are more self-critical, honest, and more likely than those without burnout to report having made medical errors, but do not actually make more errors. Burnout questionnaires contain many questions (eg, “I feel frustrated by my job” and “I feel I’m working too hard on my job”) that suggest this may be the case. These physicians may be hard on themselves and generally critical of hospital management but are not dangerous or inferior clinicians. Yet studies such as these are often used to justify wellness (well-being) programs and initiatives for physicians, and proponents of these interventions often rely on patient safety arguments about the dangers of burnout and mental disorders that are problematic.

The most authoritative studies of workplace wellness programs (conducted by the RAND Corporation for the US Department of Labor3 and the National Bureau of Economic Research4) have found that workplace wellness programs do not appear to improve the health of employees or result in cost savings.5 These studies may or may not reflect the situation of physician-employees, and wellness interventions targeting organizational components of the hospital workplace seem important regardless of any health or patient safety effects if they promote just cultures.

Yet what is perhaps most problematic about wellness programs and initiatives is that the rhetoric often used to support them may exacerbate prejudice associated with mental disorders and disabilities,6 erode physicians’ employment rights,6 and result in other unintended adverse effects. Dozens of recent articles regarding the concerns of disability rights advocates about the discriminatory effects of workplace wellness programs on employees with disabilities appear in law and policy journals. Yet the mainstream medical literature on wellness has rarely addressed or acknowledged these problems or other important concerns. For these and many other reasons not discussed in this letter, it is important for researchers, journals, and medical leaders not to infer that burnout and mental disorders in physicians are associated with, let alone meaningful causes of, medical errors or preventable adverse events.

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In Reply—Burnout Is Not Associated With Increased Medical Errors

To the Editor: We appreciate Lawson’s interest in our article1 and his commitment both to scholarly integrity and to inclusivity. However, we feel compelled to correct misconceptions apparent in his reply, as they may be common among the scientific community.

Lawson is correct to point out that the medical errors referenced in our study are reported errors and not observed errors, as we also discussed in the text. Prospective study of observed medical errors is extremely resource-intensive, fraught with difficulties in classification and attribution, and susceptible to the Hawthorne effect, limiting its utility as an outcome measure in large studies. In fact, to our knowledge, very few studies have attempted this feat, often with small numbers due to resource limitations or aggregated analysis at the level of work units due to challenges with attribution of error.2 To confuse “no proof of effect” with “proof of no effect” is a common mistake well illustrated here. Furthermore, reported medical errors have been found to approximate observed medical errors with 84% congruence3 and burnout has consistently