



patientensicherheit schweiz  
sécurité des patients suisse  
sicurezza dei pazienti svizzera

## Anhang 3

### Messinstrumente Just Culture / Patient Safety Culture

| Überblick Messinstrumente Just Culture / Patient Safety Culture |   |              |  |                                     |                        |  |                                   |
|---|---|--------------|--|-------------------------------------|------------------------|--|-----------------------------------|
| Instrument  | Autor, Jahr, Land   | Anzahl Items | Dimensionen  | Interne Konsistenz Cronbach's Alpha | Validität*             | Versorgungsbe-reich  | Sprache                           |
| <b>Just Culture</b>   |   |              |  |                                     |                        |  |                                   |
| Just Culture Assessment Tool (JCAT)[8]                          | Petschonek et al., USA, 2013  | 27           | 6  | 0.63 - 0.86                         | Konstruktvalidität CFA | Spital, noch eher wenig eingesetzt   | E                                 |
| Just Culture Assessment Tool for Nursing Education (JCAT-NE)[9] | Walker et al., USA, 2019  | 27           | 6  | 0.75                                | Konstruktvalidität EFA | Nursing Education, noch eher wenig eingesetzt  | E                                 |
| <b>Tools mit einzelnen Items zu «non-punitivem Verhalten»</b>   |   |              |  |                                     |                        |  |                                   |
| Hospital Survey on Patient Safety Culture (HSOPSC) 1.0 [10]     | Agency for Healthcare Research and Quality, USA<br>Sorra & Nieva (2004) | 42           | 12<br><b>Non-punitive response to error: 3 Items</b><br>A8. Staff feel like their mistakes are held against them.<br>A12. When an event is reported, it feels like the person is being written up, not the problem.<br>A16. Staff worry that mistakes they make are kept in their personnel file.  | 0.63 - 0.84                         | Konstruktvalidität EFA | Spital<br>Ist sehr weit verbreitet & liefert Vergleiche mit anderen Ländern und Branchen | E, D, F, I, viele andere Sprachen |
| Hospital Survey on Patient Safety Culture (HSOPSC) 2.0 [13]     | Agency for Healthcare Research and Quality, USA<br>Sorra & Nieva (2019) | 34           | 10<br><b>Non-punitive response to error: 4 Items</b><br>A6. In this unit, staff feel like their mistakes are held against them. (negatively worded)<br>A7. When an event is reported in this unit, it feels like the person is being written up, not the problem. (negatively worded)<br>A10. When staff make errors, this unit focuses on learning rather than blaming individuals. | ?                                   | ?                      | Spital<br>Ist sehr weit verbreitet & liefert Vergleiche mit anderen Ländern und Branchen | E, D, F, I, viele andere Sprachen |

|  |                                    |    |  |             |  |  |   |
|--|------------------------------------|----|--|-------------|--|--|---|
|  |                                    |    | A13. In this unit, there is a lack of support for staff involved in patient safety errors. (negatively worded)   |             |  |  |   |
| Development of the <b>German version of the Hospital Survey on Patient Safety Culture</b> : Dimensionality and psychometric properties. [14]     | Pfeiffer, Y. and Manser, T. (2010) | 43 | 14<br><b>Non-punitive response to error: 3 Items</b><br>(0.71)<br>Items s. HSOPSC 1.0  | 0.61-0.83   | CFA<br>EFA<br>Die ursprüngliche Faktorenzuordnung konnte nicht bestätigt werden. | Spital<br><br>Ist sehr weit verbreitet & liefert Vergleiche mit anderen Ländern und Branchen | D |
| Internal consistency, factor structure and construct validity of the <b>French version of the Hospital Survey on Patient Safety Culture</b> [15] | Occelli et al., 2013               | 34 | 14<br><b>Non-punitive response to error: 3 Items</b><br>(0.60)<br>Items s. HSOPSC 1.0<br>Overall the performance of the instrument was less satisfactory than that of the original US version. | 0.57 - 0.86 | CFA  | Spital<br><br>Ist sehr weit verbreitet & liefert Vergleiche mit anderen Ländern und Branchen | F |
| <b>Nursing Home Survey on Patient Safety</b> – Swiss version [16]<br><br>Gewisse Anpassungen sollten laut Autoren vorgenommen werden.            | Zuniga et al., 2013                | 42 | 12<br><b>Non-punitive response to error: 3 Items</b><br>(0.75)<br>Items s. NSOPSC 1.0  | 0.64 – 0.85 | CFA  | Pflegeheim   | D |
| <b>Hospital Survey on Patient Safety Culture for hospital management (HSOPS_M)</b> [17]  | Hammer et al., 2011                | 43 | 10<br><b>Non-punitive response to error: 3 Items</b><br>Items s. HSOPS_M   | 0.61 – 0.87 | CFA  | Spital Management  | D |
| <b>Short-form Patient Safety Climate in Healthcare Organisations (PSCHO)</b> [18]  | Benzer et al., USA, 2017           | 15 | 3<br><b>Interpersonal: 4 Items</b><br>– People will doubt my abilities if I ask a question.  | 0.74 -0.84  | Konstruktvalidität<br>CFA  | Spital   | E |



