# Safety Attitudes Questionnaire (Ambulatory Version)

With respect to your experiences at this site, use the scale to describe the quality of cooperation and communication that you have experienced with:

1. Physicians
2. Registered Nurses
3. Nurse Managers
4. Residents
5. LVN
6. Radiologists
7. Medical Assistants
8. Referral Coordinators
9. Physician Office Administrator
10. Office Managers
11. Business Office Manager
12. Receptionist
13. Radiology Technicians
14. Nutritionists

Please answer the following with respect to your clinical area here. Mark your answers using the following scale.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree Strongly</td>
<td>Disagree Slightly</td>
<td>Neutral</td>
<td>Agree Slightly</td>
<td>Agree Strongly</td>
<td>Not Applicable</td>
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1. High levels of workload are common in this office.
2. I like my job.
3. Nurse input is well received in this office.
4. I would feel safe being treated here as a patient.
5. Medical errors* are handled appropriately in this office.
6. This office does a good job of training new personnel.
7. All the necessary information for diagnostic and therapeutic decisions is routinely available to me.
8. Working in this office is like being part of a large family.
9. The management of this office supports my daily efforts.
10. In this office, it is difficult to discuss errors.
11. Briefing other personnel before a procedure (e.g., biopsy) is important for patient safety.
12. Briefings are common in this office.
13. This office is a good place to work.
14. Communication breakdowns which lead to delays in delivery of care are common.
15. Office management does not knowingly compromise the safety of patients.
16. The levels of staffing in this office are sufficient to handle the number of patients.
17. Decision making in this office utilizes input from relevant personnel.
18. I am encouraged by my colleagues to report any patient safety concerns I may have.
19. The culture in this office makes it easy to learn from the errors of others.
20. This office deals constructively with problem personnel.
21. In this office, it is difficult to speak up if I perceive a problem with patient care.
22. When my workload becomes excessive, my performance is impaired.
23. I am provided with adequate, timely information about events in the office that might affect my work.
24. I have seen others make errors that had the potential to harm patients.
25. I know the proper channels to direct questions regarding patient safety in this office.
26. I am proud to work at this office.
27. Disagreements in this office are resolved appropriately (i.e., not who is right but what is best for the patient).
28. I am less effective at work when fatigued.
29. I am more likely to make errors in tense or hostile situations.
30. Stress from personal problems adversely affects my performance.
31. I have the support I need from other personnel to care for patients.

*Medical error is defined as any mistake in the delivery of care, by any healthcare professional, regardless of outcome.
Please answer by marking the response of your choice to the right of each item, using the letter from the scale below.

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35. It is easy for personnel in this office to ask questions when there is something that they do not understand.  
36. Disruptions in the continuity of care can be detrimental to patient safety.  
37. During emergencies, I can predict what other personnel are going to do next.  
38. The physicians and nurses here work together as a well-coordinated team.  
39. I am frequently unable to express disagreement with staff physicians/intensivists in this office.  
40. Truly professional personnel can leave personal problems behind when working.  
41. Morale in this office is high.  
42. Trainees in my discipline are adequately supervised.  
43. I know the first and last names of all the personnel I worked with during my last shift.  
44. I have made errors that had the potential to harm patients.  
45. Attending physicians/primary care providers in this office are doing a good job.  
46. All the personnel in this office take responsibility for patient safety.  
47. I feel fatigued when I have to get up in the morning and face another day on the job.  
48. Patient safety is constantly reinforced as the priority in this office.  
49. I feel burned out from my work.  
50. Important issues are well communicated at shift changes.  
51. There is widespread adherence to clinical guidelines and evidence-based criteria in this office.  
52. I feel frustrated by my job.  
53. I feel I am working too hard on my job.  
54. Information obtained through incident reports is used to make patient care safer in this office.  
55. Personnel frequently disregard rules or guidelines (e.g., handwashing, treatment protocols, clinical pathways, sterile field, etc.) that are established for this office.  
56. Fatigue impairs my performance during emergency situations (e.g., code or cardiac arrest).  
57. Fatigue impairs my performance during routine care.  
58. I am satisfied with the current referral process in this office.  
59. There is adequate and timely transfer of patient information between the primary care physician and the specialist.  
60. Medications are refilled in a timely manner.  
61. Medications are refilled correctly.  
62. Abnormal test results are frequently lost or overlooked.  
63. Have you completed this survey before?  
   | Yes | No | Don’t Know |

**BACKGROUND INFORMATION**

- **Position:** (mark your position)
  - Physicians
  - Registered Nurses
  - Nurse Managers
  - Residents
  - LVN
  - Radiologists
  - Medical Assistants
  - Referral Coordinators
  - Physician Office Administrator
  - Office Managers
  - Business Office Manager
  - Receptionist
  - Radiology Technicians
  - Nutritionists

- **How many years of experience do you have in this specialty?**

- **How many years have you worked at this office?**

- **Usual Shift**
  - Days
  - Evenings
  - Nights
  - Variable
  - Shifts

- **Country of birth (if different):**

**ETHNIC GROUP:**

- **Hispanic**
- **Asian/Pacific Islander**
- **Black (not Hispanic)**
- **Multi-ethnic**
- **White (not Hispanic)**
- **Other:**

**COMMENTS:** What are your top three recommendations for improving patient safety in this office?

1.

2.

3.

If more room for comments is needed, please provide your response on a separate sheet of paper.

*Thank you for completing the questionnaire. Your time and participation are greatly appreciated.*

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