A GUIDE TO SAFETY CULTURE MEASUREMENT

A complete guide and resources to support teams and organisations undertake a safety culture measurement

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Introduction

What is safety culture?

Culture is the way we think — our values, our attitudes, our perceptions and our beliefs[1]. It's also how we act — our habits and our typical behaviours – and is often referred to as *'how we do things around here'*.[2]

Why measure safety culture?

Safety culture is a reliable predictor of clinical safety behaviours and patient safety outcomes[3]. Enhanced culture has been shown to improve the psychological health of providers and increase engagement and satisfaction at work. Ultimately, a healthier culture benefits both patients and providers[4].

> **Key messages**
>
> Safety culture measurement is:
> - a reliable predictor of clinical safety behaviours and outcomes
> - not comparable between teams and can never be used for judgement/performance management
> - best understood through a mixed-methods approach
> - one information source to inform a comprehensive approach to improvement.

A safety culture measurement enables wards, departments, facilities and organisations understand and improve their culture of care[5], such as to:

- Appreciate that safety culture is something that needs to be invested in, nurtured and cultivated
- Value the impact a positive safety culture can have on quality care
- Acknowledge that people are your most important asset
- Enable conversations about the safety culture of the patient care environment
- Work together to change the way in which teams and organisations work and communicate to improve the experience of care for patients and staff[4].

What safety culture survey should I use?

The Clinical Excellence Commission's (CEC) approach to safety culture measurement comprises a quantitative staff survey (using the Safety Attitudes Questionnaire (SAQ) see Appendix 4) and unit-level facilitated discussion and interviews. The CEC approach is consistent with the findings of a recent review of Safety Culture tools published by the [Australian Commission for Safety and Quality in Healthcare: Safety Culture Assessment in Health Care: A review of the literature on safety culture assessment modes](#).

If you choose to use a different safety culture survey tool, this guide can still support you to set up, communicate and debrief the safety culture measurement.

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[1] Schein E. Organizational culture and leadership, 3rd edn. Joddry-Bass: 2004

[2] Ravasi D, Schultz M. Responding to organizational identity threats: Exploring the role of organizational culture. Academy of management journal. 2006 Jun 1; 49(3):433-58.

[33] Braithwaite J, Herkes J, Ludlow K, et al. Association between organisational and workplace cultures, and patient outcomes: systematic review. BMJ Open 2017; 7:e017708. doi:10.1136/ bmjopen-2017-017708

[4] Eklof, M., Torner, M., Pousette, A. Organizational and social-psychological conditions in healthcare and their importance for patient and staff safety. A critical incident study among doctors and nurses. Safety Science. 2014; 70: 211-221.

[5] Hodgen A, Ellis L, Churruca K, Bierbaum M. Safety Culture Assessment in Health Care: A review of the literature on safety culture assessment modes. Sydney: ACSQHC; 2017.

Who should complete a safety culture survey?

A safety culture survey in healthcare asks questions from the perspective of all healthcare staff and is designed to target:

- Staff who have direct contact or interaction with patients (clinical and nonclinical staff)
- Staff who may not have direct contact or interaction with patients but whose work directly affects patient care (e.g. ward clerk, cleaning, pharmacy, pathology, etc.)
- Health supervisors, managers and administrators.

Safety culture measurement and Accreditation

The Clinical Excellence Commission's (CEC) approach supports the Australian Commission for Safety and Quality in Healthcare National Safety and Quality Health Service Standards. The importance of measuring safety culture in safety and quality improvement is articulated in the Clinical Governance Standard, Action 1.1 Governance, leadership and culture.
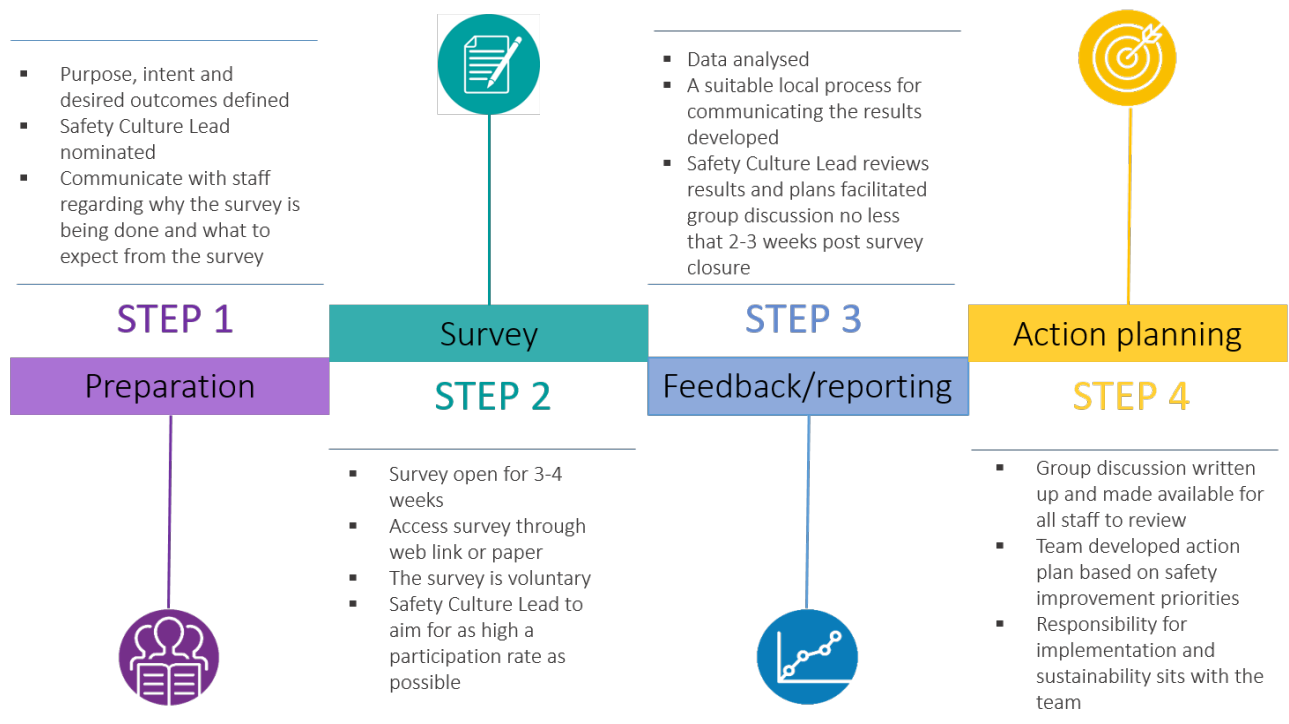
The role of the CEC

Teams and organisations can manage the safety culture survey process locally or request CEC's support. The CEC will enable teams or organisations to undertake the survey and use the results to identify and develop an individualised approach to safety culture improvement. This includes the identification of local expertise to support culture change.

How to use this guide

This guide has been developed to assist teams and organisations in undertaking a valid and reliable safety culture measurement and to provide resources to report and interpret the results. We have outlined what is required to undertake the culture survey in four stages.

1. Preparation
2. Survey
3. Feedback/reporting
4. Action planning

STEP 1 — Preparation
- Purpose, intent and desired outcomes defined
- Safety Culture Lead nominated
- Communicate with staff regarding why the survey is being done and what to expect from the survey

STEP 2 — Survey
- Survey open for 3-4 weeks
- Access survey through web link or paper
- The survey is voluntary
- Safety Culture Lead to aim for as high a participation rate as possible

STEP 3 — Feedback/reporting
- Data analysed
- A suitable local process for communicating the results developed
- Safety Culture Lead reviews results and plans facilitated group discussion no less that 2-3 weeks post survey closure

STEP 4 — Action planning
- Group discussion written up and made available for all staff to review
- Team developed action plan based on safety improvement priorities
- Responsibility for implementation and sustainability sits with the team

Preparation

Undertaking a safety culture survey is not a simple solution to all culture-related issues. It requires sustained commitment and action. It is important to have agreement from your stakeholders on their readiness and willingness to start the safety culture measurement process. Getting endorsement from management and executives is important and ensures that any actions that arise have support[6].

Readiness depends on:
- A clearly defined purpose and intended outcomes
- How open you are to making changes
- Capacity to resource actions (i.e. time, people)
- Willingness to have courageous conversations
- Commitment to follow through.

See Appendix 1 for Questions to consider before engaging in safety culture measurement

Project Planning

Whether you conduct the survey in-house or in partnership with the CEC or via an outside contractor, you will need to establish a project team responsible for planning and managing the culture survey process.

The first step in forming your project team is to assign a Safety Culture Lead. They will assume responsibility for coordinating the administration of the survey.

Contact information for the Safety Culture Lead should be included in the pre-notification letter or survey cover letter.

The Safety Culture Lead will have several duties, including
- Answering questions about survey items, instructions or processes
- Responding to staff comments and concerns
- Helping to coordinate survey distribution and receipt of completed surveys.

See Appendix 2 for Pre Implementation Checklist

See Appendix 3 for Roles and Responsibilities

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[6] Safety Climate Survey: A staff survey for measuring patient safety. The Victorian Quality Council and Victorian Managed Insurance Authority, 2011

Timing

Careful planning will ensure smooth running of the survey and follow up activities. When selecting the best time to conduct the survey, consideration needs to be given to potential barriers to engagement. The following principles should be considered when deciding when to run the survey:

- Avoid periods when other staff surveys are running (e.g. the People Matter Survey). Staff can feel over-surveyed at these times and the data gathered for all surveys will suffer. Avoid busy periods (accreditation, budget time and the Christmas break when many staff are on leave). When staff are under pressure at work they may not have the time needed to give the survey their full attention
- Avoid periods when a change of staff or staff rotation occurs, and periods when new interns are taken in

> As a guide, plan for:
> - 4 weeks from the beginning of the project and pre survey communication
> - 6-10 weeks for survey completion, analysis and reporting

Communicate, communicate, communicate

- Communication with your team is essential to manage expectations and gain the confidence of staff
- It is critical that staff understand why you measure safety culture and the safety culture measurement process
- Ensure staff understand their data is completely confidential and cannot be linked back to any one individual
- Psychological safety is essential for staff to feel comfortable and confident that the results will be used for improvement, not judgment

Key Messages

Consider the following when preparing to undertake a culture survey

- **Timing** – When things need to happen (e.g. timings, expectations and processes, what's happening and when?) or other activities planned that will impact on the success or cooperation with the survey (e.g. accreditation, school holidays, Christmas period)
- **Communication** – How you will keep people informed and involved? (e.g. team meetings, newsletters, intranet, and messages from the executive)
- **Sponsorship** - Who the messages will come from (e.g. team leader, immediate manager and executive). Senior leadership commitment is important to establish and to communicate about the survey and its purpose
- **Implementation** - How will you implement the survey, analyse the questionnaires and use the results?

Completing the survey

The survey

The SAQ short form is the preferred tool of the CEC because of its psychometric properties and extensive use in multiple health settings, both nationally and internationally. The SAQ is divided into six domains with each domain represented by between four to eight questions[7] (Table 1).

Domain	Definition
Safety Climate	Perceptions of strong and proactive organisational commitment to safety
Teamwork climate	Perceived quality of collaboration between team members
Job satisfaction	Positivity about the work experience
Stress recognition	Acknowledgement of how performance is influenced by stressors
Perceptions of Management	Approval of managerial action (ward/department level and hospital level)
Working conditions	Perceived quality of work environment and logistical support

See Appendix 4 for full Safety Attitude Questionnaire

The online survey allows for a number of questions to be included for demographic analysis, for example profession, employment type, tenure. Although demographic questions cannot be edited, it is possible to turn them off or on in QARS if you wish to reduce the number of questions. All other SAQ questions cannot be edited. This is to ensure the psychometric properties of the survey remain reliable and valid, thus ensuring confidence in the results. If using the paper format, the Safety Culture Lead will need to ensure that survey integrity is maintained and consider how it is distributed and collected.

See Appendix 5 Setting up the SAQ in QARS Survey
Safety Attitudes Questionnaire (SAQ): Survey ID: 3471

Undertaking the culture survey online or in paper format

- If using the paper format, who will ensure it is distributed and collected?
- How will you give people time to complete the SAQ?
- Are any permissions needed in your organisation?
- How will you collect paper versions - from collection boxes placed around the organisation?
- Can any immediate concerns identified be resolved or do they need to be escalated and if so, who to?

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[7] Sexton, J.B., Helmreich, R.L., Neilands, T.B., et al. The Safety Attitudes Questionnaire: psychometric properties, benchmarking data, and emerging research. BMC Health Services Research. 2006, 6:44 doi: 10.1186/1472-6963-6-44

Response rates

Response rates are crucial for the data to be representative of the safety culture in the organisation or team. The minimum threshold the CEC recommends for response rates to be representative is 30%[8]. Staff should be encouraged to complete the survey, as every opinion is critical in forming an accurate reflection of the safety culture.

Achieving a high response rate is important for making valid generalisations about your organisation. In other words, there must be enough survey respondents to accurately represent your organisation before you can legitimately present your survey results as a reflection of your organisation's safety climate.

