

SOPS® Workplace Safety Supplemental Items for the SOPS Nursing Home Survey

**Language: English**

**Purpose:** These supplemental items were designed for use with the core [Agency for Healthcare Research and Quality (AHRQ) Surveys on Patient Safety Culture® (SOPS®) Nursing Home Survey](https://www.ahrq.gov/sops/surveys/nursing-home/index.html) to help nursing homes assess the extent to which their organization’s culture supports workplace safety for staff.

**Placement:** These supplemental items should be added to the end of the SOPS Nursing Home Survey, after Section E: Overall Ratings, immediately before the Background Questions section. Be sure to include the introductory text and subheadings. Add the SOPS Nursing Home Survey Background Questions **after** the Workplace Safety Background Questions (Job Satisfaction and Intent To Leave).

**Composite Measures:** A composite measure is a grouping of two or more survey items that assess the same area of culture. The composite measures along with their internal consistency reliability scores (Cronbach’s alpha)[[1]](#footnote-1) are:

* Protection From Workplace Hazards (4 items) *(Cronbach’s alpha = 0.84)*
* Moving, Transferring, or Lifting Residents (3 items) *(Cronbach’s alpha = 0.84)*
* Addressing Inappropriate Resident Behavior Toward Staff (3 items) *(Cronbach’s alpha = 0.90)*
* Interactions Among Staff (2 items) *(Cronbach’s alpha = 0.82)*
* Supervisor Support for Workplace Safety (3 items) *(Cronbach’s alpha = 0.93)*
* Management Support for Workplace Safety (3 items) *(Cronbach’s alpha = 0.94)*

**Single Item Measures:**

* Workplace Safety Reporting (1 item)
* Work Stress/Burnout[2](#_bookmark1) (1 item)
* Overall Rating on Workplace Safety for Staff (1 item)
* Background Questions (2 items: Job Satisfaction and Intent to Leave)

**Database Submission Instructions:** To submit data from these supplemental items to the AHRQ [SOPS Nursing Home Survey Database](https://www.ahrq.gov/sops/databases/nursing-home/index.html), and to enable comparisons with the Database, nursing homes must follow the [Database requirements,](https://www.ahrq.gov/sops/databases/nursing-home/databases/submission.html) such as:

* All composite measures and single item measures within the supplemental items can be administered, **or** only a subset of the measures can be administered.
* No changes can be made to the supplemental item text and/or response options.
* No reordering of selected survey items.

**Calculating Results:** When calculating percent positive scores for Work Stress/Burnout, note the following:

* The positive response on Work Stress/Burnout (i.e., “Experiencing no symptoms of burnout”), is calculated by combining the percentages of response to the first two responses: (1) “I have no symptoms of burnout” and (2): “I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.”

(refer to the latest report under “[Workplace Safety Results](https://www.ahrq.gov/sops/surveys/nursing-home/supplemental-items/workplace-safety.html)”).

* For more information on analyzing data and calculating results, refer to Chapter 6 in the [Nursing Home](https://www.ahrq.gov/sites/default/files/wysiwyg/sops/quality-patient-safety/patientsafetyculture/nursing-home/nursinghome-users-guide.pdf) [Survey 1.0 User’s Guide](https://www.ahrq.gov/sites/default/files/wysiwyg/sops/quality-patient-safety/patientsafetyculture/nursing-home/nursinghome-users-guide.pdf). In addition, the Data Entry and Analysis Tool for the Workplace Safety Supplemental Items for nursing homes can be used to calculate results. To request this tool, email [DatabasesOnSafetyCulture@westat.com](mailto:DatabasesOnSafetyCulture@westat.com).

For assistance with these supplemental items, contact the SOPS Help Line at 1-888-324-9749 or [SafetyCultureSurveys@westat.com](mailto:SafetyCultureSurveys@westat.com).

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Workplace Safety

**The following questions ask about workplace safety for staff in your nursing home.**

**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 about your nursing home?** | **Strongly Disagree**   | **Disagree**   | **Neither Agree nor Disagree**  **** | **Agree**   | **Strongly Agree**   | **Does Not Apply or Don’t Know**   |
| 1. There are good procedures to protect staff from contagious diseases, body fluids, or hazardous materials | □1 | □2 | □3 | □4 | □5 | □9 |
| 2. Staff are provided with the appropriate personal protective equipment (PPE) | □1 | □2 | □3 | □4 | □5 | □9 |
| 3. Staff use PPE appropriately | □1 | □2 | □3 | □4 | □5 | □9 |
| 4. Staff clean their hands before and after helping residents with personal care | □1 | □2 | □3 | □4 | □5 | □9 |

Section B: Moving, Transferring, or Lifting Residents

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How often do the following things happen in your nursing home?** | **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 residents | □1 | □2 | □3 | □4 | □5 | □9 |
| 2. Equipment and assistive devices are in good working condition when needed to help move, transfer, or lift residents | □1 | □2 | □3 | □4 | □5 | □9 |
| 3. Staff use equipment or assistive devices when needed to help move, transfer, or lift residents | □1 | □2 | □3 | □4 | □5 | □9 |

