Dear Editor:

As you know physical and mental wellness of physicians and nurses, as the main role in the treatment of patients, in conditions such as burnout, compassion fatigue, depression, and poor work-life balance, is one of the top priorities in the U.S.A. National Academy of Medicine. (1–4).

Although healthcare team members are generally known as a caregiver to others, their high workload commonly lead to lack of enough self-care, which ultimately can result in medical errors. Medical errors are known as the third leading cause of death in the U.S.A. accounting for approximately 50 percent of deaths in hospitalized patients (5, 6).

In Iran, due to the absence of a comprehensive system for registration of medical errors, no precise statistics are available. However, with different social and economic factors, the prevalence of medical errors is higher than reports from global standards and scientific data (7).

Systematic review studies showed that poor wellbeing and moderate to high levels of burnout were significantly related to medical errors (5, 6).

Studies also indicated that work shifts longer than 12 hours per day or 40 hours per week were significantly associated with the occurrence of medical errors (8–12).

On the other hand, the unhealthy work environment of staff causes noxious effects on the wellbeing of the health team and ultimately leads to an increased occurrence of medical errors (4).

Considering the above-mentioned issues and in line with this fact that a comprehensive study of effective variables on environmental conditions, physical and mental wellbeing of health team members, especially surgeons and surgery wards nurses, has not been conducted in Iran yet, it is suggested that providing and conducting encouraging programs for authors can disseminate studies in this field. Therefore, a meta-analysis study of gathered data, necessary approaches and actions to identify and resolve these factors and obstacles can be achieved, which can successfully result in decreasing medical errors rate.

References


2. West CP, Dyrbey LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician


