



ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่  
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## APPENDIX A

### Mean and Standard Deviation of Each Item of Leader-Member Exchange

Table A1

*Mean and Standard Deviation of Each Item in the Multidimensional Leader-Member Exchange as Perceived by Nursing Wards (n=105)*

| Leader-member exchange   | Mean | SD   |
|--|------|------|
| <b>Affect</b>  |      |      |
| 3. My manager is the kind of person one would like to have as a friend.  | 5.49 | .98  |
| 6. I like my manager very much as a person.  | 5.73 | .89  |
| 10. My manager is a lot of fun to work with.   | 5.22 | 1.02 |
| <b>Loyalty</b>   |      |      |
| 2. My manager would defend me to others in the organization if I made an honest mistake.                                 | 5.31 | .93  |
| 5. My manager would come to my defense if I were “attacked” by others.   | 5.32 | .97  |
| 9. My manager defends (would defend) my actions to a superior, even without complete knowledge of the issue in question. | 4.90 | .99  |
| <b>Contribution</b>  |      |      |
| 4. I do not mind working my hardest for my manager.  | 5.83 | .90  |
| 7. I do work for my manager that goes beyond what is expected of me in my job.   | 4.98 | 1.07 |
| 11. I am willing to apply extra efforts, beyond those normally required, to meet my manager’s work goals.                | 5.14 | 1.12 |
| <b>Professional Respect</b>  |      |      |
| 1. I respect my manager’s knowledge and competence on the job.   | 6.21 | .60  |
| 8. I admire my manager’s professional skills.  | 5.82 | .81  |
| 12. I am impressed with my manager’s knowledge of his/her job.   | 5.72 | .85  |

## APPENDIX B

### Frequency and Percentage of Each Item of Patient Safety Culture

Table B1

*Frequency and Percentage of Each Item in Hospital Survey on Patient Safety Culture as Perceived by Nursing Wards (n=105)*

| Patient Safety Culture  | Needing<br>improvement<br>area | Moderate<br>Area | Strength<br>area |
|---|--------------------------------|------------------|------------------|
|   | n (%)                          | n (%)            | n (%)            |
| <b>Seven unit-level dimensions</b>  |                                |                  |                  |
| <b>(1) Teamwork within units</b>  |                                |                  |                  |
| A1. People support one another in this unit   | 8 (7.62)                       | 25 (23.81)       | 72 (68.57)       |
| A3. When a lot of work needs to be performed quickly, we work together as a team to get the work done                               | 7 (6.67)                       | 22 (20.95)       | 76 (72.38)       |
| A4. In this unit, people treat each other with respect  | 7 (6.67)                       | 33 (31.43)       | 65 (61.90)       |
| A11. When one area in this unit gets really busy, others help out   | 18 (17.14)                     | 38 (36.19)       | 49 (46.67)       |
| <b>(2) Supervisor/manager expectations and actions promoting patient safety</b>   |                                |                  |                  |
| B1. My supervisor/manager says a good word when he or she sees a job carried out according to established patient safety procedures | 8 (7.62)                       | 42 (40.00)       | 55 (52.38)       |
| B2. My supervisor/manager seriously considers staff suggestions for improving patient safety  | 8 (7.62)                       | 21 (20.00)       | 76 (72.38)       |
| B3. Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking short cuts (R)              | 27 (25.71)                     | 46 (43.81)       | 32 (30.48)       |
| B4. My supervisor/manager overlooks patient safety problems that happen over and over (R)   | 7 (6.67)                       | 28 (26.67)       | 70 (66.66)       |

Table B1 (continued)

