Evidence Library

The primary sources behind the session, each with what it supports and what it does not.

A curated educational bibliography for the STFM CPQI 2026 session, built so you can take the argument to your own leadership. **It is not an exhaustive systematic review.** Each entry names what it supports and what it does not, because the second half is what keeps the argument credible in a room of quality-improvement people.

National and foundational guidance

National Academies of Sciences, Engineering, and Medicine. Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being. National Academies Press; 2019.

Supports: Supports treating burnout as a systems problem with organizational responsibility.

Does not support: Does not prescribe a specific staffing model or workflow.

Office of the U.S. Surgeon General. Addressing Health Worker Burnout. 2022.

Supports: Names workload, administrative burden and lack of control as modifiable drivers.

Does not support: Advisory guidance, not an effectiveness study.

Agency for Healthcare Research and Quality. Burnout in Primary Care: Assessing and Addressing It in Your Practice. 2023.

Supports: Directly recommends an organizational approach in primary care. This is the citation to put in front of leadership.

Does not support: Not a validated instrument for scoring a practice.

Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being. Mayo Clin Proc. 2017;92(1):129-146.

Supports: Provides an influential organizational framework for executive responsibility and strategies related to physician well-being.

Does not support: Descriptive strategy paper rather than an effectiveness trial.

Dyrbye LN, Major-Elechi B, Hays JT, Fraser CH, Buskirk SJ, West CP. Physicians' ratings of their supervisor's leadership behaviors and their subsequent burnout and satisfaction: a longitudinal study. Mayo Clin Proc. 2021;96(10):2598-2605.

Supports: The empirical anchor for the Leadership domain. Physicians' ratings of immediate-supervisor leadership were associated with subsequent levels and changes in burnout and satisfaction two years later.

Does not support: Observational. Does not prove that leadership training itself reduces burnout.

Bodenheimer T, Sinsky C. From triple to quadruple aim. Ann Fam Med. 2014;12(6):573-576.

Supports: The standard reference for putting workforce experience alongside cost, quality and experience.

Does not support: A framing argument, not evidence of effect.

Outcomes and organizational interventions

Hodkinson A, Zhou A, Johnson J, et al. Associations of physician burnout with career engagement and quality of patient care. BMJ. 2022;378:e070442.

Supports: Meta-analysis, 170 studies, 239,246 physicians. Associates burnout with workforce and care outcomes.

Does not support: Largely observational and self-reported. Does not establish that burnout causes poor quality.

Ji X, Dougherty M, Lee Y, Poghosyan L, Lelutiu-Weinberger C. Organizational interventions to address primary care provider burnout. Med Care Res Rev. 2026;83(3):167-182.

Supports: Organizational intervention as a plausible strategy. Across thirteen U.S. studies, included interventions addressing domains such as workload, control and community showed benefit in some settings.

Does not support: Heterogeneous interventions and outcomes. No single organizational intervention has been established as best.

Sinsky CA, et al. Association of work control with burnout and career intentions among U.S. physicians. Ann Intern Med. 2025;178(1):20-28.

Supports: Control over patient load, team composition, clinical schedule, workload and hiring of staff is associated with burnout and intent to leave.

Does not support: Cross-sectional. Causation cannot be determined.

Family medicine and residency-specific

Barr WB, Peterson LE, Fleischer SE, Bazemore AW. Pajama time and burnout: after-hours EHR use on family medicine residents. Acad Med. 2026;101(3):312-318.

Supports: n=9,653. 32.3% of upper-year residents reported three or more hours per night of after-hours EHR work; burnout OR 1.61 (95% CI 1.46-1.78); professional satisfaction OR 0.61 (0.55-0.68).

Does not support: Cross-sectional. Read the odds ratio as a reason to investigate, not as a causal effect.

Coutinho AJ, Weidner AKH, Cronholm PF. National longitudinal study of wellness curricula in US family medicine residency programs. J Grad Med Educ. 2025;17(3):320-329.

Supports: Useful for the argument that wellness curricula alone do not remove the need to examine workload.

Does not support: Does not establish either the effectiveness or ineffectiveness of wellness curricula. It supports examining structural workload conditions in parallel with individual or curricular wellbeing strategies.

Dai M, Willard-Grace R, Knox M, et al. Team configurations, efficiency, and family physician burnout. J Am Board Fam Med. 2020;33(3):368-377.

Supports: The empirical anchor for the Team domain, and family-medicine specific. Perceived teamwork efficiency was associated with lower odds of burnout across team configurations.

Does not support: Does not establish a single ideal team configuration or prove that changing team structure will reduce burnout.

Rodriguez HP, et al. Primary care practice characteristics associated with medical assistant staffing ratios. Ann Fam Med. 2024;22(3):233-236.

Supports: Grounds the Team and Capacity domains in observed staffing patterns.

Does not support: Descriptive. Not a recommended ratio.

Accreditation Council for Graduate Medical Education. Program Requirements for Graduate Medical Education in Family Medicine. Effective 2026.

Supports: The binding constraint on any residency redesign: panel, continuity and supervision requirements.

Does not support: A standard, not evidence. Check the current version before acting.

How to read this evidence

- Most burnout research is **observational**. Say associated with, never caused by. The restraint is not weakness; it is what makes the systems argument hold in a QI audience.
- Many outcomes are **self-reported**, and studies are heterogeneous in setting, measure and intervention.
- Organizational interventions are **promising but not standardized**. No single intervention has been established as best.
- The Workforce Design Diagnostic is a **practical synthesis of recurring domains**. It is not a validated measurement instrument and has no composite score.
- **Not all burnout is organizational.** It is multifactorial. Support people and redesign the work, both rather than either.

Disclosure. Dr. Bains is Founder and CEO of Energized Vision. He has no relevant financial relationships with ineligible companies to disclose. The STFM session this accompanies is educational and is not a commercial presentation.

Suggested citation. Bains A. From Burnout to System Resilience: Workforce Design Strategies That Improve Quality and Safety. Workforce Design Toolkit. Energized Vision; 2026. energizedvision.org/stfm

Version 1.0 · August 2026