Journal of Surgery and Trauma 2018; 6(2):41-42

www.jsurgery.bums.ac.ir



## Staff Burnout... Do we need any intervention?

Ahmad Amouzeshi<sup>1</sup>, Ali Mohammad Pourbagher Shahri<sup>2</sup>, Ali Rajabpour Sanati<sup>2</sup>⊠

<sup>1</sup>Associate Professor, Department of Cardiac Surgery, Birjand University of Medical Sciences, Birjand, Iran

<sup>2</sup>Medical Doctor (M.D.), Faculty of Medicine, Birjand University of Medical Sciences, Birjand, Iran

Received: May 23, 2018 Revised: June 10, 2018 Accepted: July 8, 2018

## **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 selfcare, 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

**\*2018 Journal of Surgery and Trauma** Tel: +985632381203 Fax: +985632440488 Po Bax 97175-379 Email: jsurgery@bums.ac.ir



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

- 1. Rothenberger DA. Physician burnout and well-being: a systematic review and framework for action. Dis Colon Rectum. 2017 Jun;60(6):567-576. doi: 10.1097/DCR.00000000000844.
- 2. West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician

## <sup>™</sup>Correspondence to:

Ali Rajabpour Sanati, Medical Doctor (M.D.), Faculty of Medicine, Birjand University of Medical Sciences, Birjand, Iran; Telephone Number: +989155209831 Email Address: ali.poursanati@gmail.com

Downloaded from jsurgery.bums.ac.ir on 2024-04-23

burnout: a systematic review and meta-analysis. Lancet. 2016 Nov;388(10057):2272-81. DOI: 10.1016/S0140-6736(16)31279-X.

- 3. Schooley B, Hikmet N, Tarcan M, Yorgancioglu G. Comparing burnout across emergency physicians, nurses, technicians, and health information te
- chnicians working for the same organization. Medicine (Baltimore). 2016 Mar;95(10):e2856. doi: 10.1097/MD.00000000002856.
- Melnyk BM, Orsolini L, Tan A, Arslanian-Engoren C, Melkus GDE, Dunbar-Jacob J, et al. A national study links nurses' physical and mental health to medical errors and perceived worksite wellness. J Occup Environ Med. 2018 Feb;60(2):126-131. doi: 10.1097/JOM.00000000001198.
- Hall LH, Johnson J, Watt I, Tsipa A, O'Connor DB. Healthcare staff wellbeing, burnout, and patient safety: a systematic review. PLoS ONE. 2016;11(7):e0159015. doi: 10.1371/journal.pone.0159015
- Makary MA, Daniel M. Medical error-the third leading cause of death in the US. BMJ. 2016 May 3;353:i2139. doi: 10.1136/bmj.i2139.

- Dabbagh A, Akbari MI, Fathi M. [Medical errors in health systems]. J Army Univ Med Sci I.R. Iran. 2006 Autumn; 4(3):957-66. [Persian]
- Arslanian-Engoren C, Scott LD. Clinical decision regret among critical care nurses: A qualitative analysis. Heart Lung. 2014 Sep-Oct;43(5):416-9. doi: 10.1016/j.hrtlng.2014.02.006.
- Rogers AE, Hwang W-T, Scott LD, Aiken LH, Dinges DF. The working hours of hospital staff nurses and patient safety. Health Aff (Millwood). 2004 Jul-Aug;23(4):202-12. DOI: 10.1377/hlthaff.23.4.202
- Scott LD, Rogers AE, Hwang WT, Zhang Y. Effects of critical care nurses' work hours on vigilance and patients' safety. Am J Crit Care. 2006 Jan;15(1):30-7.
- 11. Balas MC, Scott LD, Rogers AE. The prevalence and nature of errors and near errors reported by hospital staff nurses. Appl Nurs Res. 2004 Nov;17(4):224-30.
- 12. Balas MC, Scott LD, Rogers AE. Frequency and type of errors and near errors reported by critical care nurses. Can J Nurs Res. 2006 Jun;38(2):24-41.