| Patient Safety Culture   | Needing<br>improvement<br>area | Moderate<br>Area | Strength<br>area |
|--|--------------------------------|------------------|------------------|
|  | n (%)                          | n (%)            | n (%)            |
| <b>(3) Organizational learning – continuous improvement</b>                                  |                                |                  |                  |
| A6. We are actively doing things to improve patient safety                                   | 2 (1.91)                       | 14 (13.33)       | 89 (84.76)       |
| A9. Mistakes have led to positive changes here   | 25 (23.81)                     | 44 (41.90)       | 36 (34.29)       |
| A13. After we make changes to improve patient safety, we evaluate their effectiveness        | 4 (3.81)                       | 19 (18.10)       | 82 (78.09)       |
| <b>(4) Feedback and communication about error</b>  |                                |                  |                  |
| C1. We are given feedback about changes put into place based on event reports                | 18 (17.14)                     | 39 (37.14)       | 48 (45.72)       |
| C3. We are informed about errors that happen in this unit                                    | 4 (3.81)                       | 28 (26.67)       | 73 (69.52)       |
| C5. In this unit, we discuss ways to prevent errors from happening again                     | 4 (3.81)                       | 30 (28.57)       | 71 (67.62)       |
| <b>(5) Communication openness</b>  |                                |                  |                  |
| C2. Staff will freely speak up if they see something that may negatively affect patient care | 21 (20.00)                     | 40 (38.10)       | 44 (41.90)       |
| C4. Staff feel free to question the decisions or actions of those with more authority        | 89 (84.76)                     | 13 (12.38)       | 3 (2.86)         |
| C6. Staff are afraid to ask questions when something does not seem right (R)                 | 38 (36.20)                     | 44 (41.90)       | 23 (21.90)       |
| <b>(6) Staffing</b>  |                                |                  |                  |
| A2. We have enough staff to handle the workload  | 56 (53.33)                     | 30 (28.57)       | 19 (18.10)       |
| A5. Staff in this unit work longer hours than is best for patient care (R)                   | 67 (63.81)                     | 29 (27.62)       | 9 (8.57)         |
| A7. We use more agency/temporary staff than is best for patient care (R)                     | 62 (59.05)                     | 33 (31.43)       | 10 (9.52)        |
| A14. We work in 'crisis mode' trying to do too much, too quickly (R)                         | 90 (85.72)                     | 13 (12.38)       | 2 (1.90)         |

Table B1 (continued)

| Patient Safety Culture   | Needing<br>improvement<br>area | Moderate<br>Area | Strength<br>area |
|--|--------------------------------|------------------|------------------|
|  | n (%)                          | n (%)            | n (%)            |
| <b>(7) Non-punitive response to errors</b>   |                                |                  |                  |
| A8. Staff feel like their mistakes are held against them (R)                                       | 68 (64.76)                     | 25 (23.81)       | 12 (11.43)       |
| A12. When an event is reported, it feels like the person is being written up, not the problem (R)  | 46 (43.81)                     | 36 (34.29)       | 23 (21.90)       |
| A16. Staff worry that mistakes they make are kept in their personnel file (R)                      | 98 (93.34)                     | 6 (5.71)         | 1 (0.95)         |
| <b>Three hospital-level dimensions</b>   |                                |                  |                  |
| <b>(8) Management support for patient safety</b>   |                                |                  |                  |
| F1. Hospital management provides a work climate that promotes patient safety                       | 19 (18.10)                     | 39 (37.14)       | 47 (44.76)       |
| F8. The actions of hospital management show that patient safety is a top priority                  | 5 (4.76)                       | 27 (25.72)       | 73 (69.52)       |
| F9. Hospital management seems interested in patient safety only after an adverse event happens (R) | 23 (21.90)                     | 41 (39.05)       | 41 (39.05)       |
| <b>(9) Teamwork across units</b>   |                                |                  |                  |
| F4. There is good cooperation among hospital units that need to work together                      | 25 (23.81)                     | 38 (36.19)       | 42 (40.00)       |
| F6. It is often unpleasant to work with staff from other hospital units (R)                        | 35 (33.33)                     | 43 (40.95)       | 27 (25.72)       |
| F10. Hospital units work well together to provide the best care for patients                       | 31 (29.52)                     | 38 (36.19)       | 36 (34.29)       |
| F2. Hospital units do not coordinate well with each other (R)                                      | 79 (75.24)                     | 22 (20.95)       | 4 (3.81)         |
| <b>(10) Handoffs and transitions</b>   |                                |                  |                  |
| F3. Things 'fall between the cracks' when transferring patients from one unit to another (R)       | 34 (32.38)                     | 44 (41.91)       | 27 (25.71)       |
| F5. Important patient care information is often lost during shift changes (R)                      | 16 (15.24)                     | 30 (28.57)       | 59 (56.19)       |
| F7. Problems often occur in the exchange of information across hospital units (R)                  | 55 (52.38)                     | 35 (33.33)       | 15 (14.29)       |
| F11. Shift changes are problematic for patients in this hospital (R)                               | 41 (39.05)                     | 42 (40.00)       | 22 (20.95)       |

