

SCORE II Safety Culture and Workforce Well-being Survey

Safety, Communication, Operational Reliability and Engagement II

Sexton, J.B., Adair K.C., Proulx J., and Frankel, A.

This technical paper gives details of the psychometric properties of the scales and items used in SCORE II, and details the progress from SCORE to SCORE II

Duke Center for the Advancement of Well-being Science

Technical Report 01-23

June 21, 2023

Update on SCORE II

Since the creation of SCORE, we have published and repeatedly replicated the excellent psychometrics, associations with quality, and responsiveness to interventions in numerous peer-reviewed journals⁽¹⁻³⁵⁾. SCORE has been used in hundreds of hospitals every year for almost a decade. SCORE and SCORE debriefings have driven cultural change in thousands of work-settings, and we have many empirical and operational lessons learned from these experiences.

The onset of the COVID-19 pandemic has been merciless on the workforce and hindered routine ways of assessing and improving care quality, including safety culture. With multiple crises of staffing shortages and budget shortfalls, everything is more difficult. This includes getting good response rates on surveys, and acting effectively^(31,36) on survey results. Using a valid survey and getting an invalid response rate is a waste of time for all parties, and substantially hinders efforts to conduct future survey administrations.

In both 2022 and 2023, we have found that the two core issues in the healthcare workforce that arise in thousands of SCORE debriefings are psychological safety (finding one's voice/speaking up) and healthcare worker well-being. Safety culture in any given work setting waxes and wanes given local conditions, but these two fundamental components provide the simplest and most straightforward diagnosticity:

- 1) **Trust** that one can speak up, coordinate care, and learn from problems.
- 2) **Ability to do stuff** (diagnose, treat, communicate, participate in quality improvement, etc).

SCORE scales cover concepts like local leadership, teamwork climate, safety climate, emotional exhaustion, and improvement readiness. We have worked to validate a shorter version called the SCORE II (instrument included as Appendix A), retaining the most important elements while shortening the instrument to facilitate response rates and usability. This is an evolution of the instrument based on the needs of the users and the reality of limited opportunities to pause and reflect on a survey when there are ubiquitous staffing and budget crises. Please note, this does not mean that all surveys should be shortened, nor does it mean that a short survey is a “good” survey. Having meaningful and productive debriefings and action plans are essential for the utility of any safety culture survey, and we have found a way to do so using a shorter version of the instrument that elicits diagnostic information on psychological safety⁽⁵⁾ and healthcare worker (HCW) well-being⁽³⁷⁻⁴⁸⁾.

The psychological safety scale has been published⁵ as a psychometrically valid metric, responsive to interventions, and shows significant variation by role, shift, shift length, and years in specialty. The 6 items include:

- Disagreements in this work setting are appropriately resolved (i.e., not who is right but what is best for the patient).
- In this work setting, it is difficult to speak up if I perceive a problem with patient care.
- It is easy for personnel here to ask questions when there is something that they do not understand.
- My suggestions about quality would be acted upon if I expressed them to management.
- The culture in this work setting makes it easy to learn from the errors of others.
- In this work setting, it is difficult to discuss errors.

Psychological Safety (PS) is associated moderately to highly with Improvement Readiness, Work-life Climate, Teamwork Climate, Safety Climate, Burnout Climate, Emotional Exhaustion and Local Leadership (Table 1)⁵.

TABLE 1. Spearman Correlation Matrix for Psychological Safety and Additional Healthcare Climate Surveys All Aggregated at the Work Setting Level

Variable	1	2	3	4	5	6	7	8
1. Psychological Safety	(0.80)							
2. Improvement Readiness	0.751*	(0.93)						
3. Work-Life Climate	0.400*	0.405*	(0.83)					
4. Teamwork Climate	0.788*	0.661*	0.367*	(0.76)				
5. Safety Climate	0.866*	0.756*	0.424*	0.733*	(0.87)			
6. Burnout Climate	-0.680*	-0.642*	-0.527*	-0.661*	-0.695*	(0.90)		
7. Emotional Exhaustion	-0.664*	-0.690*	-0.545*	-0.636*	-0.656*	0.813*	(0.92)	
8. Local Leadership	0.662*	0.727*	0.367*	0.607*	0.706*	-0.527*	-0.567*	(0.94)

N = 396 work settings. Cronbach α for each domain are included in bold in the diagonal. All scores were aggregated at the work setting level. The 6-item PS scale shares 3 items with the Teamwork Climate scale and 3 items with the Safety Climate scale.