- Response rates should represent at least 30% of staff
- For teams of less than eight, the SAQ is not an appropriate tool. Instead consider a facilitated discussion. This is to maintain confidentiality and reduce identification of respondents
- If you wish to dissect the results and create reports for the separate participant groups there must be at least eight respondents per group (e.g. for professional groups this means at least eight medical respondents, at least eight nursing respondents, etc.).

To calculate your survey response rate, divide the number of completed and returned surveys by the number of surveys sent (not including ineligible and undeliverable/return to sender surveys).

Reminders and follow-up

- Ensure your team know the survey is coming, why they are being asked to complete it and what the next steps are once the survey closes
- Have a clear timeframe for completion
- Send reminder e-mails, include in meeting agendas, reminders in newsletters and through other communication channels used by your organisation
- Have senior Executive / Sponsor mention the importance of completing survey at meetings/WalkArounds
- Make sure staff know that senior leadership are committed to understanding the current safety culture and to taking action

See Appendix 6 for Sample introductory and reminder email/letter templates

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[8] Random Sampling in Employee Surveys. Culture Amp. Retrieved from https://academy.cultureamp.com/hc/en-us/articles/115005415169-Random-Sampling-in-Employee-Surveys on 26 September 2019

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Reporting & feedback

It is important to maintain the integrity of the process and to respect the contribution of your team(s) by providing timely feedback and sharing the results, ideally in a group environment.

Once the survey has closed, the next step is to analyse the results. The data can help highlight areas to focus on in more detail in the debrief phase. Whether conducting analysis internally or externally, thought should be given up front to the type of analysis and reporting you wish to be completed.

Key Messages

A Safety Culture survey will not:
- provide benchmarking comparisons with other health services or clinical units
- identify local performance issues
- serve as a performance management tool

In the SAQ the data is represented as subscale scores and as individual items.

The CEC provides tools for data interpretation, data analysis and reporting of the SAQ.

- Scoring and data analysis information relates to the SAQ survey and use of QARS only
- Facilitated discussion and reporting information can be applied to any tool used to survey safety culture

SAQ data analysis and score interpretation

Data from QARS can be transferred to a specially formatted excel spreadsheet to calculate domain scores. There is also a report template that can be populated using those domain scores. A copy of the spreadsheet and reporting template are available from the CEC website www.cec.health.nsw.gov.au

If using the CEC templates

Refer to Appendix 7 Data analysis and score interpretation for the SAQ for detailed instructions on downloading the data into Excel from QARS and how to interpret and present the data

Facilitated safety culture results discussion

Develop a suitable local process for communicating the results to staff. For example, multiple sessions might be necessary for larger teams so everyone gets the opportunity to be involved. Sponsors and leaders are responsible for allocating the time and space to share and explore the results in partnership with an identified local support person who has leadership and culture change expertise. **This should occur no less than two weeks following the close of the survey**.

Include in the discussion:

- Presentation of the safety culture survey subscale scores and high/low scoring items
- Facilitated discussion guided by the questions *"Does this look like your team? Why or why not? If this is where you are now - what would better look like?"*
- Space for the team to identify and agree on a way forward by reflecting on the question *"How would you get there?"*

Some points for facilitators to consider during the group discussion:

- Lay out the purpose and goals for the session
- Set the tone and create an inclusive environment by offering a safe space
- Set the ground rules with the group and include an agreement to allow the contributions of others without judgement
- Guide the group to set the discussion topics - ask questions or offer ideas only to advance the discussion
- Keep discussions constructive and positive
- Summarise or clarify important points, arguments, and ideas
- Wrap up the session on a positive note and with an agreed action plan

Report

Generate a report to collate and present all the analysed safety culture data. As a feedback tool it is critical to share the report with participants to enhance an understanding of the process and outcomes. Suggested contents to include[9]:

1. Executive summary
2. Introduction: include some background information, reasons for running the safety culture survey and potential benefits
3. Methodology: include background on the survey instrument, an explanation of the domains and details of the sample surveyed
4. Demographics: include a breakdown of the demographic profile of those surveyed
5. Key findings/results:
   - Top five priorities to improve, mean scores for the satisfaction items, mean scores for the six safety climate domains
   - Top five performing items and bottom five performing items
   - Item breakdown by domains. This section will include the mean scores for all items on the survey, grouped by the domain to which they belong
   - Item breakdown by demographic group: include the item results for each survey professional group, employment status, etc.

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[9] 9 Safety Climate Survey: A staff survey for measuring patient safety. The Victorian Quality Council and Victorian Managed Insurance Authority, 2011

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Action planning

Taking action for change

Taking action is the most important stage of the safety culture assessment. The way to sustain positive safety culture change is to deliver a sustainable action plan where staff have contributed to the solutions for improvement. A good action plan maps out those steps in a logical and clear way.

There are six key steps to think about when you are developing an action plan:
1. Understand the context
2. Identify goals
3. Clarify who should be involved, who is the responsible lead and what the timeline is for change
4. Make the plan
5. Implement the plan
6. Monitor the plan's progress

- The safety culture survey is merely a tool to make change.
- What is most important is the change for improvement activities that follows the safety culture measurement.
- *See Appendix 8: Developing an Action Plan to support your improvement planning*

It is important for respondents to see that something worthwhile came out of their participation and it will improve the chances for future engagement in other projects. With greater insight into the safety culture, the team or organisation has the ability to make change for improvement.

The experience of one team

- Supported by the CEC a team undertook a SAQ culture survey as part of their professional development program. Their results showed five out of six domains rated high average to excellent in the overall SAQ subscales. The remaining domain rated medium average
- In two CEC facilitated conversations the multidisciplinary team (MDT) examined these results and associated data, which included the top 3 incidents over the last 6 months and onsite observation feedback, to identify gaps and to pinpoint the priority areas for improvement
- The team discussed the strengths in their current practice which included daily MDT safety huddles and other communication processes. Despite the inclusive regime of ward communication practices the team identified that communication breakdowns in transfer of care between departments increased the average length of hospital stay for their patients. Closing this gap was identified as a key priority for improvement that would enhance patient experience
- To strengthen staff experience, other teamwork and communication activities were agreed by the team such as 'closing the loop' on incident management; sharing 'good catches'; improving data transparency and reviewing professional development pathways for nursing staff.

Appendix 1: Questions to consider before undertaking a safety culture survey

Before you begin to examine the local safety culture you might find it helpful to reflect on where you are starting from.