Table B1 (continued)

| Patient Safety Culture  | Needing<br>improvement<br>area | Moderate<br>Area | Strength<br>area |
|---|--------------------------------|------------------|------------------|
|   | n (%)                          | n (%)            | n (%)            |
| <b>Two outcomes variables</b>   |                                |                  |                  |
| <b>(11) Perceptions of patient safety</b>   |                                |                  |                  |
| A15. Patient safety is never sacrificed to get more work done   | 27 (25.72)                     | 39 (37.14)       | 39 (37.14)       |
| A18. Our procedures and systems are good at preventing errors from happening                                      | 27 (25.72)                     | 39 (37.14)       | 39 (37.14)       |
| A10. It is just by chance that more serious mistakes don't happen around here (R)                                 | 44 (41.90)                     | 38 (36.19)       | 23 (21.91)       |
| A17. We have patient safety problems in this unit (R)   | 63 (60.00)                     | 34 (32.39)       | 8 (7.61)         |
| <b>(12) Frequency of events reported</b>  |                                |                  |                  |
| D1. When a mistake is made, but is caught and corrected before affecting the patient, how often is this reported? | 45 (42.86)                     | 36 (34.28)       | 24 (22.86)       |
| D2. When a mistake is made, but has no potential to harm the patient, how often is this reported?                 | 36 (34.28)                     | 40 (38.10)       | 29 (27.62)       |
| D3. When a mistake is made that could harm the patient, but does not, how often is this reported?                 | 18 (17.14)                     | 43 (40.95)       | 44 (41.91)       |

## APPENDIX C

### Questionnaire (English Version)

This questionnaire aims to collecting data regarding leader-member exchange and patient safety culture among nurses in tertiary hospitals, in Kunming, the People's Republic of China. it includes three parts: Part I-Demographic Data Form, Part II-Multidimensional Leader-member Exchange Scale, Part III-Hospital Survey on Patient Safety Culture. You can complete this questionnaire in your available time and please be as honest as you can when answering questions in each part.

#### Part I : Demographic Data Form

Please check “√” into the pane in front of item or fill in the answer which is appropriate for you.

1. Age: \_\_\_\_\_ years old
2. Gender:            Male                            Female
3. Marital Status:    Single                            Married                            Divorce or separated
4. Education level  
 Secondary technical certification            Associated degree  
 Bachelor degree                                    Master degree
5. Work position  
 Head nurse    In Charge nurse  
 Staff nurse    Other, please specify \_\_\_\_\_
6. Duration of worked in current specialty or profession  
 1-5 years    6-10 years  
 11-15 years    16-20 years  
 More than 21 years
7. Work shift  
 Day shift only                                    Rotating shift                                    Other
8. Employment type  
 Permanent employment                                    Temporary employment

## Part II: Multidimensional Leader-Member Exchange Scale

### Introduction:

This questionnaire is used to measure the leader-member exchange as perceived by individual. In the following set of questions, think of your immediate manager (or team leader), please select your response from the 7 presented below and enter the corresponding number in the space to the right of each question. 1=Strongly Disagree, 2=Disagree, 3=Slightly Disagree, 4=Neither Disagree Nor Agree, 5=Slightly Agree, 6=Strongly Agree.

| Items  | Strongly Disagree | Disagree | Slightly Disagree | Neither Disagree Nor Agree | Slightly Agree | Agree | Strongly Agree |
|--|-------------------|----------|-------------------|----------------------------|----------------|-------|----------------|
| 1. I respect my manager's knowledge and competence on the job.                           | 1                 | 2        | 3                 | 4                          | 5              | 6     | 7              |
| 2. My manager would defend me to others in the organization if I made an honest mistake. | 1                 | 2        | 3                 | 4                          | 5              | 6     | 7              |
| 3. My manager is the kind of person one would like to have as a friend.                  | 1                 | 2        | 3                 | 4                          | 5              | 6     | 7              |
| ...  |                   |          |                   |                            |                |       |                |
| ...  |                   |          |                   |                            |                |       |                |
| ...  |                   |          |                   |                            |                |       |                |
| 12. I am impressed with my manager's knowledge of his/her job.                           | 1                 | 2        | 3                 | 4                          | 5              | 6     | 7              |



## Part III: Hospital Survey on Patient Safety

### Instructions

This survey asks for your opinions about patient safety issues, medical error, and event reporting in your hospital and will take about 10 to 15 minutes to complete.

If you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank.

- An **“event”** is defined as any type of error, mistake, incident, accident, or deviation, regardless of whether or not it results in patient harm.
- **“Patient safety”** is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of health care delivery.

### SECTION A: Your Work Area/Unit

In this survey, think of your “unit” as the work area, department, or clinical area of the hospital where you spend *most* of your work time or provide *most* of your clinical services.