*P < 0.01 level (2-tailed).

PS serves as a useful and diagnostic shorthand for many aspects of safety culture, making it an ideal candidate for debriefings when time is limited. The items that make up PS have their roots in SCORE domains of teamwork climate (3 items) and safety climate (3 items). Using these existing items

means all future administrations of SCORE II will be backward compatible with SCORE. Variation in Local Leadership is captured well by psychological safety scale items (Figure 2).²

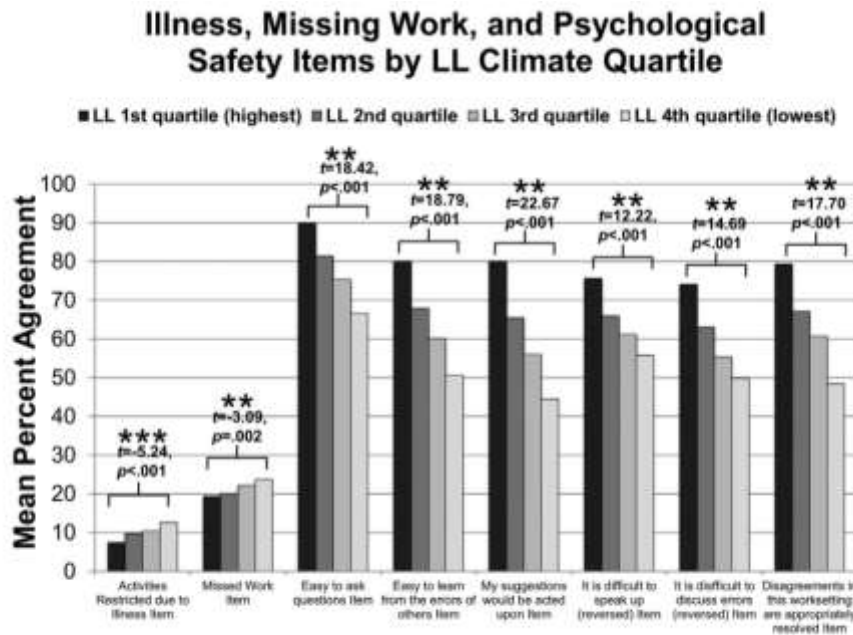


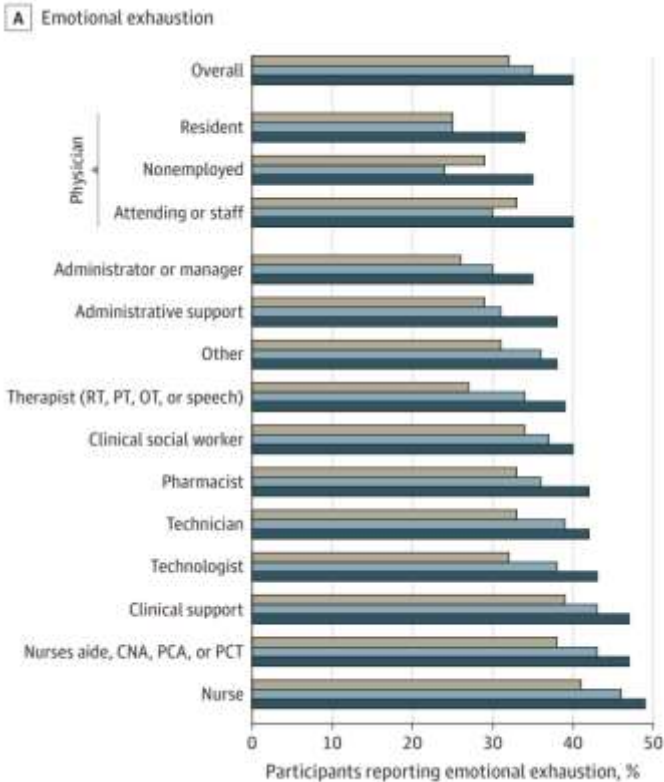
Figure 2: This graph shows reports of good local leadership climate across 818 work settings.

PS is a scale that provides one number to approximate local safety culture norms of teamwork, safety and leadership.