These questions can help inform your decision to undertake work around improving the team safety culture and undertaking the safety culture survey[10]:

- ☐ What areas present the biggest opportunity for improvement?
- ☐ Where can you have early success that will help guide the work?
- ☐ Do you have formal leadership support for improving your team's safety culture?
- ☐ Do you have informal leadership support for improving your team's safety culture?
- ☐ Are you encouraged to report issues related to patient safety?
- ☐ Do you feel safe speaking up if you see or hear something that concerns you?
- ☐ Is it easy to ask questions if there is something you don't understand?
- ☐ How is information shared in your work area? Is it posted or introduced in staff meetings? or given to a few people who pass it on?
- ☐ How do people respond to near-misses and errors in your work area?
- ☐ Do you discuss past events and work to prevent the same thing from happening again?
- ☐ How does your team manage disagreement? Do you work together to solve problems?
- ☐ What do you do to welcome new team members?
- ☐ When you and your team have had a challenging but rewarding day, how do you celebrate or acknowledge a job well done?
- ☐ What helps you to do your best work?
- ☐ How do things like stress and workload affect your work? Do others share the workload and help each other out?

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[10] BC Patient Safety & Quality Council, Culture Change Toolbox https://bcpsqc.ca/resource/culture-change-toolbox/

Appendix 2: Pre Implementation Checklist

This checklist aims to assist the Safety Culture Lead in implementing and preparing teams for the safety culture survey

Action	Strategies / Outcomes	√
Develop implementation plan	Download the CEC's *Guide to Safety Culture Measurement*	
Establish Executive Support / Sponsor	▪ Undertaking a culture survey is supported and viewed as fitting into other important hospital/clinical unit initiatives ▪ Governance and responsibility for acting on outcomes agreed ▪ Culture survey tool agreed	
Engage with clinicians / staff in nominated clinical unit	▪ Communicate with the team the reasons for, and identify local issues or barriers to, undertaking the SAQ ▪ If a team has less than 8 staff, consider a facilitated discussion rather than a culture survey ▪ Establish roles and responsibilities	
Communication plan	▪ Communication of 'go live' date within clinical units and throughout hospital ▪ Information sessions on the why and how of doing a culture survey ▪ Regular reminders and follow-up post survey commencement ▪ Dates established for feedback sessions – optimally within 4 weeks of survey closure	
Post survey data collection and analysis	▪ Identify the person responsible for data analysis (if not Safety Culture Lead) ▪ Download the excel spreadsheet and PPT template from CEC website	
Post survey facilitated feedback / action plan	▪ Identify the person who will conduct the facilitated discussion (if not Safety Culture Lead) ▪ Dates established for feedback sessions – optimally within 4 weeks of survey closure	
Plan review and feedback post survey	Establish regular review dates and feedback to MDT on action plan developed from the survey e.g. place as agenda item on ward team meeting	

The role of the CEC	The CEC will provide support on request. This includes: ▪ the identification of local expertise to support safety culture change initiatives ▪ support for the Safety Culture Lead in readiness activities such as developing a communication plan, user engagement and timing ▪ provide resources that can be localised for facility/ward/LHD ▪ undertake site visits and introductory information sessions

Appendix 3: Roles and Responsibilities

Project Governance

Project Role	Project Responsibilities
Executive Sponsor	▪ Overall project owner ▪ Approves Project Initiation Plan and culture survey tool ▪ Works with Safety Culture Lead to resolve project issues ▪ Acts as vocal project champion ▪ May deliver key project communications ▪ Establishes governance through the local Quality & Safety Committee ▪ Receives and reviews project status reports

Project Team

Project Role	Project Responsibilities
Safety Culture Lead	▪ Provides overall project oversight and works with Executive Sponsor and project team to maintain progress ▪ Delivers project communications and conducts other hospital readiness activities ▪ Escalates issues to sponsor when necessary ▪ Reports on project status to key groups and individuals (Sponsor, Steering Committee etc.) ▪ Ensures the project is initiated against a plan ▪ Gains buy-in from key stakeholders and keeps their interest and level of involvement throughout the project ▪ Promotes and drives the culture survey in the ward/unit ▪ Coordinates data collection ▪ Facilitates feedback and progress reports to the participating teams.
Clinical unit staff ▪ Medical ▪ Nursing ▪ Allied Health ▪ Pharmacists ▪ Ancillary staff	▪ Support and participate in undertaking the culture survey ▪ Assist with stakeholder involvement throughout project lifecycle ▪ Collaborate and communicate with other team members around involvement in undertaking the culture survey and subsequent action planning ▪ Undertake to act on results and develop action plans
Project extended team	These members provide expertise and guidance regarding specific functions and/ or responsibilities at regular intervals or on an ad hoc basis e.g. HR / OD teams for facilitating feedback sessions / EOC coordinators for staff engagement

The role of the CEC	The CEC will provide support on request. This includes: ▪ the identification of local expertise to support safety culture change initiatives ▪ support for the Safety Culture Lead in readiness activities such as developing a communication plan, user engagement and timing ▪ provide resources that can be localised for facility/ward/LHD ▪ undertake site visits and introductory information sessions

Appendix 4: Safety Attitudes Questionnaire

Safety Attitudes Questionnaire

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This survey asks for your opinion on how you think safety is managed in your clinical unit.

Please circle one answer only per question. Depending on your role, some of the items will not be applicable to you. In this instance, please circle the 'not applicable' option.

Please answer the following questions using the scale below:

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

Not Applicable▼
Agree Strongly▼
Agree Slightly▼
Neutral▼
Disagree Slightly▼
Disagree Strongly▼