Please indicate your agreement or disagreement with the following statements about your work area/unit.

| Think about your hospital work area/unit...  | Strongly<br>Disagree<br>▼             | Disagree<br>▼                         | Neither<br>▼                          | Agree<br>▼                            | Strongly<br>Agree<br>▼                |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. People support one another in this unit .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| 2. We have enough staff to handle the workload   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| 3. When a lot of work needs to be done quickly, we work together as a team to get the work done..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| ...  |                                       |                                       |                                       |                                       |                                       |
| ...  |                                       |                                       |                                       |                                       |                                       |
| ...  |                                       |                                       |                                       |                                       |                                       |
| 11. Shift changes are problematic for patients in this hospital.....                                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

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## APPENDIX D

### Questionnaire (Chinese Version)

#### 问卷调查表

引言：本量表的目的是为了研究在中国昆明市三甲医院护士感知的领导-成员交换关系和病人安全文化及其相互关系。问卷包括三部分，第一部分：人口学特征问卷，第二部分：领导与成员交换关系多维度量表，第三部分：病人安全文化量表。请您在百忙中抽时间完成以下问卷的填写，请您尽可能真实地回答问卷中的问题。

#### 第一部分：人口学特征问卷

请在符合您目前情况的描述前打“√”或是在横线处填入相应内容。

1. 年龄：\_\_\_\_\_ 岁
2. 性别： 男             女
3. 婚姻状况： 单身     已婚     离异或分居
4. 您的教育程度： 中专     大专     本科     硕士     博士
5. 您在本院的工作岗位：  
 注册护士（护理员工）     注册护士（护理组长）  
 注册护士（护士长）     其他，请标明\_\_\_\_\_
6. 您在目前专科或专业工作多少年了？  
 a. 不到1年     b. 1~5年     c. 6~10年  
 d. 11~15年     e. 16~20年     f. 21年以上
7. 轮班情况： 只上白班     倒班     其他
8. 聘用方式： 编内人员     编外人员

## 第二部分：领导与成员交换关系多维度量表

填表说明：

这个问卷是用于从员工角度去评价与其直接领导（如：护士长）的关系。请您阅读并确定您个人对该条目的认可程度，然后在右侧相应的数字上打“√”。本问卷答案没有对错之分，请如实填写。

**认可程度和对应分值：** 1=十分不同意，2=不同意，3=稍微不同意，4=不确定，5=稍微同意，6=同意，7=十分同意。

| 条目                                   | 十分不同意 | 不同意 | 稍微不同意 | 不确定 | 稍微同意 | 同意 | 十分同意 |
|--------------------------------------|-------|-----|-------|-----|------|----|------|
| 1. 我敬重我领导的知识和工作能力。                   | 1     | 2   | 3     | 4   | 5    | 6  | 7    |
| 2. 当我犯了无心的错误的时候，我的领导会在单位里的其他人面前为我说话。 | 1     | 2   | 3     | 4   | 5    | 6  | 7    |
| 3. 我的领导是那种我愿意和其成为朋友的人。               | 1     | 2   | 3     | 4   | 5    | 6  | 7    |
| ...                                  |       |     |       |     |      |    |      |
| ...                                  |       |     |       |     |      |    |      |
| ...                                  |       |     |       |     |      |    |      |
| 11. 我愿意付出额外的努力，超过正常的要求，来达到领导的目标。     | 1     | 2   | 3     | 4   | 5    | 6  | 7    |

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### 第三部分：护理人员病人安全文化调查

#### 介绍

本调查旨在了解你对本院病人安全问题、医疗差错及事件报告的看法，需要 10~15 分钟完成。采用无记名方式，回答没有对错或好坏之分，请如实填写，我们将对你的回答严格保密。感谢你的参与！

- “事件”指的是任何类型的差错、错误、意外、事故或偏差，不论是否导致病人伤害。
- “病人安全”定义为避免和预防因医疗过程造成的病人损伤或不良事件。

#### 第一部分：你所在科室

请指出你对以下有关你科室的陈述同意或不同意的程度，请在相应的选项上打√。

| 在你们科...                             | 非常不同意<br>▼                 | 不同意<br>▼                   | 不确定<br>▼                   | 同意<br>▼                    | 非常同意<br>▼                  |
|-------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. 在本科室，大家互相支持 .....                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. 我们有足够的工作人员完成工作量.....             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. 当有很多工作需要迅速完成时，我们作为一个团队把工作完成..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| ...                                 |                            |                            |                            |                            |                            |
| 11. 在本院，交接班对病人来说存在问题                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |



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## APPENDIX E

### Certificate of Ethical Clearance (IRB)



#### Certificate of Approval

No. 002/2016

**Name of Ethics Committee :** Ethics Committee, Faculty of Nursing, Chiang Mai University  
**Address of Ethics Committee :** 110 Inthawaroros road., SriPhum, Chiang Mai 50200

**Principal Investigator :** Miss Ling Zhang  
Master of Nursing Science Program (International Program)  
Faculty of Nursing, Chiang Mai University

