

SOPS® Workplace Safety Supplemental Items for the SOPS Hospital Survey

Language: English

- These 22 supplemental items were designed for use with the core [SOPS® Hospital Survey](#).
- **Composite Measures:** The supplemental items are listed by composite measure. A composite measure is a grouping of two or more survey items that assess the same area of culture related to workplace safety. The composite measures assessed in these supplemental items are:
 - Protection From Workplace Hazards (3 items)
 - Moving, Transferring, or Lifting Patients (3 items)
 - Addressing Workplace Aggression From Patients or Visitors (2 items)
 - Workplace Aggression Policies, Procedures, and Training (2 items)
 - Supervisor, Manager, or Clinical Leader Support for Workplace Safety (3 items)
 - Hospital Management Support for Workplace Safety (3 items)
- **Additional Measures:** In addition to the composite measures, single item measures included assess:
 - Addressing Verbal Aggression From Providers or Staff
 - Workplace Safety and Reporting
 - Work Stress/Burnout¹
 - Overall Rating on Workplace Safety for Providers and Staff
 - Background Questions:
 - Job Satisfaction
 - Intent to Leave
- **Administration Instructions:** To submit data from these supplemental items to the AHRQ [SOPS Hospital Survey Database](#), and to enable comparisons to the Database, administer the supplemental items without modifications:
 - No changes to any of the survey item text and response options.
 - No reordering of survey items.
- **Placement:** Supplemental items should be added to the end of the SOPS Hospital Survey 2.0, after Section F: Your Hospital, just before the Background Questions section. Be sure to include the introductory text and subheadings. Add the SOPS Hospital Survey 2.0 Background Questions after the Workplace Safety Background Questions (Job Satisfaction and Intent to Leave).



For assistance with these supplemental items, please contact the SOPS Help Line at 1-888-324-9749 or SafetyCultureSurveys@westat.com.

¹ The Work Stress/Burnout item was adapted from Dr. Mark Linzer's Mini-Z 2.0 survey tool (<https://www.professionalworklife.com/mini-z-survey>).

Workplace Safety

The following questions ask about workplace safety for providers and staff.

When answering questions in this section, think about your “unit” as the work area, department, or clinical area of the hospital where you spend most of your work time.

If a question does not apply to you or you don’t know the answer, please select “Does Not Apply or Don’t Know.”

Section A: Protection From Workplace Hazards

How much do you agree or disagree with the following statements?

	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. This unit has effective procedures to protect providers and staff from exposure to hazardous materials, contagious diseases, blood, or other bodily fluids.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. In this unit, providers and staff are provided with the appropriate personal protective equipment (PPE)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. In this unit, providers and staff use PPE appropriately.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

Section B: Moving, Transferring, or Lifting Patients

How often do the following things happen in your unit/work area?

	Never ▼	Rarely ▼	Sometimes ▼	Most of the time ▼	Always ▼	Does Not Apply or Don't Know ▼
1. Equipment or assistive devices are available when needed to help move, transfer, or lift patients in this unit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. In this unit, staff use equipment or assistive devices when needed to help move, transfer, or lift patients, even if it takes more time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. In this unit, enough staff are available when needed to help move, transfer, or lift patients ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

Section C: Workplace Aggression

Workplace aggression can come from patients or visitors, or from providers or staff working in your unit/work area or hospital and includes:

- **Physical aggression**, including any form of unwanted physical contact or physical violence
- **Verbal aggression**, including bullying, intimidation, harassment, or threats.

How much do you agree or disagree with the following statements?

	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
Addressing workplace aggression from <u>patients</u> or <u>visitors</u>:						
1. In this unit, there is a problem with patients or visitors being <u>physically</u> aggressive toward providers or staff.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. In this unit, there is a problem with patients or visitors being <u>verbally</u> aggressive toward providers or staff.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
Workplace aggression policies, procedures, and training:						
3. In this unit, there are effective policies and procedures to keep providers and staff safe from aggressive patients or visitors.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
4. In this unit, providers and staff are trained on how to deescalate or calm down aggressive behavior from patients or visitors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
Addressing verbal aggression from <u>providers</u> or <u>staff</u>:						
5. In this unit, there is a problem with providers or staff being <u>verbally</u> aggressive toward other providers or staff.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

Section D: Supervisor, Manager, or Clinical Leader Support for Workplace Safety

How much do you agree or disagree with the following statements about your immediate supervisor, manager, or clinical leader?

	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. My supervisor, manager, or clinical leader regularly monitors the workplace to identify unsafe working conditions for providers and staff.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. My supervisor, manager, or clinical leader encourages providers and staff to report their concerns about workplace safety.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. My supervisor, manager, or clinical leader can be trusted to do the right thing to keep providers and staff safe.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

Section E: Hospital Management Support for Workplace Safety

How much do you agree or disagree with the following statements?

	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. The actions of hospital management show that the safety of providers and staff is a top priority.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
2. Hospital management provides adequate resources to ensure the safety of providers and staff.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
3. Hospital management takes action to address provider and staff concerns about workplace safety.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

Section F: Workplace Safety and Reporting

How much do you agree or disagree with the following statement?

	Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply or Don't Know ▼
1. I can report my concerns about workplace safety without fear of negative consequences for me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

Section G: Work Stress/Burnout

1. Using your own definition of “burnout,” please select one of the answers below:

- 1 I have no symptoms of burnout.
- 2 I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
- 3 I am beginning to burn out and have one or more symptoms of burnout, e.g., emotional exhaustion.
- 4 The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.*
- 5 I feel completely burned out. I am at the point where I may need to seek help.*

* If you indicated you have symptoms of burnout or feel completely burned out, please consider seeking assistance [e.g., from your insurance provider or employee assistance plan (EAP)].

Section H: Overall Rating on Workplace Safety for Providers and Staff

1. How would you rate your unit/work area on workplace safety for providers and staff?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Poor | Fair | Good | Very Good | Excellent |
| ▼ | ▼ | ▼ | ▼ | ▼ |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Background Questions

1. Overall, how satisfied are you with your job?

- 1 Very Dissatisfied
- 2 Dissatisfied
- 3 Neither Satisfied or Dissatisfied
- 4 Satisfied
- 5 Very Satisfied

2. Are you considering leaving your hospital within the next year, and if so why?

- 1 No
- 2 Yes, to retire
- 3 Yes, to take another job within healthcare
- 4 Yes, to take another job outside of healthcare
- 5 Yes, other