



PATIENT SAFETY STRATEGIES

THE CASE FOR COMPREHENSIVE BURNOUT SOLUTIONS

by Hannah Tremont, MPH

Nearly half of health care workers in the U.S. experience burnout, and the [post-pandemic exodus](#) from the field has only amplified the strain on the remaining workforce. Given this reality and the [links](#) between health care worker well-being and patient safety, it is crucial to understand the implications of burnout on patient outcomes and the potential avenues for comprehensive solutions.

A [commentary published in the American Journal of Medicine](#), co-authored by Daniel Shapiro, PhD, Senior Partner and Executive Director of the [Chartis Center for Burnout Solutions](#), and Mike Paskavitz, Vice President of Candello, CRICO’s national medical malpractice data collaborative, examined potential associations between burnout and malpractice.

The analysts identified **3,285 malpractice cases in Candello’s national database between 2017-2022** that linked to one or more indicators of burnout, such as staffing shortages, time pressure, and electronic health record issues. Of these cases:

- **36% involved high-severity injury** (cases involving Death, or Permanent Significant, Permanent Major, or Permanent Grave Injury according to the National Association of Insurance Commissioners severity scale).
- **48%** of cases occurred in an **ambulatory setting**, **45%** in an **inpatient setting**, and **6%** in the **emergency department**.
- **\$387M+ in indemnity payments** incurred for only three services (Nursing, Emergency, and Medicine), which represented just over half of the claims.

Although the analysis does not establish causality, it underscores how comprehensive strategies that address burnout across all roles—not just physicians—may be pivotal in improving safety and quality outcomes.

“At a time when resources are so thin and it feels like battlefield medicine for health care organizations, making a sound business case for supporting strategic initiatives like culture change, high reliability, burnout, or compassionate care is critical,” says Mike Paskavitz, “the serious patient harm and measurable financial consequences associated with malpractice data can support or inform a strong business case for such initiatives.”

ORGANIZATIONAL APPROACHES TO BURNOUT MITIGATION

Addressing burnout effectively requires organization-specific and specialty-specific strategies tailored to the unique needs of health care teams. Drawing on his work at Chartis, Shapiro emphasizes the importance of engaging entire teams rather than focusing exclusively on physicians:

“Our efforts span across professions because health care is a team effort. Some organizations focus solely on advocating for physicians, but this misses the reality: physicians are part of larger teams and there are powerful interdependencies. Focusing only on physicians overlooks the broader team dynamics, making it harder to find holistic solutions.”

Shapiro also points out how the risk of burnout can vary by specialty. He explains, “Specialties that rely heavily on others are more at risk of burnout than those with greater control over their work, regardless of hours worked per week.”

Emergency department (ED) physicians exemplify how systemic dependencies can worsen burnout. Their

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reliance on other services, such as inpatient units and pathology, often leads to heightened stress when workflows are disrupted.

As a minor example, ED doctors may repeatedly face challenges with a specialty service that avoids admitting patients, even when both parties agree admission is necessary and there is availability. To address this specialty-specific issue, “air traffic controllers” — independent physicians from the chief medical officer’s office with no ties to specific services—can be introduced and step in when needed to ensure timely admissions.

LEVERAGING DATA FOR INSIGHTS

In addition to organizational strategies, Shapiro emphasizes the need for more effective methods of assessing burnout by assessing specialties and occupations individually. He explains that traditional engagement surveys, while commonly used, are often too generic to yield actionable insights.

“The field is dominated by surveys that try to ask questions that apply to everyone, and [Chartis’] work is the exact opposite—we try to find the things that matter most to the given health professional or staff in front of us that drive turnover and burnout. That’s where I think we all ought to be living.”

Shapiro also advocates for the underutilized potential of institutional data, such as turnover rates and safety metrics, to identify burnout trends. When combined with safety metrics, turnover data can reveal valuable insights into burnout’s impact on patient safety.

Shapiro underscores that burnout often leads to declines in safety, as overwhelmed staff cut corners to preserve energy and cope with demands.

“Many institutions have protocols and pathways to improve safety, and it is often surprising to leaders when these degrade—burnout is often the culprit. Implementing these tactics without addressing burnout is like designing an engine and not changing the oil.”

THE ROLE OF LEADERSHIP

Shapiro then discusses the importance of leadership in worker satisfaction and well-being, *“In a perfect world, every organization would implement sophisticated leadership rounding, meaning a close study of friction points for frontline workers and the fostering of honest communication about what can and can’t be done to address those points.”*

There is no one-size-fits-all solution when it comes to mitigating and preventing burnout; instead, organizations must engage in thoughtful data analysis, open communication, and tailored interventions that reflect their workforce’s unique needs. By recognizing the complexity of burnout and committing to holistic, adaptive strategies, health care leaders can reduce risk, improve patient safety, and build a healthier, more sustainable workforce.

ADDITIONAL RESOURCES

For more evidence-based insights on burnout prevention, explore these resources:

JAMA: [Physician and Nurse Well-Being and Preferred Interventions to Address Burnout in Hospital Practice](#)

The Schwartz Center for Compassionate Healthcare: [Mental Health and Well-being Resources for Healthcare Workers](#)

Office of the Surgeon General: [Health Worker Burnout \(2022\)](#)

Candello blog: [Provider Burnout + Malpractice Risk = The Lost City of Atlantis](#)

