# ANNEXURE 1. QUESTIONNAIRE

**Questionnaire** Instrument Questionnaire Number:

Please answer the following questions on the implementation of the surgical safety checklist in the operating room.

**DEMOGRAPHIC** **PROFILE** Please insert a (x) in the box next to the answer of your choice.

1. **What is your occupation?**

1

Surgeon

2

Assistant Surgeon

3 3

Anaesthetist

4

Nurse

5

Operating room technician (Non- nursing / non-medical)

1. **If you marked Nurse in question 1, please identify your category**

1

Registered Nurse OR qualified

2

Registered Nurse OR experienced

3

Enrolled Nurse

4

Enrolled Nursing Auxiliary

1. **If you are a nurse/OR technician, indicate** the role(s) you perform most often in the OR

1

Scrub nurse/technician (member of the sterile team)

2

Circulating nurse/technician

3

Anaesthetic nurse/technician (assist the anaethetist)

1. **Indicate your years of OR experience.**

1

Less than 1 year

2

1 – 5 years

3

5 – 10 years

4

More than 10 years

**5. Gender**

1 1

Male

2

Female

1. **Indicate your age**

1

20 - 29

222

30 - 39

3

40 - 49

4

50 +

1. **Years of service at current employer**

1

Less than 1 year

2

1 – 5 years

3

5 – 10 years

4

More than 10 years

1. **Level of Education**

1 1

Certificate

2

Diploma

3

Degree

4

Master’s Degree

5

Doctorate Degree

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Barriers** | Disagree Strongly | Disagree Slightly |  | Agree  Slightly | Agree Strongly | Don’t Know |
| **Objective1: Attitude of staff toward implementation of the surgical checklist** | | | | | | |
| 1. The checklist was implemented in the theatres I worked. | 1 | 2 |  | 3 | 4 | -88 |
| 1. The complete checklist is used for every surgical procedure you were exposed to. | 1 | 2 |  | 3 | 4 | -88 |
| 1. When the checklist is being carried out, everyone in theatre stops what they are doing and listens until it is completed. | 1 | 2 |  | 3 | 4 | -88 |
| 1. Sometimes sections of the checklist are not completed. | 1 | 2 |  | 3 | 4 | -88 |
| 1. The individual who signs the checklist personally ensures that the relevant steps have been completed. | 1 | 2 |  | 3 | 4 | -88 |
| **Objective 2: Communication amongst the surgical team related to the checklist.** | | | | | | |
| 1. The language of the checklist is clear and understandable. | 1 | 2 |  | 3 | 4 | -88 |
| 1. The language the checklist printed is clear and understandable. | 1 | 2 |  | 3 | 4 | -88 |
| 1. The checklist enhances teamwork and communication amongst multidisciplinary healthcare providers. | 1 | 2 |  | 3 | 4 | -88 |
| 1. The completion of the checklist involves the multidisciplinary team. | 1 | 2 |  | 3 | 4 | -88 |
| **Objective3: Beliefs of surgical team about the checklists.** | | | | | |  |
| 1. I believe that failing to use the checklist is poor professional practice. | 1 | 2 |  | 3 | 4 | -88 |
| 1. I believe using the checklist reduces the likelihood of human error. | 1 | 2 |  | 3 | 4 | -88 |
| 1. I believe using the checklist improves patient safety. | 1 | 2 |  | 3 | 4 | -88 |
| 1. I believe using the checklist improves teamwork in theatre. | 1 | 2 |  | 3 | 4 | -88 |
| 1. I believe that the checklist should be mandatory for every case. | 1 | 2 |  | 3 | 4 | -88 |
| 1. I believe that the implementation of the checklist has contributed to a decrease in adverse events. | 1 | 2 |  | 3 | 4 | -88 |
| **Objective 4: Support from surgical team member’s implementation the checklist.** | | | | | | |
| 1. Surgical personnel support the use of the checklist. | 1 | 2 |  | 3 | 4 | -88 |
| 1. Anaesthetic personnel support the use of the checklist. | 1 | 2 |  | 3 | 4 | -88 |
| 1. Nursing staff supports the use of the checklist. | 1 | 2 |  | 3 | 4 | -88 |
| 1. Senior theatre personnel support the use of the checklist. | 1 | 2 |  | 3 | 4 | -88 |
| 1. Junior theatre personnel support the use of the checklist. | 1 | 2 |  | 3 | 4 | -88 |
| 1. Management supports the use of the checklist. | 1 | 2 |  | 3 | 4 | -88 |
| 1. I have initiated the use of the checklist in the past. | 1 | 2 |  | 3 | 4 | -88 |
| 1. I intend to initiate the use of the checklist in the future. | 1 | 2 |  | 3 | 4 | -88 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Objective 5: Feedback on potential barriers** | Disagree Strongly | Disagree Slightly |  | Agree  Slightly | Agree Strongly | Don’t Know |
| 24.Is the requirement for signatures relevant to you? | 1 | 2 |  | 3 | 4 | -88 |
| 25.Do you feel that the checklist is an added responsibility? | 1 | 2 |  | 3 | 4 | -88 |
| 26.Do you feel that completing the checklist is time consuming? | 1 | 2 |  | 3 | 4 | -88 |
| 27.Do you feel that you were properly trained about the implementation of the checklist? | 1 | 2 |  | 3 | 4 | -88 |
| 28.In your experience have you observed pre-and post-operative briefings required by the checklist? | 1 | 2 |  | 3 | 4 | -88 |
| 29.In your experience have you observed that nurses just complete the checklists. | 1 | 2 |  | 3 | 4 | -88 |

**30. You may add any further comments about the use of checklist in theatre not mentioned above.**

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