Wellness, Burnout, and the Link to Quality Care: Physician burnout – shouldn’t it be a “never event”?  

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Summary

• Providers experiencing burnout report more errors
• Burnout does compromise quality of care delivered
• Patients report more dissatisfaction with care delivered by providers experiencing burnout
• Patient/provider dissatisfaction and lower quality care undermine bottom line
• Addressing physician wellness should contribute to provider and patient satisfaction and increase profit/margin
Errors are associated with burnout and depression

• Survey: nearly 8,000 surgeons in American College of Surgeons
• 8.9% reported major medical error in prior 3 months
• Those who self-reported symptoms of burnout or depression significantly more likely to report errors
• Those who self-reported errors approximately twice as likely to screen positive for depression: 27.4% vs. 58.4%
• More than 1 in 4 surgeons screened positive for depression

(Shanafelt et al: *Annals of Surgery* 2010;251:995-1000)
Prescribing errors and pediatric resident depression

- Pediatric residents in 3 children’s hospitals
- Active surveillance of medication orders on inpatient wards
- Residents who reported symptoms of depression made more prescribing errors (more than 6X as often)
- Residents who reported symptoms of burnout reported they made more medical errors, but they did not see a difference in prescribing errors
- 20% reported symptoms of depression; 74% burnout

(Fahrenkopf et al: BMJ 2008;336:488)
Reciprocal relationship between burnout and medical errors

- Prospective longitudinal cohort study of internal medical residents
- Residents who self-reported major medical error in prior 3 months (14.7%) had higher rates of burnout and depression
- Those who reported symptoms of burnout more likely to self-report medical errors in following 3 months
- Nearly 2 of 3 who reported error screened positive for depression; 1 of 3 who did not report an error screened positive

(West et al: JAMA 2006;296:1071)
Negative impacts of provider burnout

• Association of nurse staffing, burnout and hospital-acquired infections: only nurse burnout associated with UTI and surgical site infection in multivariate model  (Cimiotti J et al: Am J Infect Control 2012;40:486-490)

• Provider burnout reduces patient satisfaction

• Physicians entitled to same attention to their own health that they devote their career providing to others

• Nearly half of practicing physicians likely to experience burnout; higher rates of cardiovascular mortality; substance-abuse disorder in 8-12%; suicide rates 6X general population
The bottom line – physician burnout negatively impacts bottom line

- Physician burnout negatively impacts absenteeism, job turnover, recruitment and retention – all have significant associated costs
- Administration consistently states that their primary asset is their workforce; the primary strategy for enhancing institution doesn’t appear to be investing in workforce
- Institutions should adopt liability-prevention strategy – 22 hospitals that implemented organization-wide stress management program had fewer future malpractice claims compared to matched sample of 22 hospitals (Jones et al: J Appl Psychol 1988;73:727-735)