

Published studies may exaggerate the effect of burnout on quality of patient care

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Burnout

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Published studies have shown an association between burnout among

health care professionals and quality of patient care, but those studies may exaggerate the magnitude of the effect. A systematic review is published in *Annals of Internal Medicine*.

Previous literature findings associate [burnout](#) among health care professionals with poor quality of patient care. However, most studies in this field use retrospective observational designs and apply a wide range of burnout assessments and analytic tools to evaluate myriad outcomes among diverse patient populations. This lack of a standardized approach to measurement and analysis increases the risk of bias of evidence, hampering the ability to decipher which of the apparent clinically significant results represent true effects.

Researchers from Stanford University School of Medicine extended upon previous work in this field by including a comprehensive evaluation for reporting biases in the health care provider burnout literature, encompassing 145 published study populations that quantified the relation between burnout and quality of care over 25 years for 241,553 [health care professionals](#). Quality-of-care measures were grouped into 5 categories: [best practices](#), communication, medical errors, patient outcomes, and quality and safety. The studied relationships between burnout and quality of care were highly heterogeneous. Of 114 unique burnout-quality combinations, 58 indicated burnout related to poor quality of care, 6 indicated burnout related to high quality of care, and 50 showed no significant effect. Excess significance was apparent, with this indicator of potential bias most prominent for the least rigorous quality measures of best practices and quality and safety. According to the researchers, these finding of excess significance imply that the true magnitude may be smaller than reported, and the studies that attempted to lower the risk of bias demonstrate fewer significant associations compared with the full evidence base.

The authors of an accompanying editorial from the University of California, Davis discuss factors that likely contribute to the observed heterogeneity in these studies. They say that variability in methods used to measure burnout and outcomes and the inattention to potential confounders are to blame. They describe the different methods and suggest that the limitations of the available literature, prior reviews, and current meta-analysis, they can conclude that higher burnout is associated with lower quality [health](#) care, but the magnitude or clinical significance of the relationship is still not clear.

More information: Study:

<http://annals.org/aim/article/doi/10.7326/M19-1152>

Editorial: <http://annals.org/aim/article/doi/10.7326/M19-2760>

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