

# Teamwork and Safety Climate Survey

## MARKING INSTRUCTIONS

- Use number 2 pencil only.
- Erase cleanly any mark you wish to change.



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Please answer the following items with respect to your specific unit or clinical area. Choose your responses using the scale below:

A	B	C	D	E	X	
Disagree Strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly	Not Applicable	Not Applicable

## TEAMWORK CLIMATE

- |   |                         |
|---|-------------------------|
| 1. Nurse input is well received in this clinical area.  | (A) (B) (C) (D) (E) (X) |
| 2. In this clinical area, it is difficult to speak up if I perceive a problem with patient care.  | (A) (B) (C) (D) (E) (X) |
| 3. Decision-making in this clinical area utilizes input from relevant personnel.  | (A) (B) (C) (D) (E) (X) |
| 4. The physicians and nurses here work together as a well-coordinated team.   | (A) (B) (C) (D) (E) (X) |
| 5. Disagreements in this clinical area are resolved appropriately (i.e., not <i>who</i> is right, but <i>what</i> is best for the patient). | (A) (B) (C) (D) (E) (X) |
| 6. I am frequently unable to express disagreement with the attendings/staff physicians here.  | (A) (B) (C) (D) (E) (X) |
| 7. It is easy for personnel here to ask questions when there is something that they do not understand.                                      | (A) (B) (C) (D) (E) (X) |
| 8. I have the support I need from other personnel to care for patients.   | (A) (B) (C) (D) (E) (X) |
| 9. I know the first and last names of all the personnel I worked with during my last shift.   | (A) (B) (C) (D) (E) (X) |
| 10. Important issues are well communicated at shift changes.  | (A) (B) (C) (D) (E) (X) |
| 11. Briefing personnel before the start of a shift (i.e., to plan for possible contingencies) is important for patient safety.              | (A) (B) (C) (D) (E) (X) |
| 12. Briefings are common in this clinical area.   | (A) (B) (C) (D) (E) (X) |
| 13. I am satisfied with the quality of collaboration that I experience with staff physicians in this clinical area.                         | (A) (B) (C) (D) (E) (X) |
| 14. I am satisfied with the quality of collaboration that I experience with nurses in this clinical area.                                   | (A) (B) (C) (D) (E) (X) |

## SAFETY CLIMATE

- |  |                         |
|--|-------------------------|
| 15. The levels of staffing in this clinical area are sufficient to handle the number of patients.  | (A) (B) (C) (D) (E) (X) |
| 16. I would feel safe being treated here as a patient.   | (A) (B) (C) (D) (E) (X) |
| 17. I am encouraged by my colleagues to report any patient safety concerns I may have.   | (A) (B) (C) (D) (E) (X) |
| 18. Personnel frequently disregard rules or guidelines (e.g., hand-washing, treatment protocols/clinical pathways, sterile field, etc.) that are established for this clinical area. | (A) (B) (C) (D) (E) (X) |
| 19. The culture in this clinical area makes it easy to learn from the errors of others.  | (A) (B) (C) (D) (E) (X) |
| 20. I receive appropriate feedback about my performance.   | (A) (B) (C) (D) (E) (X) |
| 21. Medical errors are handled appropriately here.   | (A) (B) (C) (D) (E) (X) |
| 22. I know the proper channels to direct questions regarding patient safety in this clinical area.   | (A) (B) (C) (D) (E) (X) |
| 23. In this clinical area, it is difficult to discuss errors.  | (A) (B) (C) (D) (E) (X) |
| 24. Hospital management does not knowingly compromise the safety of patients.  | (A) (B) (C) (D) (E) (X) |
| 25. This institution is doing more for patient safety now, than it did one year ago.   | (A) (B) (C) (D) (E) (X) |
| 26. Leadership is driving us to be a safety-centered institution.  | (A) (B) (C) (D) (E) (X) |
| 27. My suggestions about safety would be acted upon if I expressed them to management.   | (A) (B) (C) (D) (E) (X) |

Have you ever completed this survey before?  Yes  No  Don't Know

## BACKGROUND INFORMATION

### Position: (mark only one)

- |  |  |  |
|--|--|--|
| <input type="radio"/> Attending/Staff Physician              | <input type="radio"/> Nurse Manager/Charge Nurse             | <input type="radio"/> Dietician                      |
| <input type="radio"/> Resident Physician                     | <input type="radio"/> LVN/LPN                                | <input type="radio"/> Support Associate              |
| <input type="radio"/> Pharmacist                             | <input type="radio"/> Physician Assistant/Nurse Practitioner | <input type="radio"/> Unit Assistant/Clerk/Secretary |
| <input type="radio"/> Technician (e.g., EKG, Lab, Radiology) | <input type="radio"/> Respiratory Therapist                  | <input type="radio"/> Medical Administrator          |
| <input type="radio"/> Registered Nurse                       | <input type="radio"/> PT/OT/Speech                           | <input type="radio"/> Other: _____                   |

Mark your gender:  Male  Female

### Experience in Organization:

- less than 6 months  6 to 11 months  1 to 2 yrs  3 to 7 yrs  8 to 12 yrs  13 to 20 yrs  21 or more

Ethnic Group:  Hispanic  Black (not Hispanic)  White (not Hispanic)  Asian/Pacific Islander  Multi-Ethnic  Other

Unit/Clinical Area: Please write in your unit title/location:

Thank you for completing the survey - your time and participation are greatly appreciated.

PLEASE DO NOT WRITE IN THIS AREA



# SERIAL