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SYNOPSIS

TITLE:

From Burnout to Breakdown: Investigating the Consequences of Medical Errors on Healthcare Providers.

INTRODUCTION:

Patient safety is an essential element of health quality, but medical errors are still a global concern. The WHO states that medical errors account for appreciable mortality and morbidity, which necessitates the examination of their causes, effects, and avoidance measures. Although most attention has focused on patient outcomes, psychological and professional costs to healthcare providers, commonly referred to as "second victims", are not adequately investigated. This research seeks to analyse the two-way causation between medical errors and healthcare provider burnout, with emphasis on how errors influence emotional health, work performance, and long-term career viability. Conducted through a systematic review of peer-reviewed articles, official government documents, and hospital case reports, this study will integrate international results in suggesting evidence-supported interventions. The findings will be applicable to medical institutions, policy makers, and training programs aiming to reduce errors and aid provider resilience.

RESEARCH QUESTION:

How do medical errors affect the psychological and professional well-being of healthcare providers, and what role does burnout play in this relationship?

OBJECTIVES:

- To identify and categorise the root causes of medical errors in hospital settings.
- To explore the relationship between healthcare provider burnout and the occurrence of medical errors.
- To assess the psychological, emotional, and professional impact of medical errors on healthcare providers.

HYPOTHESIS:

H0: There is no significant relationship between healthcare provider burnout and the occurrence of medical errors in hospital settings.

H1: There is a significant relationship between healthcare provider burnout and the occurrence of medical errors in hospital settings.

MATERIAL AND METHODS:

STUDY DESIGN: Systematic literature review of secondary data.

SETTING: Global focus, with emphasis on hospital-based from India and the U.S.

STUDY POPULATION: Healthcare providers (physicians, nurses, allied professional) and hospital systems.

INCLUSION CRITERIA:

- Research focusing on medical errors, patient safety and hospital-based safety interventions.
- Studies conducted in hospitals, healthcare institution and clinical settings.
- English-language publications.

EXCLUSION CRITERIA:

- Studies that focus on non-hospital setting such as outpatient clinics and community health centres.
- Opinion pieces, editorials, or non-peer-reviewed sources.

DATA COLLECTION SOURCES:

- Government reports like WHO, NABH, etc.
- Hospital case studies and annual reports
- Academic journals

OPERATIONAL DEFINITIONS:

- MEDICAL ERROR-
  The Institute Of Medicine (IOM) defined medical error as the failure to complete the intended plan of action or implementation of the wrong plan to achieve an intended outcome.
- PATIENT SAFETY-
  The WHO defined patient safety as the absence of preventable harm to a preventable harm to a patient reduction of risk of unnecessary harm associated with healthcare to n acceptable minimum.
- HEALTHCARE-ASSOCIATED INFECTIONS-
  The CDC defines HAI as infections that patients acquire while receiving treatment for medical or surgical conditions in a healthcare facility, which were not present or incubating at the time of admission.

SAMPLE SIZE: 21 peer-reviewed articles were analysed for this study.

SAMPLING TECHNIQUE: PRISMA framework for systematic review was done.

DATA ANALYSIS PLAN: thematic analysis was done to identify patterns (for example, burnout-error cycle, institutional responses).

ETHICAL CONSIDERATIONS:

- No human participants are involved, eliminating ethical concerns related to direct patient data.
- Data will be sourced from publicly available sources or properly cited research papers.
- Plagiarism checks will be conducted to ensure academic integrity.
- Copyrights and intellectual property rights will strictly respected.
- If hospital reports or case studies contain sensitive patient data, they will be anonymised in accordance with ethical guidelines.

IMPLICATIONS OF RESEARCH:

- Clinical practice- recommendations for error reduction (for example, checklists, decision-support systems).
- Policy- advocacy for "Just Culture" frameworks and non-punitive reporting systems.
- Provider support- institutionalising mental health programs for "second victims".
- Education- training clinicians in error disclosure and resilience.

REFERENCES:

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4. Wu AW. Medical error: the second victim. *BMJ.* 2000;320(7237):726-7.