Emotional Exhaustion (EE) is a 5 item derivative of the original 9 item scale, it is an excellent metric of individual and group-level well-being, is responsive to interventions and is psychometrically outstanding.^{38-41, 43-48} The items are:

- Events in this work setting affect my life in an emotionally unhealthy way.
- I feel burned out from my work.
- I feel fatigued when I get up in the morning and have to face another day on the job.
- I feel frustrated by my job.
- I feel I am working too hard on my job.

Recent results following over 30,000 HCWs for 3 years show significant increases in EE since the start of the COVID-19 pandemic (see Figure A).³⁹



Understanding PS and EE strengths and opportunities in a given work setting, clinical or non-clinical, is fundamental to safety culture assessment and improvement. PS indicates the norms of trust and the ability to speak up. EE indicates the ability to “do stuff,” and is a powerful predictor of clinical and operational outcomes, while also indicating the wherewithal of the HCWs in any given work setting to do something new or different. EE predicts HCW disruptive behavior rates and intentions to leave (turnover).¹² We published a detailed review of EE performance as a scale.⁴⁰ PS is about trust, and EE is about wherewithal. These two domains work well together to drive quality improvement efforts, but they also indicate when a group of HCWs are not ready to take on a significant challenge, and instead need to focus on their well-being. These domains have dominated the vast majority of SCORE debriefings for over 2 years, and were the primary topics of discussion since SCORE was created.

Single Item for Leadership and Quality Improvement Readiness

There are two items that draw a good deal of attention during debriefings, and based on their functionality and diagnosticity, they were retained in SCORE II.

Local Leadership Item:

- In this work setting, local management... (or —In this work setting, local physician leaders...for physicians) regularly makes time to provide positive feedback to me about how I am doing.

Improvement Readiness Item:

- The learning environment in this work setting allows us to gain important insights into what we do well.

The Local Leadership item loads very highly on the Local Leadership scale (.92), and serves as a good proxy for the full scale.^{2,5} We have also found that this item is useful for leaders to understand during debriefings, as it is highly actionable and acts as a driver to both safety culture and well-being.³ The new concept of Positive Rounding has also highlighted the utility of this leader practice of highlighting what staff are doing well.^{5,8} In short, we the PS domain and this single LL item are sufficient for diagnostic and actionable purposes.

The Improvement Readiness item loads very highly on the scale (.86), and serves as a good proxy for the full scale.¹⁴ Similar to the Local Leadership item above, this item provides insight into the quality improvement capacity in a given work setting, while also guiding leaders to understand an actionable component of quality improvement, i.e., the ability to gain insights into what they do well.

The SCORE II uses two scales and two stand-alone items to provide the briefest possible set of results that are still psychometrically valid, diagnostic, and actionable. These concepts are not only psychometrically defensible, they are the essential ingredients of good debriefings and good action plans, and of a healthy culture and healthy workforce.

Leapfrog Criteria for validity SCORE II

1. Scale reliability.

Psychological Safety Cronbach's Alpha ($\alpha=.80$)⁵

Emotional Exhaustion Cronbach's Alpha ($\alpha=.93$)³⁹

2. Confirmatory factor analysis

- *Psychological Safety* CFA fit was good⁵: root mean square error approximation = 0.08; Confirmatory Fit Index = 0.97; Tucker-Lewis Fit Index = 0.95
- *Emotional Exhaustion* scale is intact and unchanged from SCORE, with an excellent^{1,see} online supplemental fit: root mean square error approximation = 0.039; Confirmatory Fit Index = 0.944; Tucker-Lewis Fit Index = 0.941

Refereed Journals:

1. Sexton JB, Adair KC, Frankel A, Christensen T, Leonard M, Watson S, & Bogan B. (2018). Providing feedback following leadership walkrounds is associated with better patient safety culture, higher employee engagement, and lower burnout. *BMJ Quality and Safety*, 27, 261-270. PMID: 28993441
2. Adair KC, Tawfik D, Levoy E, Palassof S, Profit J, Frankel A, Leonard M, Proulx J, Sexton JB. (2023) Assessing leadership behavior in healthcare: Introducing the Local

Leadership scale of the SCORE Survey. *Jt Comm J Qual Patient Saf.* 2023 Mar; 49(3):166-173. Doi:10.1016/j.jcjq.2022.12.007. Epub 2022 Dec 23. PMID: 36717344