**Protocol title :** Perceived Leader-Member Exchange and Patient Safety Culture Among Nurses in Tertiary Hospitals, Kunming, the People's Republic of China

**STUDY CODE :** EXP – 004 – 2559

**Sponsor :** -

| Documents filed                                       | Document reference              |
|---|---------------------------------|
| Research protocol                                     | - Version date January 28, 2016 |
| Informed consent documents /Patient information sheet | - Version date January 28, 2016 |
| Case Record Form                                      | - Version date January 28, 2016 |
| Principal Investigator Curriculum vitae               | - Version date January 28, 2016 |

Opinion of the Ethics Committee/Institutional Review Board: Expedited Review

The Ethics Committee has reviewed the protocol and documents above and give the favorable opinion

**Date of Approval :** January 29, 2016    **Expiration Date :** January 28, 2017

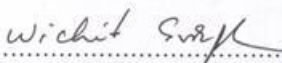
**Progress report is required to be submitted to the Ethics Committee for continuing review**

at 3 month interval

at 6 month interval


annually (in this case please submit at least 60 days prior to expiration date)

This Ethics Committee is organized and operates according to GCPs and relevant international ethical guidelines, the applicable laws and regulations.

Signed :  .....

(Professor Emerita Dr. Wichit Srisuphan)

Chairperson, Faculty of Nursing, Chiang Mai University

Signed :  .....

(Professor Dr. Wipada Kunaviktikul)

Dean, Faculty of Nursing, Chiang Mai University

**GENERAL CONDITION OF APPROVAL:**

- Prior Research Ethics Committee approval is required before implementing any changes in the consent documents or protocol unless those changes are required urgently for the safety of subjects.
- Any event or new information that may affect the benefit/risk ratio of the study must be reported to the REC promptly.
- Any protocol deviation/violation must be reported to the REC.

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## APPENDIX F

### Permission for Using LMX-MDM

From: Robert C. Liden <bobliden@uic.edu>  
Sent: October, 20, 2015  
To: Ling Zhang <lingzhang05@gmail.com>

Dear Ling,

You are most welcome to use our scale, and it is attached. In case it is helpful, I've also attached our Chinese translation, as we have used the scale in research conducted in China.

Best of luck with your research,

Bob

Robert C. Liden

Professor of Management

Associate Dean for CBA Ph.D. Programs; Coordinator of the OB/HR Doctoral Program

Department of Managerial Studies (M/C 243) Room 2232

University of Illinois at Chicago

601 S. Morgan Street

Chicago, IL 60607-7123



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## APPENDIX G

### Permission for Using HSOPSC

**From:** Databases On Safety Culture SafetyCultureSurveys@westat.com  
**To:** ling zhang <lingzhang05@gmail.com>  
**Sent:** Monday, October 19, 2015 12:40 PM  
**Subject:** request permission of questionnaire using

Dear Ling,

I realized I made a mistake in the previous permission letter. I said Chiang Mai University was in China. I corrected this permission letter to reflect that your university is in Thailand.

Thank you for the information. We in the Patient Safety Culture Surveys Support Group at Westat (SafetyCultureSurveys@westat.com) have been authorized to respond on behalf of the Agency for Healthcare Research and Quality by Ms. Randie Siegel, Associate Director, Office of Communications and Knowledge Transfer, Publishing and Electronic Dissemination. Our group, as the Safety Culture Surveys support contractor, handles the majority of permissions for these tools and their related documents in English, permissions to translate these documents, and maintains an electronic community for International users.

Based on your description of your project, AHRQ grants you permission to use the Hospital Survey on Patient Safety Culture in English, or translated into Chinese, for your graduate research at Chiang Mai University in Thailand. We understand that this research will be carried out at seven hospitals: The First Affiliated Hospital of Kunming Medical University, The Second Affiliated Hospital of Kunming Medical University, The Third Affiliated Hospital at Kunming Medical University, The Fourth Affiliated Hospital of Kunming Medical University, The Yan'an Hospital Affiliated to Kunming Medical University, The Third People's Hospital of Yunnan Province, and The First People's Hospital of Kunming. AHRQ requests that you note on the survey forms that the form is "reprinted/translated with permission from the Agency for Healthcare Research and Quality (an Agency of the United States Department of Health and



Human Services); Rockville, Maryland USA.” In any publication of the results of the survey, such as a thesis, internal report to the hospital, or professional journal article, please include a proper source citation.

The AHRQ Web site for the patient safety culture surveys is <http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/index.html>. The survey form and related materials can be found at this site. Be sure to read the Survey User’s Guide for the appropriate survey, especially the sections on modifying or translating the survey. For technical questions, please contact us. We can also put you in touch with other non-U.S. users of the survey (go to “International Users of the Surveys on Patient Safety Culture” for more information).