	Question									A	B	C	D	E	X
1.	Nurse input is well received in this clinical area									A	B	C	D	E	X
2.	In my clinical area, it is difficult to speak up if I perceive a problem with a patient									A	B	C	D	E	X
3.	Disagreements in this clinical area are resolved appropriately (i.e., not who is right, but what is best for the patient/client)									A	B	C	D	E	X
4.	I have the support I need from other personnel to care for patients									A	B	C	D	E	X
5.	It is easy for personnel in my clinical area to ask questions when there is something that they do not understand									A	B	C	D	E	X
6.	The clinicians in my area work together as a well-coordinated team									A	B	C	D	E	X
7.	I would feel safe being treated here as a patient									A	B	C	D	E	X
8.	Medical errors are handled appropriately in this clinical area									A	B	C	D	E	X
9.	I know the proper channels to direct questions regarding patient safety in this clinical area									A	B	C	D	E	X
10.	I receive appropriate feedback about my performance									A	B	C	D	E	X
11.	In this clinical area, it is difficult to discuss errors									A	B	C	D	E	X
12.	I am encouraged by my colleagues to report any patient safety concerns I may have									A	B	C	D	E	X
13.	The culture in this clinical area makes it easy to learn from the errors of others									A	B	C	D	E	X
14.	My suggestions about safety would be acted upon if I expressed them to management									A	B	C	D	E	X
15.	I like my job									A	B	C	D	E	X
16.	Working here is like being part of a large family									A	B	C	D	E	X
17.	This health service is a good place to work									A	B	C	D	E	X
18.	I am proud to work in this clinical area									A	B	C	D	E	X
19.	Morale in this clinical area is high									A	B	C	D	E	X
20.	When my workload becomes excessive, my performance is impaired									A	B	C	D	E	X
21.	I am less effective at work when fatigued									A	B	C	D	E	X
22.	I am more likely to make errors in tense or hostile situations									A	B	C	D	E	X
23.	Fatigue impairs my performance during emergency situations (e.g. resuscitation / seizures)									A	B	C	D	E	X
24.	Management supports my daily efforts:	Unit Mgt	A	B	C	D	E	X	Hosp Mgt	A	B	C	D	E	X
25.	Management does not knowingly compromise the safety of patients	Unit Mgt	A	B	C	D	E	X	Hosp Mgt	A	B	C	D	E	X
26.	Management is doing a good job:	Unit Mgt	A	B	C	D	E	X	Hosp Mgt	A	B	C	D	E	X
27.	Problem personnel are dealt with constructively by our:	Unit Mgt	A	B	C	D	E	X	Hosp Mgt	A	B	C	D	E	X
28.	I get adequate, timely information about events that might affect my work from:	Unit Mgt	A	B	C	D	E	X	Hosp Mgt	A	B	C	D	E	X
29.	The levels of staffing in this clinical area are sufficient to handle the number of patients/clients									A	B	C	D	E	X
30.	This hospital does a good job of training new personnel									A	B	C	D	E	X
31.	All the necessary information for diagnostic and therapeutic decisions is routinely available to me									A	B	C	D	E	X
32.	Trainees in my discipline are adequately supervised									A	B	C	D	E	X
33.	I experience good collaboration with other nurses in this clinical area									A	B	C	D	E	X
34.	I experience good collaboration with medical staff in this clinical area									A	B	C	D	E	X
35.	I experience good collaboration with allied health staff in this clinical area									A	B	C	D	E	X
36.	Communication breakdowns that lead to delays in delivery of care are common									A	B	C	D	E	X

Demographics

1 & 2. What is your organisation and facility?

3. What service does your department or clinical unit primarily provide (tick the closest option)

4. Position

5. Number of years' experience in current position

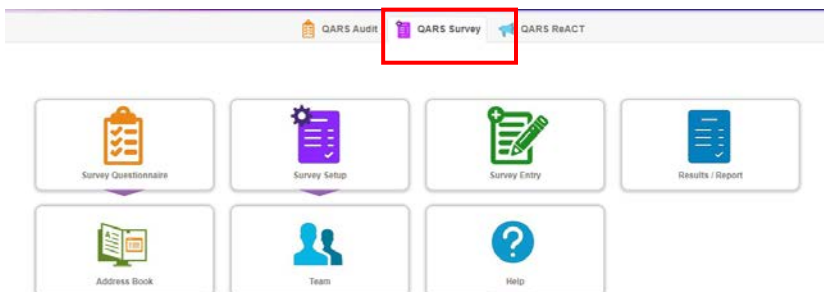# Appendix 5: Setting up the SAQ in QARS survey

This guide will assist in administrating the Safety Attitudes Questionnaire (SAQ) in QARS Survey. It provides a step by step guide on how to set up the Safety Attitudes Questionnaire (SAQ) for local data collection and reporting.

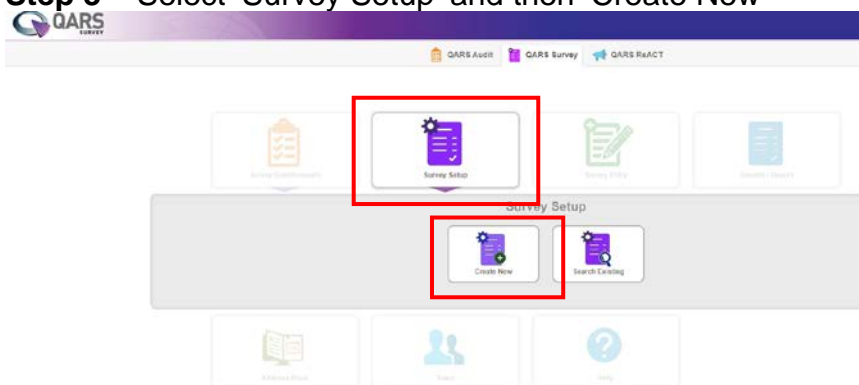**Step 1** – Login to QARS using your NSW Health staff link number
https://qars.cec.health.nsw.gov.au

Step 2 – Select 'Survey' on the homepage of QARS –

Step 3 – Select 'Survey Setup' and then 'Create New'

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Step 4 – Make sure you have access to **ID 3471** – Safety Attitudes Questionnaire (SAQ).

To obtain administration rights you will need to seek approval from your LHD/SHN QARS Super Admin User.

a. Select QID 3471 Safety Attitudes Questionnaire (SAQ) from 'Questionnaire' drop down;
b. Type in the Safety Attitudes Questionnaire (SAQ) and the name of the team you wish to share the SAQ with in the "Survey Name' text box
c. Choose a start date and end date for the survey to be live. This is usually about 6-8 weeks.
d. Tick the " Multiple Responses and 'Anonymous Response' box
e. Select 'Create'

Step 5 – Select 'Save Survey' and 'Create Invitation'

Step 6 – Draft invitation

    a. Enter in the email addresses of the team you wish to send the SAQ.

    b. Edit the invitation email. A template has been provided for you below.

    c. Click 'Next' to generate the invitation

Sample email to staff introducing the survey

Dear colleague, <insert name of ward/department/facility> is participating in a safety culture survey to help us understand the culture within our ward/facility and identify where we can make improvement. The survey asks a broad range of questions that affect you and your working life. The survey does not identify individuals and your responses are anonymous. At the completion of the survey period the data will be aggregated to provide the final report. While your participation is voluntary I encourage you to complete the survey as your input will assist in making our ward/facility a better place to work.

The survey will be open for three weeks from xx/xx/20xx and can be completed online; paper questionnaires will also be available.

Thank you for your participation in this important initiative. If you have any questions please don't hesitate to contact…..