3. Tawfik DS, Adair KC, Palassof S, Sexton JB, Levoy E, Frankel A, Leonard M, Proulx J, Profit J. (2023) Leadership Behavior Associations with Domains of Safety Culture, Engagement, and Health Care Worker Well-Being. *Jt Comm J Qual Patient Saf.* 2023 Mar;49(3):156-165. doi:10.1016/j.jcjq.2022.12.006. Epub 2022 Dec 23. PMID: 36658090
4. Rehder KJ, Adair KC, Eckert E, Lang RW, Frankel AS, Proulx J, Sexton JB. Teamwork Before and During COVID-19: The Good, the Same, and the Ugly.... *J Patient Saf.* 2023 Jan 1; 19 (1): 36-41. doi:10.1097/PTS.0000000000001070. Epub 2022 Sep 9. PMID: 35948315
5. Adair KC, Heath A, Frye MA, Frankel A, Proulx J, Rehder KJ, Eckert E, Penny C, Belz F, Sexton JB. The Psychological Safety Scale of the Safety, Communication, Operational, Reliability, and Engagement (SCORE) Survey: A Brief, Diagnostic, and Actionable Metric for the Ability to Speak Up in Healthcare Settings. *J Patient Safety* 2022 Sep 1;18(6):513-520. doi: 10.1097/PTS.0000000000001048. PMID: 35985041
6. Ravi D, Tawfik DS, Sexton JB, Profit J. Changing Safety Culture. *J Perinatol.* 2021 Oct;41(10):2552-2560. doi: 10.1038/s41372-020-00839-0. Epub 2020 Oct 6. PMID: 33024255
7. Tawfik DS, Sinha A, Bayati M, Adair KC, Shanafelt TD, Sexton JB, Profit J. Frustration with technology and its relation to emotional exhaustion among health care workers: cross-sectional Observational study. *J Med Internet Res.* 2021 Jul 6;23(7):e26817. doi: 10.2196/26817. PMID: 34255674
8. Sexton JB, Adair KC, Profit J, Bae JB, Rehder K, Gosselin T, Milne J, Leonard M, Frankel A. Safety culture and workforce well-being associations with Positive Leadership WalkRounds. *The Joint Commission Journal for Quality and Patient Safety.* 2021 Jul;47(7):403-411. <http://doi.org/10.1016/j.jcjq.2021.04.001> Epub 2021 Apr 22. PMID: 34024756
9. Tawfik DS, Shanafelt TS, Dyrbye L, West CP, Davis AS, Su F, Adair KC, Profit J, Sexton JB. Personal and professional factors associated with work-life integration among US Physicians. *JAMA Network Open.* 2021 May 3;4(5):e2111575. doi:10.1001/jamanetworkopen.2021.11575 PMID: 34042994
10. Sexton JB, Adair KC, Profit J, Milne J, McCulloh M, Scott S, Frankel A. Perceptions of institutional support for “Second Victims” are associated with safety culture and workforce wellbeing. *The Joint Commission Journal for Quality and Patient Safety.* 2021 May;47(5), 306-312. doi.org/10.1016/j.jcjq.2020.12.001 Epub 2020 Dec 5. PMID: 33877310

