

# Safety Climate Survey

Date: \_\_\_\_\_

Survey Number: \_\_\_\_\_

Ward: \_\_\_\_\_

**This questionnaire asks about the safety climate on your ward. Your participation in this survey is entirely voluntary. Any information you provide will be treated confidentially. If you are happy to continue, please complete the questions by circling a number corresponding to each answer.**

	1	2	3	4	5	N/A
	Strongly disagree	Slightly disagree	Neutral	Slightly agree	Strongly agree	Not applicable
1. The culture where I work makes it easy to learn from the errors of others.	1	2	3	4	5	N/A
2. Medical errors are handled appropriately here.	1	2	3	4	5	N/A
3. The senior leaders in my hospital listen to me and care about my concerns.	1	2	3	4	5	N/A
4. The medical and nursing leaders in my areas listen to me and care about my concerns.	1	2	3	4	5	N/A
5. Leadership is driving us to be a safety-centred organisation.	1	2	3	4	5	N/A
6. My suggestions about safety would be acted upon if I expressed them to management.	1	2	3	4	5	N/A
7. Management does not knowingly compromise the safety of patients.	1	2	3	4	5	N/A
8. I am encouraged by my colleagues to report any safety concerns I may have.	1	2	3	4	5	N/A
9. I know the proper channels to which I should direct questions regarding patient safety.	1	2	3	4	5	N/A
10. I receive appropriate feedback about my performance.	1	2	3	4	5	N/A
11. I would feel safe being treated as a patient in this service.	1	2	3	4	5	N/A
12. Briefing staff on handovers between shifts/periods of work (i.e. to plan for possible contingencies) is important for patient safety.	1	2	3	4	5	N/A
13. Briefings are common where I work.	1	2	3	4	5	N/A
14. I am satisfied with the availability of clinical leadership in this area (please respond to all three):	1	2	3	4	5	N/A
a) Medical	1	2	3	4	5	N/A
b) Nursing	1	2	3	4	5	N/A
c) Pharmacy	1	2	3	4	5	N/A
15. This organisation is doing more for patient safety now than it did one year ago.	1	2	3	4	5	N/A
16. I believe that most adverse events occur as a result of multiple system failures, and are not attributable to one individual's actions.	1	2	3	4	5	N/A
17. The staff in this ward take responsibility for patient safety.	1	2	3	4	5	N/A
18. Staff frequently disregard rules or guidelines (e.g. hand-washing, treatment protocols/clinical pathways, etc.) that are established for the area where I work.	1	2	3	4	5	N/A
19. Patient safety is constantly reinforced as the priority in this ward.	1	2	3	4	5	N/A
20. Where I work, it is difficult to discuss errors.	1	2	3	4	5	N/A
21. The levels of staffing are sufficient to handle the number of patients.	1	2	3	4	5	N/A

**Background information**

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

**Job Position (mark only one):**

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Staff                       | <input type="checkbox"/> Other Direct Care Staff (e.g. Social Worker, Occupational Therapist, Physiotherapist, Dietician) |
| <input type="checkbox"/> Nursing Staff                       | <input type="checkbox"/> Administrative/Support Staff (e.g. Ward Clerk, Receptionist, Domestic Assistant)                 |
| <input type="checkbox"/> Pharmacy Staff                      | <input type="checkbox"/> Other – please specify _____   |
| <input type="checkbox"/> Healthcare Assistant/Support Worker |   |

**Career grade (doctors):**

- |                          |                          |                             |                          |                          |
|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| FY1                      | FY2                      | StR 1-3                     | StR 4-8                  | Consultant               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| LAT                      | LAS                      | Academic<br>Clinical Fellow | Clinical Fellow          | Educational<br>Fellow    |

**Band (rest of staff):**

- |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Band 1                   | Band 2                   | Band 3                   | Band 4                   | Band 5                   | Band 6                   | Band 7                   | Band 8                   |

**Experience in position:**

- |                                     |   |                                  |                                  |                                      |                                       |                                  |
|-------------------------------------|---|----------------------------------|----------------------------------|--------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> < 6 months | <input type="checkbox"/> 6 to 22 months | <input type="checkbox"/> 1-2 yrs | <input type="checkbox"/> 3-7 yrs | <input type="checkbox"/> 8 to 12 yrs | <input type="checkbox"/> 13 to 20 yrs | <input type="checkbox"/> 21+ yrs |
|-------------------------------------|---|----------------------------------|----------------------------------|--------------------------------------|---------------------------------------|----------------------------------|

**Experience in specialty:**

- |                                     |   |                                  |                                  |                                      |                                       |                                  |
|-------------------------------------|---|----------------------------------|----------------------------------|--------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> < 6 months | <input type="checkbox"/> 6 to 22 months | <input type="checkbox"/> 1-2 yrs | <input type="checkbox"/> 3-7 yrs | <input type="checkbox"/> 8 to 12 yrs | <input type="checkbox"/> 13 to 20 yrs | <input type="checkbox"/> 21+ yrs |
|-------------------------------------|---|----------------------------------|----------------------------------|--------------------------------------|---------------------------------------|----------------------------------|

**Age:**

- |                               |                                |                                |                                |                                |                              |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> < 30 | <input type="checkbox"/> 30-34 | <input type="checkbox"/> 35-39 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 50+ |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|

**Thank you for completing the survey.**

**Please insert the survey to the metal box provided.**