If you have questions about permissions issues, or if you are interested in permissions to use or translate other AHRQ tools or documents, please feel free to contact Ms. Siegel or David Lewin, Manager of Copyrights & Permissions, Office of Communications and Knowledge Transfer.

Sincerely,

**Jess Blackwood**

Westat

[SafetyCultureSurveys@westat.com](mailto:SafetyCultureSurveys@westat.com)

1-888-324-9749



ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่  
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## APPENDIX H

### Permission of Data Collection Letter

#### The Third People's Hospital of Yunnan Province

##### 科研资料收集同意书

尊敬的林惠仙主任:

您好!


我叫张玲,是工作于云南省第三人民医院的一名护士,目前就读于泰国清迈大学护理管理专业(硕士)。我正在做的硕士论文题目为“中国昆明三甲医院护士感知领导-成员交换关系和病人安全文化”。该研究项目需要从云南省第三人民医院护士群体中随机抽样 15 名护士,以发放问卷的形式,由护士自行填写后回收。该研究课题包括三部分问卷表:人口统计学问卷,领导与成员交换关系多维度量表和病人安全文化调查表。该研究结果将被用于测试问卷表的信度。填写问卷占用护士大概 20-30 分钟时间。该项研究课题不会对护士有任何危害。本研究遵循科学研究的伦理原则,以匿名的方式收集资料,研究结果将以整体的形式报告在论文中,并且研究结果仅用于本次研究,绝不作为其他任何用途,不会损害医院及护士的任何利益,也不会侵犯任何人的隐私权。

特此提出申请,恳请得到贵院护理部的许可和协助,如贵院同意,请您签字盖章



非常感谢您的许可和支持!



研究者: 

云南省第三人民医院

泰国清迈大学护理学院

2016 年 2 月 16 日

## The Third People's Hospital of Yunnan Province

### 科研资料收集同意书


尊敬的林惠仙主任:

您好!

我叫张玲,是工作于云南省第三人民医院的一名护士,目前就读于泰国清迈大学护理管理专业(硕士)。我正在做的硕士论文题目为“中国昆明三甲医院护士感知领导-成员交换关系和病人安全文化”。该研究项目需要在四所昆明三甲医院护士群体中抽样,以发放问卷的形式,由护士自行填写后回收。该研究课题包括三部分问卷表:人口统计学问卷,领导与成员交换关系多维度量表和病人安全文化调查表。需要护士利用其业余时间,在他(她)们自己觉得私人、舒适的环境中完成问卷填写。该问卷占用护士大概 20-30 分钟时间。该项研究课题不会对护士有任何危害。本研究遵循科学研究的伦理原则,以匿名的方式收集资料,研究结果将以整体的形式报告在论文中,并且研究结果仅用于本次研究,绝不作为其他任何用途,不会损害医院及护士的任何利益,也不会侵犯任何人的隐私权。通过该研究,期望能够提供护士领导-成员交换关系和病人安全文化的现状信息给医院及护理管理者,从而促进昆明三甲医院护理事业的发展。

该课题拟在贵院护士中收集资料,按照云南省第三人民医院的科室数占总研究科室数的比例,本研究需从云南省第三人民医院中随机抽取 20 个科室,再从每个科室中随机抽取 3 名护士共计样本 60 人。特此提出申请,恳请得到贵院护理部的许可和协助。如贵院同意,请您签字盖章。

非常感谢您的许可和支持!

研究者:   
云南省第三人民医院  
泰国清迈大学护理学院  
2016 年 2 月 12 日

## The First Affiliated Hospital of Kunming Medical University

### 科研资料收集申请书

尊敬的梁桂仙主任：

您好！

我叫张玲，是工作于云南省第三人民医院的一名护士，目前就读于泰国清迈大学护理管理专业（硕士）。我正在做的硕士论文题目为“中国昆明三甲医院护士感知领导-成员交换关系和病人安全文化”。该研究项目需要在四所昆明三甲医院 护士群体中抽样，以发放问卷的形式，由护士自行填写后回收。该研究课题包括三部分问卷表：人口统计学问卷，领导与成员交换关系多维度量表和病人安全文化调查表。需要护士利用其业余时间，在他（她）们自己觉得私人、舒适的环境中完成问卷填写。该问卷占用护士大概 20-30 分钟时间。该项研究课题不会对护士有任何危害。本研究遵循科学研究的伦理原则，以匿名的方式收集资料，研究结果将以整体的形式报告在论文中，并且研究结果仅用于本次研究，绝不作为其他任何用途，不会损害医院及护士的任何利益，也不会侵犯任何人的隐私权。通过该研究，期望能够提供护士领导-成员交换关系和病人安全文化的现状信息给医院及护理管理者，从而促进昆明三甲医院护理事业的发展。