11. Haidari E, Main E, Cui X, Cape V, Tawfik D, Adair KC, Sexton JB, Profit J. (2021). Maternal and neonatal healthcare worker well-being and patient safety climate amid the COVID-19 pandemic. *The Journal of Perinatology*. 1-9. doi: 10.1038/s41372-021-01014-9 [Epub ahead of print]
12. Rehder K, Adair KC, Hadley A, McKittrick K, Frankel A, Leonard M, Frankel TC, Sexton JB. Associations between a new disruptive behaviors scale and teamwork, patient safety, work-life balance, burnout, and depression. *Jt Comm J Qual Patient Saf*. 2020 Jan;46(1):18-26. doi: 10.1016/j.jcjq.2019.09.004. Epub 2019 Nov 6. PMID: 31706686
13. Tawfik DS, Thomas EJ, Vogus TJ, Liu JB, Sharek PJ, Nisbet CC, Lee HC, Sexton JB, Profit J. Safety Climate, safety climate strength, and length of stay in the NICU. *BMC Health Serv Res*. 2019 Oct 22; 19(1):738. doi: 10.1186/s12913-019-4592-1. PMID: 31640679
14. Adair KC, Quow KL, Frankel A, Mosca PJ, Profit J, Hadley A, Leonard M, & Sexton JB (2018). The Improvement Readiness scale of the SCORE Survey: A metric to assess capacity for quality improvement. *BMC Health Services Research*, 18 (1), doi:10.1186/s12913-018-3743-0. PMID: 30558593
15. Schwartz SP, Adair KC, Bae JB, Rehder KJ, Shanafelt T, Profit J, & Sexton JB (2019). Work-life balance behaviors cluster in work-settings and relate to burnout and safety culture: A cross-sectional survey analysis. *BMJ Quality and Safety*. Feb;28(2):142-150. doi: 10.1136/bmjqs-2018-007933. Epub 2018 Oct 11. PMID:30309912
16. Rice HE, Lou-Meda R, Saxton AT, Johnston BE, Ramirez CC, Mendez S, Rice EN, Adair B, Taicher B, Baumgartner JN, Milne J, Frankel AS, Sexton JB. Building a Safety Culture in Global Health: Lessons from Guatemala. *BMJ Glob Health*. 2018 Mar 9;3(2). PMID: 29607099
17. Johnston BE, Lou-Meda R, Mendez S, Frush K, Milne J, Fitzgerald T, Sexton JB, Rice H. Teaching Patient Safety in Global Health: Lessons From the Duke Global Health Patient Safety Fellowship. *BMJ Glob Health*. 2019 Feb 20;4(1). PMID: 30899564
18. Profit J, Sharek PJ, Cui X, Nisbet CC, Thomas EJ, Tawfik DS, Lee HC, Draper D, Sexton JB. The Correlation Between Neonatal Intensive Care Unit Safety Culture and Quality of Care. *J Patient Saf*. 2018 Nov 7. PMID: 30407963
19. Tawfik DS, Sexton JB, Adair KC, Kaplan HC, & Profit J. (2017). Context in quality of care: Improving teamwork and resilience. *Clinics in Perinatology*, 44, 541-552. PMID: 28802338
20. Profit J, Sharek PJ, Kan P, Rigdon J, Desai M, Nisbet CC, Tawfik DS, Thomas EJ, Lee HC, Sexton JB. Teamwork in the NICU Setting and Its Association with Health Care-Associated Infections in Very Low-Birth-Weight Infants. *Am J Perinatol*. 2017 Apr 10. PMID: 28395366

21. Sexton JB, Schwartz SP, Chadwick W, Rehder KJ, Bae J, Bokovoy J, Doram K, Sotile W, Adair KC, & Profit J. (2017). The associations between work-life balance behaviors, teamwork climate, and safety climate: cross-sectional survey introducing the work-life climate scale, psychometric properties, benchmarking data, and future directions. *British Medical Journal Quality and Safety*, 26, 632-640. PMID: 28008006
22. Fan CJ, Pawlik TM, Daniels T, Vernon N, Banks K, Westby P, Wick EC, Sexton JB, Makary MA. [Association of Safety Culture with Surgical Site Infection Outcomes](#). *J Am Coll Surg*. 2016 Feb;222(2):122-8. PMID: 26712245
23. Gupta RT, Sexton JB, Milne J, Frush DP. Practice and quality improvement: successful implementation of TeamSTEPPS tools into an academic interventional ultrasound practice. *AJR Am J Roentgenol*. 2015 Jan;204(1):105-10. PMID: 25539244
24. Sexton JB, Sharek PJ, Thomas EJ, Gould JB, Nisbet CC, Amspoker AB, Kowalkowski MA, Schwendimann R, Profit J. [Exposure to Leadership WalkRounds in neonatal intensive care units is associated with a better patient safety culture and less caregiver burnout](#). *BMJ Qual Saf*. 2014 Oct;23(10):814-22. PMID: 24825895
25. Profit J, Sharek PJ, Amspoker AB, Kowalkowski MA, Nisbet CC, Thomas EJ, Chadwick WA, Sexton JB. [Burnout in the NICU setting and its relation to safety culture](#). *BMJ Qual Saf*. 2014 Oct;23(10):806-13. PMID: 24742780
26. Schwendimann R, Milne J, Frush K, Ausserhofer D, Frankel A, Sexton JB. [A closer look at associations between hospital leadership walkrounds and patient safety climate and risk reduction: a cross-sectional study](#). *Am J Med Qual*. 2013 Sep-Oct;28(5):414-64. PMID: 23354869
27. Schwendimann R, Zimmermann N, Küng K, Ausserhofer D, Sexton JB. Variation in safety culture dimensions within and between US and Swiss Hospital Units: an exploratory study. *BMJ Qual Saf*. 2013 Jan;22(1):32-41.
28. Daugherty EL, Paine LA, Maragakis LL, Sexton JB, Rand CS. Safety Culture and hand hygiene: linking attitudes to behavior. *Infect Control Hosp Epidemiol*. 2012 Dec;33(12):1280-2. PMID: 23143375
29. Lyndon A, Sexton JB, Simpson KR, Rosenstein A, Lee KA, Wachter RM. Predictors of likelihood of speaking up about safety concerns in labour and delivery. *BMJ Qual Saf*. 2012 Sept;21(9):791-9. PMID: 22927492
30. Profit J, Etchegaray J, Petersen LA, Saxon JB, Hysong SJ, Mei M, Thomas EJ. Neonatal intensive care unit safety culture varies widely. *Arch Dis Child Fetal Neonatal Ed*. 2012 Mar;97(2):F120-6. PMID: 21930691