|   |                           |    |  |                   |                                     |        |   |
|---|---------------------------|----|--|-------------------|-------------------------------------|--------|---|
|   |                           |    | <ul style="list-style-type: none"><li>- My coworkers will lose respect for me if they know I have made a mistake.</li><li>- If people find out that I made a mistake, I will be disciplined.</li><li>- I will be blamed if I make an error.</li></ul>  |                   |                                     |        |   |
| CAN-PSCS (formerly the modified MSI Patient Safety Culture Survey) [19] | Ginsburg et al., UK, 2012 | 20 | <p>7</p> <p><b>F2 – Fear of disciplinary action, job or promotion loss - 3 items (alpha = 0.77)</b></p> <ul style="list-style-type: none"><li>- If I make a serious error I worry that I will face disciplinary action from management</li><li>- Making a serious error would limit my career opportunities around here</li><li>- Making a serious error may cause a staff member to lose his/her job.</li></ul> <p><b>F4 – Impact of errors on one's reputation - 3 items (alpha = 0.77)</b></p> <ul style="list-style-type: none"><li>- If I make a serious error my manager will think I am incompetent</li><li>- My co-workers will lose respect for me if they know I've made a serious error</li><li>- Others make you feel like a bit of a failure when you make an error</li></ul> | 0.73 - 0.84       | Konstrukt-<br>validität<br>EFA, CFA | Spital | E |
| MSI Patient Safety Culture – 2010 [20] (Modified Stanford Instrument)   | Ginsburg et al., 2010     | 38 | <p><b>5 Items:</b></p> <ul style="list-style-type: none"><li>- (6) When an incident is reported, it seems like the person is being written up, not the problem</li><li>- (18) Making a serious error may cause a staff member to lose his/her job</li><li>- (25) If I make a serious error I worry that I will face disciplinary action from management</li><li>- (26) Making a serious error would limit my career opportunities around here</li><li>- (27) If I made a serious error my manager would be supportive</li></ul>  | ?                 | EFA                                 | Spital | E |
| Stanford-VA PSCI Culture Survey [21,22]                                 | Singer et al., USA, 2003  | 30 | <p>5</p> <p><b>Reporting/seeking help – 5 Items</b></p>  | Nicht beschrieben | Konstrukt-                          | Spital | E |