Kind regards
<Name & title>

Step 7: Send invitation

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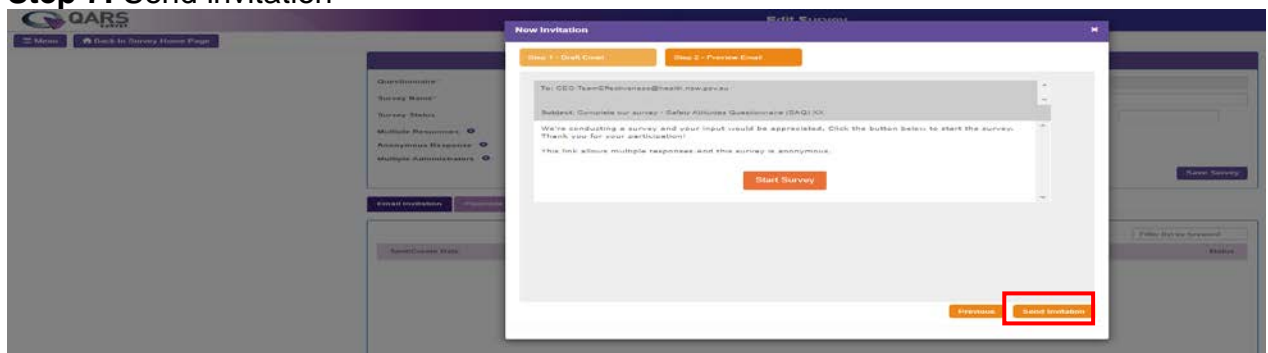
Once the results are in, here is how you pull the data.

Step 1 – Select 'QARS Survey' on the homepage of QARS
https://qars.cec.health.nsw.gov.au
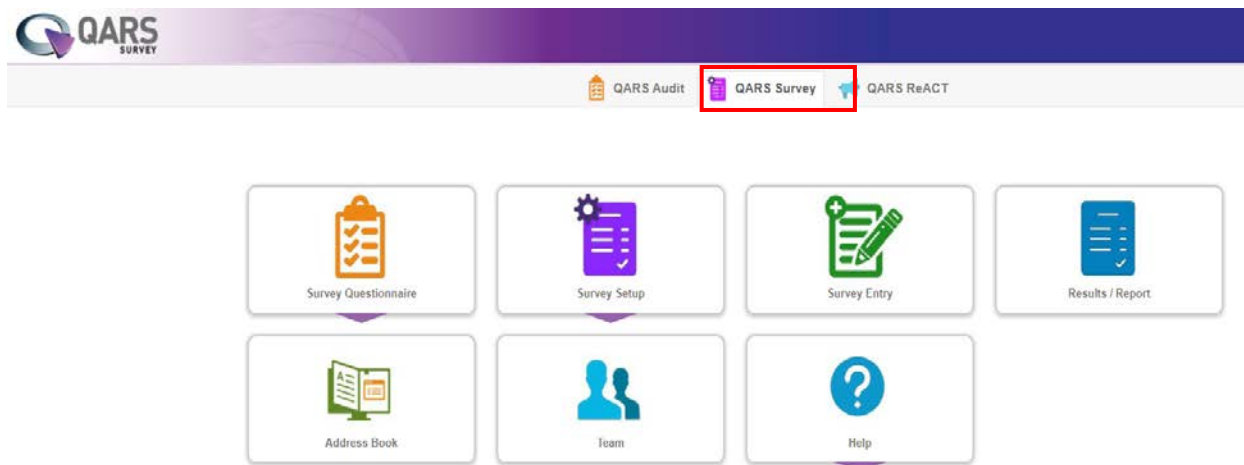
Step 2 – Select 'Results / Report'
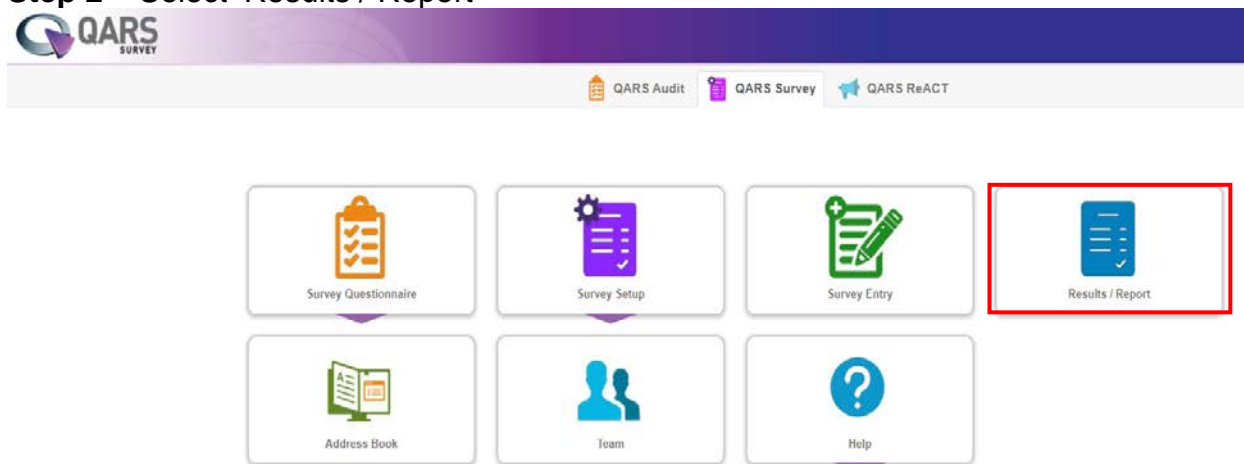
Step 3 – Select 'Show Report'

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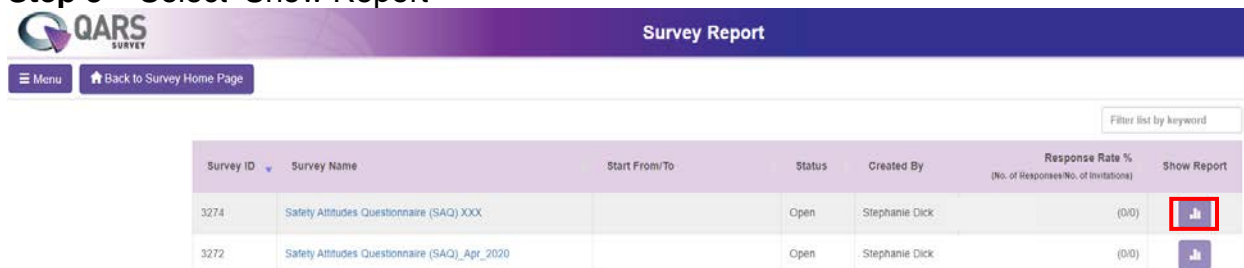
Step 4 – Download raw data by selecting the Excel icon. Once the excel spreadsheet downloads, open it up. In a separate window, open up the SAQ Subscale and Item Calculator and follow the instructions on the first tab (or refer to the instructions in *A Guide to Safety Culture Measurement.*

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Appendix 6: Sample emails

Sample email introducing the survey

Dear colleague, <insert name of ward/department/facility> is participating in a safety culture survey to help us understand the culture within our ward/facility and identify where we can make improvement.

