

ANONYMOUS AND CONFIDENTIAL



UNIVERSITY OF ABERDEEN

Industrial Psychology Research Centre

**Scottish survey of attitudes towards non-technical skills in
the operating theatre**

2004 Questionnaire

Please see inside front cover for instructions

INSTRUCTIONS FOR RESPONDENTS

PLEASE READ THIS BEFORE YOU FILL IN THE QUESTIONNAIRE

This is the 2004 survey of attitudes towards non-technical skills in Scottish operating theatres, and is being run as part of a research project at the University of Aberdeen. **Please take this opportunity to express your opinion.**

1. **Your name is not required.**
2. Answer all items on the answer sheet. Leave the answer blank if an item is irrelevant or you are unsure.
3. Your questionnaire will not be seen by anybody other than the researchers.
4. Please be frank and honest in your responses.
5. No individuals will be identifiable in subsequent research reports.
6. Thank you for taking part in this survey

Please return the questionnaire by **February 9th 2004** in the enclosed FREEPOST envelope to:

Dr Steven Yule, School of Psychology, c/o Mail Room, University Office, King's College, Old Aberdeen AB24 3FX, FREEPOST AB567

Section 1: Operating Theatre Management Attitudes

Please answer the following questions by circling one response only, using the scale below.

	0	1	2	3	4
	Disagree strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly
1	The senior person, if available, should take over and make all decisions in life threatening emergencies				4
2	The department provides adequate, timely information about events in the hospital which might affect my work				4
3	Senior staff should encourage questions from junior medical and nursing staff during operations if appropriate				4
4	Even when tired, I perform effectively during critical phases of operations				4
5	We should be aware of, and sensitive to, the personal problems of other team members				4
6	Senior staff deserve extra benefits and privileges				4
7	I do my best work when people leave me alone				4
8	I let other team members know when my workload is becoming (or is about to become) excessive				4
9	It bothers me when others do not respect my professional capabilities				4
10	Doctors who encourage suggestions from Operating Theatre team members are weak leaders				4
11	My decision making ability is as good in emergencies as it is in routine situations				4
12	A regular debriefing of procedures and decisions after an Operating Theatre session or shift is an important part of developing and maintaining effective team co-ordination				4
13	Team members in charge should verbalise plans for procedures or actions and should be sure that the information is understood and acknowledged by others				4
14	Junior Operating Theatre team members should not question the decisions made by senior personnel				4
15	I try to be a person that others will enjoy working with				4
16	I am encouraged by my leaders and co-workers to report any incidents I may observe				4
17	The only people qualified to give me feedback are members of my own profession				4
18	It is better to agree with other Operating Theatre team members than to voice a different opinion				4
19	The pre-session team briefing is important for safety and for effective team management				4
20	It is important that my competence be acknowledged by others				4
21	I am more likely to make errors in tense or hostile situations				4
22	The doctor's responsibilities include co-ordination between his or her work team and other support teams				4

0	1	2	3	4
Disagree strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly

23	I value compliments about my work	0	1	2	3	4
24	Working in this hospital is like being part of a large family	0	1	2	3	4
25	Operating Theatre team members share responsibilities for prioritising activities in high workload situations	0	1	2	3	4
26	As long as the work gets done, I don't care what others think of me	0	1	2	3	4
27	Successful Operating Theatre management is primarily a function of the doctor's medical and technical proficiency	0	1	2	3	4
28	A good reputation in the Operating Theatre is important to me	0	1	2	3	4
29	Errors are a sign of incompetence	0	1	2	3	4
30	Departmental leadership listens to staff and cares about our concerns	0	1	2	3	4
31	I enjoy working as part of a team	0	1	2	3	4
32	If I perceive a problem with the management of a patient, I will speak up, regardless of who might be affected	0	1	2	3	4
33	I am ashamed when I make a mistake in front of other team members	0	1	2	3	4
34	In critical situations, I rely on my superiors to tell me what to do	0	1	2	3	4
35	I value the goodwill of my fellow workers -I care that others see me as friendly and co-operative	0	1	2	3	4
36	I sometimes feel uncomfortable telling Operating Theatre members from other disciplines that they need to take some action	0	1	2	3	4
37	Procedures and policies are strictly followed in our Operating Theatre	0	1	2	3	4
38	Team members should not question the decisions or actions of senior staff except when they threaten the safety of the operation	0	1	2	3	4
39	I am less effective when stressed or tired	0	1	2	3	4
40	It is an insult to be forced to wait unnecessarily for other members of the Operating Theatre team	0	1	2	3	4
41	Mistakes are handled appropriately in this hospital	0	1	2	3	4
42	Leadership of the Operating Theatre team should rest with the medical staff	0	1	2	3	4
43	My performance is not adversely affected by working with an inexperienced or less capable team member	0	1	2	3	4
44	To resolve conflicts, team members should openly discuss their differences with each other	0	1	2	3	4
45	Team members should monitor each other for signs of stress or tiredness	0	1	2	3	4