|  |                                  |    |  |  |                                |                 |   |
|--|----------------------------------|----|--|--|--------------------------------|-----------------|---|
| (Stanford University and the VA<br>Palo Alto Health Care System Pa-<br>tient Safety Center of Inquiry<br>(PSCI)) |                                  |    | <ul style="list-style-type: none"> <li>- If people find out that I made a mistake, I will be disciplined (Q60)</li> <li>- Reporting a patient safety problem will not result in negative repercussions for the person reporting it (Q14)</li> <li>- If I see a problem with the management of a patient, I would say something, even though it would make a senior person look bad (Q49)</li> <li>- I will suffer negative consequences if I report a patient safety problem (Q58)</li> <li>- Asking for help is a sign of incompetence (Q24)</li> </ul> |  | validität<br>EFA               |                 |   |
| <b>Patient Safety Climate in<br/>Healthcare Organisations<br/>(PSCHO) [23]</b>                                   | Singer et al., USA,<br>2007      | 38 | <b>9</b><br><b>Faktor 4:</b> <ul style="list-style-type: none"> <li>- If I make a mistake that has significant consequences and nobody notices, I do not tell anyone about it 0.73</li> <li>- Asking for help is a sign of incompetence 0.62</li> <li>- Telling others about my mistakes is embarrassing 0.51</li> <li>- I will suffer negative consequences if I report a patient safety problem 0.51</li> </ul>  | 0.50 - 0.89<br>Studien mit grossen Stichproben haben das Tool validiert<br>Fast nur in US Spitätern eingesetzt<br>Hauptsächlich von einer Forschungsgruppe genutzt | Konstrukt-<br>validität<br>EFA | Spital          | E |
| <b>The Multidimensional Nursing<br/>Generations Questionnaire<br/>(MNGQ) [24]</b>                                | Stevanin et al.,<br>Italy (2017) | 54 | <b>8</b><br><b>Component 2: patient safety view</b> <ul style="list-style-type: none"> <li>- I feel free to speak up if something may negatively affect care 0.673</li> <li>- I feel free to question the decisions of those with more authority than mine 0.662</li> </ul>  | 0.61–0.81  | Konstrukt-<br>validität        | Pflegeperso-nal | E |

|   |  |    |  |                                 |                            |             |   |
|---|--|----|--|---------------------------------|----------------------------|-------------|---|
|   |  |    | <ul style="list-style-type: none"> <li>- When a colleague makes a mistake I have no problems telling him/her 0.629</li> <li>- I feel free to ask questions when something does not seem right 0.579</li> <li>- I actively participate in decisions that affect the unit where I work 0.563</li> <li>- If I see a problem with care, I will mention it even if it could make a colleague's expertise look bad 0.532</li> <li>- I feel embarrassed if I tell others about my doubts regarding nursing care* 0.464</li> <li>- I often make proposals about changes related to professional practice 0.458</li> <li>- I feel autonomous in determining my nursing care 0.431</li> <li>- I support the implementation of new ideas about patients' care 0.330</li> <li>- If I report patient safety problems it will not result in negative repercussions for me 0.324</li> </ul> |                                 |                            |             |   |
| <b>Veterans Health Administration Patient Safety Culture Survey (VHA-PSCS) [25]</b> | Mohr et al., 2022  | 20 | 4 scales derived from factor analysis: (a) <b>risk identification and just culture</b> ; (b) error transparency and mitigation; (c) supervisor communication and trust; and (d) team cohesion and engagement.  |                                 | FA                         |             | E |
| <b>Safety Attitudes Questionnaire (SAQ) [26]</b>                                    | Sexton, J.B., Helmreich, R.L., Neilands, T.B. et al. (2006). | 30 | <p>6 Dimensionen: teamwork climate, safety climate, perceptions of management, job satisfaction, working conditions, and stress recognition.</p> <p>Item zu Just Culture: The culture in this ICU makes it easy to learn from the errors of others.</p>  | Raykov's $\rho$ coefficient 0.9 | CFA                        | Spital, ICU | E |
| <b>Fragebogen zu Teamwork und Patientensicherheit - FTPS [27]</b>                   | Salem, I., Renner, W. & Schwarz, N. (2012).                  | 27 | Vier Subskalen: (1) Umgang mit Fehlern (k = 10), (2) Leitung (k = 5), (3) Kooperation (k = 6) und (4) Kommunikation (k = 6).   | 0.63-0.83                       | CFA mit Berufsspezifischen | Spital      | D |