The survey asks a broad range of questions that affect you and your working life. The survey does not identify individuals and your responses are anonymous. At the completion of the survey period the data will be aggregated to provide the final report.

While your participation is voluntary I encourage you to complete the survey as your input will assist in making our ward/facility a better place to work.

The survey will be open for three weeks from xx/xx/20xx and can be completed online; paper questionnaires will also be available.

Thank you for your participation in this important initiative.

If you have any questions please don't hesitate to contact…..

Kind regards

<Name & title>

Sample reminder email / final reminder

Dear colleague, you would have received an invitation to participate in a safety culture survey which is being conducted at <insert name of ward/department/facility>.

If you have already completed the survey thank you for taking the time. If you have yet to respond, there is still time to contribute your valuable feedback.

I encourage you to complete the survey and have your say.

Please don't not hesitate to contact…..if you have any questions about the survey.

Kind regards

<Name & title>

Appendix 7: Data analysis & score interpretation for the SAQ

In the SAQ the data is represented as subscale scores and as individual items. Higher subscale scores indicate positive attitudes and high performance in the domain of safety culture.

SAQ Short Form Subscales and Items

Domain	Question numbers
Teamwork climate	1 – 6
Safety Climate	7 – 13
Job satisfaction	15 – 19
Stress recognition	20 – 23
Perceptions of Management	24 – 28*
Working conditions	29 – 32

* These are each asked twice. Once for Unit Managers and once for Hospital Managers

NB. Items 14 & 33-36 are not part of the scales above, they are reported as individual items – this is outlined in the survey reporting template

How the SAQ is scored

The SAQ contains three negatively worded items (Items 2, 11 and 36), which must be reverse scored before calculating subscales and items. Questionnaires that use a Likert scale (e.g. strongly disagree, disagree, neutral, agree, strongly agree) for answering questions may contain items that must be reverse scored. For example, in the SAQ there are positively worded items (e.g. 'Morale in this clinical area is high'), and some negatively worded items (e.g. 'Communication delays that lead to delays in delivery of service are common').

In this example, we attribute an answer of *strongly disagree* with a score of 1, *disagree* = 2, *neutral* = 3, *agree* = 4 and *strongly agree* = 5 for each positively worded question, as this would give high agreement items a high score. However, we cannot use the same scoring for the negatively worded items and so we reverse score those items. Reverse scoring means that the numerical scoring scale runs in the opposite direction. So, in the above example *strongly disagree* gets a score of 5, *disagree* would be 4, *neutral* still equals 3, *agree* becomes 2 and *strongly agree* = 1.The SAQ negatively worded items have already been reverse scored within the QARS survey, so no further data manipulation is required for Safety Culture Leads.

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## Importing the SAQ data into the Excel spreadsheet from QARS

Data from QARS can be transferred to a specially formatted excel spreadsheet to calculate domain scores.

All instructions for transferring and reviewing data are in the Excel spreadsheet

Once the survey closes, export the data file in Excel (.xls or .xlsx). Enter in the data for each case (i.e. case means each individual who completed survey responses).

Step 1: Download raw data from Results/Report in QARS
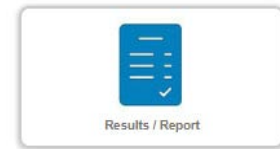
Step 2: Delete all comment questions from the raw data file

AD	AE	AF	AG
Q4: Comment	Q5: Management supports my daily efforts | Matrix1: Unit Management	Q5: Management supports my daily efforts | Matrix2: Hospital Management	Q5: Comment
	Disagree Slightly	Disagree Slightly	
	Disagree Slightly	Disagree Slightly	
	Neutral	Neutral	
	Agree Strongly	Agree Strongly	
	Disagree Slightly	Neutral	
	Agree Strongly	Agree Strongly	
	Disagree Slightly	Neutral	
	Agree Slightly	N/A	
	Agree Slightly	Agree Slightly	
	Disagree Slightly	Neutral	

Step 3: Enter in the data for each case (e.g. each individual's completed survey.) in the Sheet "Raw_Data" in the second row highlighted in Orange,

Important point to remember is when pasting data in the RawData tab instead of deleting the rows you should use "Clear contents" option.

- Please do not replace the data in the first row
- You can copy and paste from the excel spreadsheet exported from QARS
- RawData sheet has allowed for **10,000 respondents**

 Step 4. Questions 2, 11 and 36 have already been reverse scored within the QARS survey, so no further data manipulation is required.

Step 5. Refresh the data in the Sheet Demographic_Summary by following the below steps

> Click on Data Tab --> **Refresh All**
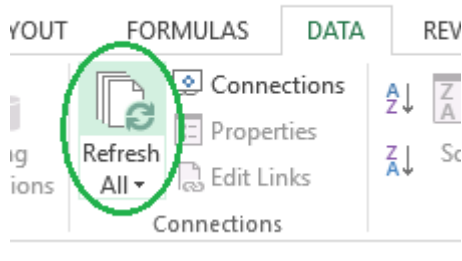
Click on the facility filters in both the tables and ensure all the listed facilities are selected including blank
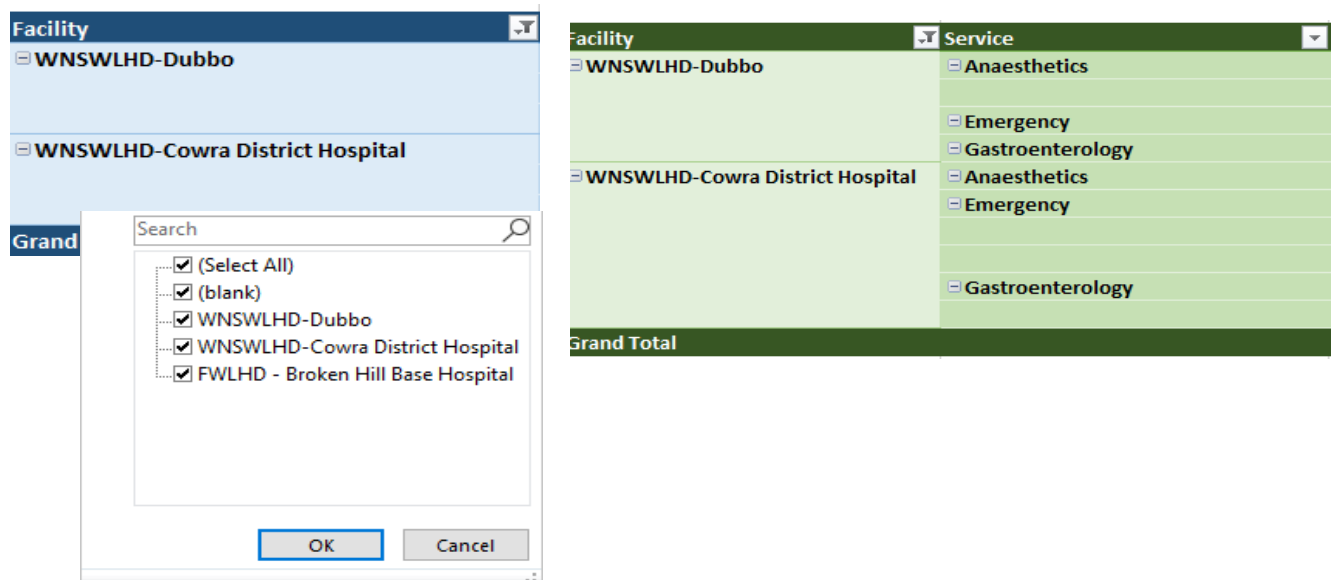
6. Refresh the data in the Sheet Subscale_Score by following below steps