0	1	2	3	4
Disagree strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly

46	I become irritated when I have to work with inexperienced medical staff	0	1	2	3	4
47	I am proud to work for this hospital	0	1	2	3	4
48	All members of the Operating Theatre team are qualified to give me feedback	0	1	2	3	4
49	A truly professional team member can leave personal problems behind when working in the Operating Theatre	0	1	2	3	4
50	There are no circumstances where a junior team member should assume control of patient management	0	1	2	3	4
51	Team members should feel obligated to mention their own psychological stress or physical problems to other Operating Theatre personnel before or during a shift or assignment	0	1	2	3	4
52	In the Operating Theatre, I get the respect that a person of my profession deserves	0	1	2	3	4
53	Human error is inevitable	0	1	2	3	4
54	The concept of all Operating Theatre personnel working as a team does not work at this hospital	0	1	2	3	4
55	Personal problems can adversely affect my performance	0	1	2	3	4
56	Effective Operating Theatre team co-ordination requires members to take into account the personalities of other team members	0	1	2	3	4
57	I like my job	0	1	2	3	4
58	I am provided with adequate training to successfully accomplish my job	0	1	2	3	4
59	Team members frequently disregard rules or guidelines (e.g. handwashing, treatment protocols/clinical pathways, sterile field) developed for our Operating Theatre	0	1	2	3	4
60	I always ask questions when I feel there is something I don't understand	0	1	2	3	4

Section 2: Teamwork

Please describe your perception of the quality of teamwork you have experienced with the following theatre personnel using the scale below:

0	1	2	3	4
Very low	Low	Adequate	High	Very High

61	Consultant Surgeon	0	1	2	3	4
62	Higher Surgical Trainee	0	1	2	3	4
63	Basic Surgical Trainee	0	1	2	3	4
64	Associate Specialist/ Staff Grade Surgeon	0	1	2	3	4
65	Nurse	0	1	2	3	4
66	ODP/ Anaesthetic nurse	0	1	2	3	4

Section 3: Error in Medicine

Please answer the following questions using the scale below:

0	1	2	3	4
Disagree strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly

67	I rarely witness an error where one or more team members lack the knowledge to perform the needed action	0	1	2	3	4
68	Errors committed during patient management are not important, as long as the patient improves	0	1	2	3	4
69	I make errors in theatre	0	1	2	3	4
70	Medical errors are discussed to prevent recurrence	0	1	2	3	4
71	A confidential reporting system that documents medical errors is important for safety	0	1	2	3	4

Q72. How can the effectiveness of Operating Theatre teams be increased?

Q73. How can the job satisfaction of Operating Theatre teams be increased?

Section 4: Leadership and prioritising

Please answer the following questions

Q74. If I were to fail in one of the following areas, which would concern me most?

Please rank 1, 2, 3, 4 (do not use tied ranks, 1 is most concern)

Reducing waiting lists	Patient safety	Saving costs	The Trust's reputation

Q75. If I were to fail in one of the following areas, which would concern this Trust's management most? Please rank 1, 2, 3, 4 (do not use tied ranks, 1 is most concern)

Reducing waiting lists	Patient safety	Saving costs	The Trust's reputation

Q76. Consider the following four leadership styles and answer the questions below.

Style A: Leader makes decisions and communicates them firmly, expects loyalty and obedience.

Style B: Leader makes decisions promptly, but explains them fully, provides reasons, and answers questions.

Style C: Leader normally consults with subordinates when important decisions are to be made, listens to advice, considers it, and then makes decision.

Style D: Leader puts problem before the group and invites discussion before accepting majority viewpoint as decision.

Please answer the questions below by writing A, B, C, or D

CONSULTANT SURGEONS ONLY ANSWER

i) Which style do you **normally use** in the operating theatre? _____

EVERYONE ELSE ANSWER

ii) Which style do you **normally encounter from surgeons** in the Operating Theatre? _____

iii) Which style do you **prefer** in the Operating Theatre? _____

Q77. What are the three most frequently occurring errors that you have observed in Theatre?
1.
2.
3.

Q78. In your experience, what strategies have you seen to be effective for managing error in the Operating Theatre?
1.
2.
3.

Please write any further comments about teamwork, safety, decision-making, leadership, or any other issue in the Operating Theatre below.

BACKGROUND INFORMATION

1. Name of Hospital _____
2. Gender (please circle) M / F
3. Surgical speciality (please tick)
 - General
 - Orthopaedic
 - Cardiac
 - N/A
4. How much experience do you have in this speciality? _____ years
5. Position (please tick appropriate box):
 - Consultant Surgeon
 - Higher Surgical Trainee
 - Basic Surgical Trainee
 - Associate Specialist/ Staff Grade Surgeon
 - Nurse
 - ODP/ Anaesthetic nurse

Thank you for your contribution to this research

Dr Steven Yule, January 2004