|  |                       |  |   |                    |               |          |      |
|--|-----------------------|--|---|--------------------|---------------|----------|------|
|  |                       |  | 1 Item zu Just Culture: Die Atmosphäre in dieser Klinik hilft dem Einzelnen aus den Fehlern Anderer lernen zu können.   |                    | Unterschieden |          |      |
| <b>Safety Climate Survey</b> [28]  | Sexton & Thomas, 2006 | 19   | Keine Einteilung in Dimensionen   | ?                  | -             | Spital   | E    |
| <b>Safety Climate Survey – Swiss Version</b> [29]                          | Gehring et al., 2015  | 19   | Keine Einteilung in Dimensionen   | D: 0.86<br>F: 0.84 | -             | Spital   | D, F |
| <b>Safety Climate Assessment Tool (S-CAT)</b> [30] – Reifegradeinschätzung | Probst et al., 2019   | 37 separate indicators of 8 safety climate factors | Eight safety climate factors:<br>1. Demonstrating Management Commitment<br>2. Aligning and Integrating Safety as a Value<br><b>3. Ensuring Accountability at All Levels</b><br>4. Improving Supervisory Leadership<br>5. Empowering and Involving Employees<br>6. Improving Communication<br>7. Training at All Levels<br>8. Encouraging Owner/Client Involvement | 0.77 - 0.90        | CFA           | Bauwesen | E    |

\*EFA = explorative factor analysis; CFA = confirmatory factor analysis

## Literatur

- 1 Singla AK, Kitch BT, Weissman JS, et al. Assessing Patient Safety Culture: A Review and Synthesis of the Measurement Tools. 2006. [www.va.gov/ncps/TIPS/Docs/TIPS\\_JulAug06.pdf](http://www.va.gov/ncps/TIPS/Docs/TIPS_JulAug06.pdf).
- 2 Health Foundation. Measuring safety culture. <https://www.health.org.uk/publications/measuring-safety-culture>. 2011.
- 3 Flin R, Burns C, Mearns K, et al. Measuring safety climate in health care. *Qual Saf Health Care*. 2006;15:109–15. <https://doi.org/10.1136/qshc.2005.014761>
- 4 ESQH. Office for Quality Indicators, EUNetPaS (projekt). Work Package 1. Use of patient safety culture instruments and recommendations. [https://webgate.ec.europa.eu/chafea\\_pdb/assets/files/pdb/2007109/2007109\\_eunetpas-report-use-of-psci-and-recommandations-april-8-2010.pdf](https://webgate.ec.europa.eu/chafea_pdb/assets/files/pdb/2007109/2007109_eunetpas-report-use-of-psci-and-recommandations-april-8-2010.pdf). 2010.
- 5 Colla JB, Bracken AC, Kinney LM, et al. Measuring patient safety climate: A review of surveys. *Qual Saf Health Care*. 2005;14:364–6. <https://doi.org/10.1136/qshc.2005.014217>
- 6 Bartonickova D, Kalankova D, Ziaкова K. How to Measure Patient Safety Culture? a Literature Review of Instruments. *Acta Medica Martiniana*. 2021;21:69–79.
- 7 Alsalem G, Bowie P, Morrison J. Assessing safety climate in acute hospital settings: A systematic review of the adequacy of the psychometric properties of survey measurement tools. *BMC Health Serv Res*. 2018;18. <https://doi.org/10.1186/s12913-018-3167-x>
- 8 Petschonek S, Burlison J, Cross C, et al. Development of the just culture assessment tool: Measuring the perceptions of health-care professionals in hospitals. *J Patient Saf*. 2013;9:190–7.
- 9 Walker, Altmiller, Barkell, et al. Just Culture Assessment Tool-Nursing Education (JCAT-NE). <https://www.qsen.org/post/just-culture-assessment-tool-nursing-education>. 2019.
- 10 AHRQ. Hospital Survey on Patient Safety Culture Version 1.0: Items and Dimensions. <https://www.ahrq.gov/sops/surveys/hospital/index.html>. 2004.
- 11 Gambashidze N, Hammer A, Brösterhaus M, et al. Evaluation of psychometric properties of the German Hospital Survey on Patient Safety Culture and its potential for cross-cultural comparisons: A cross-sectional study. *BMJ Open*. 2017;7. doi: 10.1136/bmjopen-2017-018366
- 12 De Bienassis K, Kristensen S, Burtscher M, et al. Culture as a cure - Assessments of patient safety culture in OECD countries. <https://doi.org/10.1787/18152015>. 2020.
- 13 AHRQ. Hospital Survey on Patient Safety Culture Version 2.0: Composites and Items. <https://www.ahrq.gov/sops/surveys/hospital/index.html>. 2019.
- 14 Pfeiffer Y, Manser T. Development of the German version of the Hospital Survey on Patient Safety Culture: Dimensionality and psychometric properties. 2010. <https://doi.org/10.1016/j.ssc.2010.07.002>
- 15 Occelli P, Quenon JL, Kret M, et al. Validation of the french version of the hospital survey on patient safety culture questionnaire. *International Journal for Quality in Health Care*. 2013;25:459–68.
- 16 Zúñiga F, Schwappach D, De Geest S, et al. Psychometric properties of the Swiss version of the Nursing Home Survey on Patient Safety Culture. *Saf Sci*. 2013;55:88–118.
- 17 Hammer A, Ernstmann N, Ommen O, et al. Psychometric properties of the Hospital Survey on Patient Safety Culture for hospital management (HSOPS\_M). *BMC Health Serv.Res*. 2011;11:165-. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3148962/>
- 18 Benzer JK, Meterko M, Singer SJ. The patient safety climate in healthcare organizations (PSCHO) survey: Short-form development. *J Eval Clin Pract*. 2017;853–859. <http://dx.doi.org/10.1111/jep.12731>
- 19 Ginsburg LR, Tregunno D, Norton PG, et al. ‘Not another safety culture survey’: using the Canadian patient safety climate survey (Can-PSCS) to measure provider perceptions of PSC across health settings. doi: 10.1136/bmjqqs