31. Vigorito MC, McNicoll L, Adams L, Sexton JB. Improving safety culture results in Rhode Island ICUs: lessons learned from the development of action-oriented plans. *Jt Comm J Qual Patient Saf.* 2011 Nov;37(11):509-14.
32. Sexton JB, Berenholtz SM, MD, Goeschel CA, Watson SR, Holzmueller CG, Thompson DA, Hyzy RC, Marsteller JA, Schumacher K, Pronovost PJ. Assessing and Improving Safety Climate in a Large Cohort of Intensive Care Units. *Crit Care Med.* 2011 May;39(5):934-9. PMID:21297460
33. Paine LA, Rosenstein BJ, Sexton JB, Kent P, Holzmueller CG, Pronovost PJ. Assessing and improving safety culture throughout an academic medical centre: a prospective cohort study. *Qual Saf Health Care.* 2010 Dec;19(6):547-54. PMID: 21127113
34. Frankel A, Grillo SP, Pittman M, Thomas EJ, Horowitz L, Page M, Sexton JB. Revealing and resolving patient safety defects: the impact of leadership WalkRounds on frontline caregivers assessments of patient safety. *Health Serv Res.* 2008 Dec;43(6):2050-66. PMID: 18671751
35. Sexton JB, Paine LA, Manfuso J, Holzmueller CG, Martinez EA, Moore D, Hunt DG, Pronovost PJ. A Culture Check-up for Safety in “My Patient Care Area”. *Joint Commission Journal on Quality and Patient Safety.* 2007 Nov; 33(11): 699-703, 645. PMID: 18074719
36. Sexton JB, Paine LA, Manfuso J, Holzmueller CG, Martinez EA, Moore D, Hunt DG, Pronovost PJ. A Culture Check-up for Safety in “My Patient Care Area”. *Joint Commission Journal on Quality and Patient Safety.* 2007 Nov; 33(11): 699-703, 645. PMID: 18074719
37. Belz FF, Adair KC, Proulx J, Frankel AS, Sexton JB. The language of healthcare worker emotional exhaustion: A linguistic analysis of longitudinal survey. *Frontiers in Psychiatry.* 2022 Dec 16;13:1044378. doi: 10.3389/fpsy.2022.1044378. eCollection 2022. PMID: 36590605
38. Sexton JB, Adair KC, Cui X, Tawfik DS, Profit J. Effectiveness of bite-sized web-based intervention to improve healthcare worker wellbeing: A randomized clinical trial of WISER. *Front Public Health.* 2022 Dec 8;10:1016407. doi:10.3389/fpubh.2022.1016407. eCollection 2022. PMID: 36568789
39. Sexton JB, Adair KC, Proulx J, Profit J, Cui X, Bae J, Frankel A. Emotional Exhaustion Among US Health Care Workers Before and During the COVID-19 Pandemic, 2019-2021. *JAMA Netw Open.* 2022 Sep 1;5(9):e2232748. Doi: 10.1001/jamanetworkopen.2022.32748. PMID: 36129705
40. Rehder K, Adair KC, Sexton JB. The Science of Healthcare Worker Burnout: Assessing and Improving Well-Being. *Arch Pathol Lab Med.* 2021 Sep 1;145(9):1095 – 1109. doi: 10.5858/arpa.2020-0557-RA. PMID: 34459858

