

Burnout, Medical Errors, and Malpractice Liability

Question

The problem of clinician burnout has received more attention in recent years. This issue clearly is concerning from the standpoint of emotional health and well-being, but what is the correlation between burnout, medical errors, and malpractice claims?

Answer

Burnout is an “occupational phenomenon” or syndrome characterized by physical and emotional exhaustion; depersonalization, detachment, and cynicism; and feelings of ineffectiveness and lack of accomplishment.¹ Not surprisingly, the relationship between burnout, medical errors, and malpractice claims seems to follow a logical pattern.

Healthcare providers who experience burnout might feel depressed, angry, forgetful, irritable, apathetic, anxious, and even suicidal. Burnout also can manifest in physical symptoms (such as fatigue, pain, shortness of breath, and loss of appetite) and unhealthy behaviors (such as alcohol and substance abuse).² These emotions and outcomes, alone or in combination, can affect providers’ overall well-being, productivity, and performance, which in turn can adversely affect the quality of patient care and experience. When quality of care and patient satisfaction decrease, liability exposure can increase.

In a report titled *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*, the National Academies of Sciences, Engineering, and Medicine (NASEM) states that “Stressors associated with burnout are also threats to professionalism, the fundamental ethical norms that are essential to the professional fulfillment of clinicians and learners and to the delivery of high-quality care.”³

NASEM's report also notes that clinician burnout is associated with:

- An increased risk of patient safety incidents
- An increased risk of malpractice claims
- Poorer quality of care
- Reduced patient satisfaction
- Diminished and ineffective communication between healthcare providers and patients
- Increased absenteeism, presenteeism (working while sick or not fully functioning), and employee turnover

Research that preceded NASEM's report reinforces its conclusions. For example, a 2010 study found a strong relationship between surgeons who perceived they had committed major medical errors and their degrees of burnout and quality of life.⁴ A 2018 systematic review and meta-analysis determined that physicians who experience burnout are twice as likely to be involved in patient safety incidents and to deliver suboptimal patient care. These physicians also are three times more likely to receive low satisfaction ratings from patients.⁵ Other research has shown that burnout can lead to omissions of care as well as increases in unnecessary testing, referrals to specialists, and hospital admissions.⁶

Studies also have established links between burnout and malpractice. For example, a study examining stress, burnout, and career satisfaction among surgeons found that "Patients who are treated by physicians suffering from burnout are more often dissatisfied with their level of care and are more likely to participate in malpractice suits."⁷ Unfortunately, the link between burnout and malpractice is reciprocal — being involved in malpractice litigation might increase the risk of experiencing burnout or intensify existing burnout symptoms.⁸ Additionally, because of emotional and physical fatigue, healthcare providers who are suffering from burnout and involved in malpractice litigation might prefer to settle claims rather than fight allegations.⁹

Another concern in terms of burnout and malpractice relates to the fact that having a malpractice claim can increase the risk for a subsequent claim. Whether burnout is experienced prior to litigation or because of a lawsuit is immaterial from this perspective because its emotional and physical impact might "further the risk for additional events by exacerbating symptoms in an already compromised physician."¹⁰

In summary, research has established links between burnout, medical errors, and liability exposure. Although burnout varies among institutions, specialties, provider types, and individuals, its overall impact on the healthcare profession is significant and concerning. The emotional, physical, quality, safety, and financial implications associated with burnout indicate the growing need for additional research on effective burnout interventions and ways to integrate them into healthcare settings.

Resources

For more information about the effects of burnout and techniques to address it, see MedPro's [Risk Resources: Burnout in Healthcare](#).

Endnotes

¹ World Health Organization. (2019, May 29). *Burn-out an "occupational phenomenon": International Classification of Diseases*. Retrieved from www.who.int/mental_health/evidence/burn-out/en/

² Bourq Carter, S. (2013, November 26). The tell tale signs of burnout ... Do you have them? *Psychology Today*. Retrieved from www.psychologytoday.com/us/blog/high-octane-women/201311/the-tell-tale-signs-burnout-do-you-have-them; National Academies of Sciences, Engineering, and Medicine. (2019). *Taking action against clinician burnout: A systems approach to professional well-being*. Washington, DC: The National Academies Press. doi: <https://doi.org/10.17226/25521>

³ National Academies of Sciences, Engineering, and Medicine, *Taking action against clinician burnout: A systems approach to professional well-being*.

⁴ Shanafelt, T. D., Balch, C. M., Bechamps, G., Russell, T., Dyrbye, L., Satele, D., . . . Freischlag, J. (2010, June). Burnout and medical errors among American surgeons. *Annals of Surgery*, 251(6), 995–1,000.

⁵ Panagioti, M., Geraghty, K., Johnson, J., Zhou, A., Panagopoulou, E., Chew-Graham, C., . . . Esmail, A. (2018, September). Association between physician burnout and patient safety, professionalism, and patient satisfaction: A systematic review and meta-analysis. *JAMA Internal Medicine*, 178(10), 1317–1331. doi: <https://doi.org/10.1001/jamainternmed.2018.3713>

⁶ National Academies of Sciences, Engineering, and Medicine, *Taking action against clinician burnout: A systems approach to professional well-being*; Steenhuisen, J. (2017, November 21). Counting the costs: U.S. hospitals feeling the pain of physician burnout. *Reuters Health News*. Retrieved from www.reuters.com/article/us-usa-healthcare-burnout/counting-the-costs-u-s-hospitals-feeling-the-pain-of-physician-burnout-idUSKBN1DL0EX

⁷ McAbee, J. H., Ragel, B. T., McCartney, S., Jones, G. M., Michael, II, L. M., DeCuyper, M., . . . Klimo, Jr., P. (2015). Factors associated with career satisfaction and burnout among U.S. neurosurgeons: Results of a nationwide survey. *Journal of Neurosurgery*, 123(1), 161–173.

⁸ Ibid; Oskrochi, Y., Maruthappu, M., Henriksson, M., Davies, A. H., & Shalhoub, J. (2016). Beyond the body: A systematic review of the nonphysical effects of a surgical career. *Surgery*, 159(2), 650–664; Kopynec, S. (2018, May 1). *Provider burnout and the risk of malpractice*. American Academy of Physician Assistants. Retrieved from www.aapa.org/news-central/2018/05/provider-burnout-and-the-risk-of-malpractice/

⁹ Steenhuisen, Counting the costs: U.S. hospitals feeling the pain of physician burnout.

¹⁰ The Sarah Charles MD Physician Litigation Stress Resource Center. (n.d.). Burnout and malpractice litigation. Retrieved from <https://physicianlitigationstress.org/identifying-and-managing-stress/burnout-malpractice-litigation/>

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