Capsule Commentary on Salyers et al., The Relationship Between Professional Burnout and Quality and Safety in Health Care: A Meta-Analysis

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This meta-analysis by Salyers et al.¹ investigated the relationship between health care provider burnout and the quality and safety of care. Drawing upon 82 studies published between 1982 and 2015, the authors found statistically significant negative relationships between burnout and quality (63 studies; $r = -0.26$) and safety (40 studies; $r = -0.23$) of care. These results suggest that greater burnout among health care providers is associated with poorer-quality health care and decreased safety for patients. The authors conclude that health care provider burnout is an important area for future research, and that burnout can be a target for interventions that could have benefits for both providers and patients.

As with any meta-analysis, the validity of the authors' results depends upon the rigor of the individual studies included in the analysis. The authors point out that the individual studies included were predominantly cross-sectional rather than longitudinal. This is a common feature of studies in health care settings, but it makes it difficult to draw conclusions about any causal relationship (for example, does burnout over time reduce a provider's quality of care, or are providers of low-quality care more likely to suffer from burnout?). The included studies were also predominantly based on self-reports, meaning that they were based on patient or provider perceptions of quality or safety rather than on calculations derived from more objective metrics, such as the number of safety incidents or performance based on quality measures with clear specifications. These limitations are not unique to this meta-analysis, but they do underscore the need for more rigorous individual studies of the relationship between provider burnout and quality and/or safety going forward.

Despite the limitations, however, this meta-analysis makes a very important contribution to the field. Reports of burnout symptoms among large proportions of U.S. physicians relative to the general U.S. population² have spurred national discussions about provider well-being³ and its impact on patient care.⁴ As quality becomes an increasingly important metric upon which reimbursement relies,⁵ it is incumbent upon providers to better understand the relationship between provider burnout and the quality and safety of care.

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Compliance with Ethical Standards:

Conflict of Interest: The author has no conflicts of interest with this article.

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