该课题拟在贵院护士中收集资料，按照昆明医科大学第一附属医院的科室数占总研究科室数的比例，本研究需从昆明医科大学第一附属医院中随机抽取 32 个科室，再从每个科室中随机抽取 3 名有一年工作经验的护士（编内和编外均可）共计样本 96 人。特此提出申请，恳请得到贵院护理部的许可和协助。如贵院同意，请您签字盖章

\_\_\_\_\_。  
非常感谢您的许可和支持！

研究者：张玲

云南省第三人民医院

泰国清迈大学护理学院

2016 年 2 月 29 日

## The Second Affiliated Hospital of Kunming Medical University

### 科研资料收集申请书


尊敬的杨明莹主任：

您好！

我叫张玲，是工作于云南省第三人民医院的一名护士，目前就读于泰国清迈大学护理管理专业（硕士）。我正在做的硕士论文题目为“中国昆明三甲医院护士感知领导-成员交换关系和病人安全文化”。该研究项目需要在四所昆明三甲医院 护士群体中抽样，以发放问卷的形式，由护士自行填写后回收。该研究课题包括三部分问卷表：人口统计学问卷，领导与成员交换关系多维度量表和病人安全文化调查表。需要护士利用其业余时间，在他（她）们自己觉得私人、舒适的环境中完成问卷填写。该问卷占用护士大概 20-30 分钟时间。该项研究课题不会对护士有任何危害。本研究遵循科学研究的伦理原则，以匿名的方式收集资料，研究结果将以整体的形式报告在论文中，并且研究结果仅用于本次研究，绝不作为其他任何用途，不会损害医院及护士的任何利益，也不会侵犯任何人的隐私权。通过该研究，期望能够提供护士领导-成员交换关系和病人安全文化的现状信息给医院及护理管理者，从而促进昆明三甲医院护理事业的发展。

该课题拟在贵院护士中收集资料，按照昆明医科大学第二附属医院的科室数占总研究科室数的比例，本研究需从昆明医科大学第二附属医院中随机抽取 29 个科室，再从每个科室中随机抽取 3 名有一年工作经验的护士（编内和编外均可）共计样本 87 人。特此提出申请，恳请得到贵院护理部的许可和协助。如贵院同意，请您签字盖章

\_\_\_\_\_。  
非常感谢您的许可和支持！

研究者：

云南省第三人民医院

泰国清迈大学护理学院

2016 年 2 月 25 日

## The Forth Affiliated Hospital of Kunming Medical University

### 科研资料收集申请书

尊敬的车美华主任:

您好!

我叫张玲,是工作于云南省第三人民医院的一名护士,目前就读于泰国清迈大学护理管理专业(硕士)。我正在做的硕士论文题目为“中国昆明三甲医院护士感知领导-成员交换关系和病人安全文化”。该研究项目需要在四所昆明三甲医院护士群体中抽样,以发放问卷的形式,由护士自行填写后回收。该研究课题包括三部分问卷表:人口统计学问卷,领导与成员交换关系多维度量表和病人安全文化调查表。需要护士利用其业余时间,在他(她)们自己觉得私人、舒适的环境中完成问卷填写。该问卷占用护士大概20-30分钟时间。该项研究课题不会对护士有任何危害。本研究遵循科学研究的伦理原则,以匿名的方式收集资料,研究结果将以整体的形式报告在论文中,并且研究结果仅用于本次研究,绝不作为其他任何用途,不会损害医院及护士的任何利益,也不会侵犯任何人的隐私权。通过该研究,期望能够提供护士领导-成员交换关系和病人安全文化的现状信息给医院及护理管理者,从而促进昆明三甲医院护理事业的发展。

该课题拟在贵院护士中收集资料,按照昆明医科大学第四附属医院的科室数占总研究科室数的比例,本研究需从昆明医科大学第四附属医院中随机抽取24个科室,再从每个科室中随机抽取3名有一年工作经验的护士(编内和编外均可)共计样本72人。特此提出申请,恳请得到贵院护理部的许可和协助。如贵院同意,请您签字盖章

张玲

非常感谢您的许可和支持!