41. Profit J, Adair KC, Cui X, Mitchell B, Brendan D, Tawfik DS, Rigdon J, Gould JB, Lee HC, Timpson WL, McCaffrey MJ, Davis AS, Pammi M, Matthews M, Stark AR, Papile LA, Thomas E, Cotton M, Khan A, Sexton JB. Randomized controlled trial of the “WISER” intervention to reduce healthcare worker burnout. *J Perinatol*. 2021 Sept 41(9):2225-2234. Doi: 10.1038/s41372-021-01100-y. Epub 2021 Aug 9. PMID: 34366432
42. McPeck Hinz E, Boazak M, Sexton JB, Adair KC, West V, Goldstein BA, Alphin RS, Idris S, Hammond WE, Hwang SE, Bae JB. (2021). Clinician burnout associated with sex, clinician type, work culture, and use of electronic health records. *JAMA Network Open*, Apr 1;4(4):e215686. doi:10.1001/jamanetworkopen.2021.5686 PMID: 33877310
43. Adair KC, Rodriguez-Homs L, Masoud S, Mosca PJ, & Sexton JB. Gratitude at work: A prospective cohort study of a web-based, single-exposure well-being intervention for health care workers. *Journal of Medical Internet Research*. 2020 May 14;22(5):e15562. doi:10.2196/15562. PMID:32406864
44. Adair KC, Kennedy L, Sexton JB. (2020) 3 Good Tools: Positively reflecting backwards and forwards is associated with robust improvements in well-being across 3 distinct interventions. *Journal of Positive Psychology*. 15(2),613-622. doi: 10.1080/17439760.2020.1789707
45. Adair KC, Rehder K., Sexton JB. (2019). How healthcare worker well-being intersects with safety culture, workforce engagement, and operational outcomes. Conditionally accepted in A. Montgomery, Michael Leiter and Dr. Efharis Panagopoulou (Eds.), *The Triple Challenge: Connecting Health care worker well-being, patient safety and organisational change*. New York, NY: Springer.
46. Sexton JB, & Adair KC. Forty-five Good Things: A prospective pilot study of the three good things well-being intervention in the US for healthcare worker emotional exhaustion, depression, work-life balance, and happiness. *BMJ Global Health*. 2019 Mar 20;9(3):e022695. doi: 10.1136/bmjopen-2018-022695. PMID: 30898795
47. Tawfik DS, Phibbs CS, Sexton JB, Kan P, Sharek PJ, Nisbet CC, Rigdon J, Trockel M, Profit J. Factors Associated With Provider Burnout in the NICU. *Pediatrics*. 2017 May;139(5). PMID: 28557756
48. Tawfik DS, Sexton JB, Kan P, Sharek PJ, Nisbet CC, Rigdon J, Lee HC, Profit J. *J Perinatol*. Burnout in the neonatal intensive care unit and its relation to healthcare-associated infections. 2017 Mar;37(3):315-320. PMID: 27853320

Appendix A

SCORE II Items

SCORE II: Assessment of your work setting

Safety, Communication, Operational Reliability, and Engagement

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

Emotional Exhaustion Scale Items:

- Events in this work setting affect my life in an emotionally unhealthy way.
- I feel burned out from my work.
- I feel fatigued when I get up in the morning and have to face another day on the job.
- I feel frustrated by my job.
- I feel I am working too hard on my job.

Psychological Safety Scale Items:

- Disagreements in this work setting are appropriately resolved (i.e., not who is right but what is best for the patient).
- In this work setting, it is difficult to speak up if I perceive a problem with patient care.
- It is easy for personnel here to ask questions when there is something that they do not understand.
- My suggestions about quality would be acted upon if I expressed them to management.
- The culture in this work setting makes it easy to learn from the errors of others.
- In this work setting, it is difficult to discuss errors.

Local Leadership Item:

- In this work setting, local management... (or —In this work setting, local physician leaders...for physicians) regularly makes time to provide positive feedback to me about how I am doing.

Improvement Readiness Item:

- The learning environment in this work setting allows us to gain important insights into what we do well.