Section C: Addressing Inappropriate Resident Behavior Toward Staff

**Inappropriate resident behavior toward staff includes:**

* ***Inappropriate physical contact toward staff*, such as residents biting, spitting, scratching, hitting, kicking, or groping, or other unwanted physical contact with staff.**
* ***Inappropriate verbal communication toward staff*, such as residents yelling, using offensive language, bullying, or threatening, or other harassment of staff.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How much do you agree or disagree with the following statements about your nursing home?** | **Strongly Disagree**   | **Disagree**   | **Neither Agree nor Disagree**  **** | **Agree**   | **Strongly Agree**   | **Does Not Apply or Don’t Know**   |
| 1. Staff are trained to identify triggers or situations that could lead to inappropriate resident behavior toward staff | □1 | □2 | □3 | □4 | □5 | □9 |
| 2. Staff are trained on how to de-escalate or calm down situations when residents are agitated or upset | □1 | □2 | □3 | □4 | □5 | □9 |
| 3. There are good procedures to keep staff safe from inappropriate resident behavior | □1 | □2 | □3 | □4 | □5 | □9 |

Section D: Interactions Among Staff

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How often do the following things happen in your nursing home?** | **Never**   | **Rarely**   | **Sometimes**  **** | **Most of the time**   | **Always**   | **Does Not Apply or Don’t Know**   |
| 1. Staff are rude to other staff in this nursing  home | □1 | □2 | □3 | □4 | □5 | □9 |
| 2. Staff bully other staff in this nursing home | □1 | □2 | □3 | □4 | □5 | □9 |

Section E: Supervisor Support for Workplace Safety

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How much do you agree or disagree with the following statements about your supervisor?** | **Strongly Disagree**   | **Disagree**   | **Neither Agree nor Disagree**  **** | **Agree**   | **Strongly Agree**   | **Does Not Apply or Don’t Know**   |
| 1. My supervisor encourages staff to report their concerns about workplace safety | □1 | □2 | □3 | □4 | □5 | □9 |
| 2. My supervisor listens to staff ideas and suggestions about workplace safety | □1 | □2 | □3 | □4 | □5 | □9 |
| 3. My supervisor can be trusted to do the right thing to keep staff safe | □1 | □2 | □3 | □4 | □5 | □9 |

Section F: Management Support for Workplace Safety

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How much do you agree or disagree with the following statements about management in your nursing home?** | **Strongly Disagree**   | **Disagree**   | **Neither Agree nor Disagree**  **** | **Agree**   | **Strongly Agree**   | **Does Not Apply or Don’t Know**   |
| 1. The actions of management show that the safety of staff is a top priority | □1 | □2 | □3 | □4 | □5 | □9 |
| 2. Management provides adequate resources to ensure the safety of staff | □1 | □2 | □3 | □4 | □5 | □9 |
| 3. Management takes action when staff report concerns about workplace safety | □1 | □2 | □3 | □4 | □5 | □9 |

Section G: Workplace Safety Reporting

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How much do you agree or disagree with the following statement about your nursing home?** | **Strongly Disagree**   | **Disagree**   | **Neither Agree nor Disagree**  **** | **Agree**   | **Strongly Agree**   | **Does Not Apply or Don’t Know**   |
| 1. Staff can report their concerns about workplace safety without fear of negative consequences | □1 | □2 | □3 | □4 | □5 | □9 |

Section H: 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 services provided by your employer].

Section I: Overall Rating on Workplace Safety for Staff

1. **How would you rate your nursing home on workplace safety for staff?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Poor  ▼ | Fair  ▼ | Good  ▼ | Very good  ▼ | Excellent  ▼ |
| □1 | □2 | □3 | □4 | □5 |

Background Questions

1. **Overall, how satisfied are you with your job?**
   * 1 Very Dissatisfied
   * 2 Dissatisfied
   * 3 Neither Satisfied nor Dissatisfied
   * 4 Satisfied
   * 5 Very Satisfied
2. **Are you considering leaving your nursing home within the next year, and if so, why?**
   * 1 No
   * 2 Yes, to retire
   * 3 Yes, to take another job in another nursing home
   * 4 Yes, to take another job within healthcare
   * 5 Yes, to take another job outside of healthcare
   * 6 Yes, for another reason

1. Zebrak K, Yount N, Sorra J, Famolaro T, Gray L, Townsend R. Development, Pilot Study, and Psychometric Analysis of the AHRQ Surveys on Patient Safety Culture™ (SOPS®) Workplace Safety Supplemental Item Set for Nursing Homes. Rockville, MD: AHRQ; 2023.

   2 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>). [↑](#footnote-ref-1)