- Click on facility filter dropdown

- Ensure all the facilities in the filter are selected including blank and click OK to complete

- Do the same process as above for the service filter

Facility	(All)	▼
Service	(All)	▼

7. The subscales will automatically calculate in the sheet Converted_Data.

Score interpretation

The subscales will automatically calculate in the SAQ Subscale and Item Calculator. Subscale scores and meaning are outlined below.

Score	Meaning
Above 80 is excellent	This is a strength and groups should consider how to leverage their strengths in other areas
50-79 is average	High average: 70-79: This is nearly a strength and may only require fine tuning to turn this into excellent. Groups should ask themselves 'what is required to go from good to excellent?'
	Medium average: 60-69: This is a neutral result. Groups should explore what underpins this result in facilitated discussion s or staff debriefs to better understand what is needed to improve in this area.
	Low average: 50-59: This is bordering on poor and can be considered an area for improvement.
Below 50 is poor	This indicates a priority area and requires discussion amongst the team and action planning for improvement.

Reporting the SAQ score interpretation

There is an SAQ report PowerPoint template available on the CEC website for Safety Culture Leads to populate. Simply type in the relevant subscale and item numerical score and descriptor into the relevant section. Below is an example.

Subscale	Subscale scores	Score interpretation
Teamwork Climate	75	High average
Safety Climate	69	Medium average
Job Satisfaction	80	Excellent
Stress Recognition	49	Low
Perceptions of Management (Unit)	78	High average
Perceptions of Management (Hospital)	65	Medium average
Working Conditions	54	Low average

Appendix 8: Developing an Action Plan

An action plan is an essential part of the safety culture measurement process. It can be used as a checklist for the tasks you need to complete in order to achieve the goals you have set, following review of the survey results and facilitated team discussion.

Components of an action plan include:

- **A well-defined description of the goal to be achieved**

If you are not clear about what you want to do and what you want to achieve use the SMART criteria to write your goal.

- Specific – well-defined and clear
- Measurable – include measurable indicators to track progress
- Achievable – within resources, time, experience, etc. you have
- Results – align with your other goals
- Time bound – has a finishing date

> Refer to CEC resources to learn more about setting your goal
> http://www.cec.health.nsw.gov.au/Quality-Improvement-Academy/quality-improvement-tools/aim-statements

- **Tasks/ steps that need to be carried out to reach the goal**

It's important to make sure that the entire team is involved in this process. Make sure each task is clearly defined and attainable and a person responsible assigned. If you come across larger and more complex tasks, break them down to smaller ones that are easier to execute and manage.

> Refer to CEC resources to learn more about brainstorming ideas
> http://www.cec.health.nsw.gov.au/Quality-Improvement-Academy/quality-improvement-tools/brainstorming

- **People who will be in charge of carrying out each task**

Organise the list by prioritising the tasks. Some steps, you may need to prioritize as they can be blocking other sub-steps. Add deadlines, and make sure that they are realistic. Consult with the person responsible for carrying it out to understand his or her capacity before deciding on deadlines.

> Refer to CEC Safety Fundamentals for Teams for ideas to implement to improve how the team works http://www.cec.health.nsw.gov.au/improve-quality/Safety-Fundamentals-for-Teams

- **When will these tasks be completed (deadlines and milestones)**

Milestones can be considered mini goals leading up to the main goal at the end. The advantage of adding milestones is that they give the team members to look forward to something and help them stay motivated even though the final due date is far away. Remember not to keep too little or too much time in between the milestone you set. It's a best practice to space milestones two weeks apart.

> **Implementing improvements and change can seem to take a long time so make sure to take time along the way to celebrate your successes and acknowledge the good work being done by all the team.**

- **Resources needed to complete the tasks**

Before you start your project, it's crucial to ensure that you have all the necessary resources at hand to complete the tasks. If they are not currently available, you need to first make a plan to acquire them.

> Refer to CEC QIA improvement tools and resources which include graphs, charts, diagrams and mapping tools http://www.cec.health.nsw.gov.au/Quality-Improvement-Academy/quality-improvement-tools

- **Visualize your action plan**

The point of this step is to create a plan that everyone can understand at a glance and that can be shared with everyone. Whether your action plan comes in the shape of a flowchart or table, make sure that it clearly communicates the elements identified so far. This document should be easily accessible to everyone and should be editable *(see next page for template).*

- **Measures to evaluate progress**

Allocate some time to evaluate the progress you've made with your team.

You can mark tasks that are completed as done on this final action plan, bringing attention to how you've progressed toward the goal. This will also bring out the tasks that are pending or delayed, in which case you need to figure out why and find suitable solutions. And then update the action plan accordingly.

> Refer to CEC QIA improvement tools and resources which will help you plot the data around your action plan progress http://www.cec.health.nsw.gov.au/Quality-Improvement-Academy/quality-improvement-tools

Action Plan Template *(adapt for your local needs)*

N.B. An action plan is not something set in stone. As your changes become embedded or circumstances change, revisit and make adjustments to meet the latest needs.

Team:				
Goal: *describe your goal here*				
Action / Task	**Assigned to**	**Start Date**	**Due Date for Completion**	**Measures**

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