- 20 Ginsburg L, Norton P, Castel L, et al. MSI Patient Safety Culture Survey. <http://www.yorku.ca/patientsafety/psculture/questionnaire/Final-Technical-Report-of-MSI2010-FINAL-Report.pdf>. 2010.
- 21 Singer SJ, Gaba DM, Geppert JJ, et al. The culture of safety: results of an organization-wide survey in 15 California hospitals. 2003. [www.qshc.com](http://www.qshc.com)
- 22 Singer S, Meterko M, Baker L, et al. Workforce perceptions of hospital safety culture: Development and validation of the patient safety climate in healthcare organizations survey. *Health Serv Res*. 2007;42:1999–2021. <https://doi.org/10.1111/j.1475-6773.2007.00706.x>
- 23 Singer S, Meterko M, Baker L, et al. Workforce perceptions of hospital safety culture: Development and validation of the patient safety climate in healthcare organizations survey. *Health Serv Res*. 2007;42:1999–2021.
- 24 Stevanin S, Bressan V, Vehviläinen-Julkunen K, et al. The Multidimensional Nursing Generations Questionnaire: development, reliability, and validity assessments. *J Nurs Manag*. 2017;25:287–96.
- 25 Mohr DC, Chen C, Sullivan J, et al. Development and Validation of the Veterans Health Administration Patient Safety Culture Survey. *J Patient Saf*. 2022;18:539–45.
- 26 Sexton J, Helmreich R, Neilands T, et al. The Safety Attitudes Questionnaire: psychometric properties, benchmarking data, and emerging research. *BMC Health Serv Res*. 2006;6:44-. <http://www.biomedcentral.com/1472-6963/6/44>
- 27 Salem I, Renner W, Schwarz N. FTPS - Fragebogen zu Teamwork und Patientensicherheit. Published Online First: 2012. doi: 10.23668/psycharchives.6538
- 28 Sexton JB, Helmreich RL, Neilands TB, et al. The Safety Attitudes Questionnaire: psychometric properties, benchmarking data, and emerging research. *BMC Health Serv Res*. Published Online First: 2006. doi: 10.1186/1472-6963-6-44
- 29 Gehring K, Mascherek AC, Mph PB, et al. Safety climate in Swiss hospital units : Swiss version of the Safety Climate Survey. *J Eval Clin Pract*. 2015;21:332–8.
- 30 Probst TM, Goldenhar LM, Byrd JL, et al. The Safety Climate Assessment Tool (S-CAT). *J Safety Res*. 2019;69:43–51.