研究者:张玲

云南省第三人民医院

泰国清迈大学护理学院

2016年3月4日

## APPENDIX I

### Study Participant Information Sheet (English Version)

**Research Title:** Perceived Leader-Member Exchange and Patient Safety Culture in Tertiary hospitals, Kunming, the People's Republic of China

**Researcher:** Ling Zhang

**Contact Address:** The Third People's Hospital of Yunnan Province  
No. 292 Beijing Road, Kunming, China

**Telephone:** +86 18787118435

**Email:** zhangling9876@sina.com  
514232856@qq.com

Dear Participant:

I, Ling Zhang, Student ID 571235805, am a master student in the Department of Nursing Administration at the Faculty of Nursing, Chiang Mai University, and am conducting a study entitled "Perceived Leader-Member Exchange and Patient Safety Culture Among Nurses in Tertiary hospitals, Kunming, the People's Republic of China". This study will fulfill my thesis requirement for my degree. This study has the following objectives: 1) to examine leader-member exchange as perceived by nurses in tertiary hospitals, Kunming, the People's Republic of China, 2) to examine patient safety culture as perceived by nurses in tertiary hospitals, Kunming, the People's Republic of China, 3) to examine the relationship between leader-member exchange and patient safety culture among nurses in tertiary hospitals, Kunming, the People's Republic of China.

You are being invited to take part in this study because you have qualities and characteristics needed for this study. Please read this information sheet carefully to make sure that you understand this study and what you will be asked to do. If you have any questions regarding this study or if you wish to consult with someone regarding this study, you are most welcome to do so. Once you understand this study and if you agree to take part, you will be asked to sign this form or make your mark in front of study

staff and if necessary an impartial witness. We will offer you a copy of this form to keep.

This study is being conducted to gather the information necessary to identify your perception regarding leader-member exchange and patient safety culture among nurses. Additionally, study results will raise the awareness of leader-member exchange and patient safety culture in the four tertiary level hospitals, contribute to body of knowledge, and provide base line data for researches among nurses, and finally this information may be design and create future programs related to leader-member exchange and patient safety culture in the public health sector, the People's Republic of China.

This study is for register nurse aged 18 and older. The perception of three nurses from each ward will represent a ward level. There will be a total 105 wards including 315 participants in the study. We plan to enroll 32 wards including 96 participants from the First Affiliated Hospital of Kunming Medical University, 29 wards including 87 participants from the Second Affiliated Hospital of Kunming Medical University, 24 wards including 72 participants from the Forth Affiliated Hospital of Kunming Medical University and 20 wards including 60 participants from the Third People's Hospital of Yunnan province.

If you agree to take part in the study and if you are found to be eligible for the study, then you may begin today. You will be asked to complete three questionnaires including a demographic data form, the Multidimensional Leader-member Exchange Scale, and the Hospital Survey on Patient Safety Culture which will take about 30 minutes to complete. Although we hope that you will be comfortable answering all of the questions openly and honestly, please remember that you may refuse to answer any of the questions, or stop taking part in the study completely, at any time. Please return the questionnaires within the next two weeks. Please separate questionnaires and consent form and place it in one box kept in your department for collecting nurses' questionnaires. In this study, participation or answering the questionnaire has no risk involved and there will be no complications incurred on the subject during the research process.



This study is part of a thesis requirement for my degree. There may be no direct benefit to you from this study. However, the knowledge gained from this study may be helpful to increase the awareness of leader-member exchange and patient safety culture among nurses and finally may influence strategic planning of enhancing patient safety culture in the public health sector by improving leader-member exchange of nurses.

Any publication of this study will not use your name or identify you personally. However, your records may be reviewed by the Chiang Mai University Faculty of Nursing Research Ethics Committee, and study staff. Your personal information may also be disclosed if required by law. There is no cost to you for taking part in this study. You will not receive payment for taking part in this study. Taking part in this study is complete up to you. You have the right to take part in the study if you choose to, or to refuse to take part at all. If you agree to take part in the study, you have the right to withdraw from the study at any time. If you decide to leave the study, your rights will not be affected in anyway as a nurse, such as opportunity for professional training or professional title promotion. You have the legal right to access your personal information collected by the study. Should you wish to access this information, please let me know and you will be provided the information according to the rules and regulations set by Chiang Mai University. Other study rights and privileges as mandated by Chiang Mai University rules and regulations.

If you have any questions or problems about this study or would like to get any additional information to help you make a decision to participate in this study, kindly contact Ling Zhang, Principal Investigator on cell phone +86 187-8711-8435 (24 hours access) or by email: zhangling9876@sina.com; and 51423856@qq.com or you can contact with my Thesis Advisor, Assistant Professor Dr. Petsunee Thungjaroenkul, Faculty of Nursing, Chiang Mai University, Thailand on +66 0-5322-5425 (Office hours). If you would like information related to your rights as a study participant, you can contact: Research Ethics Committee Chiang Mai University Faculty of Nursing Tel: (Office Hours) 0-5393-6080 and Fax: 0-5389-4170.

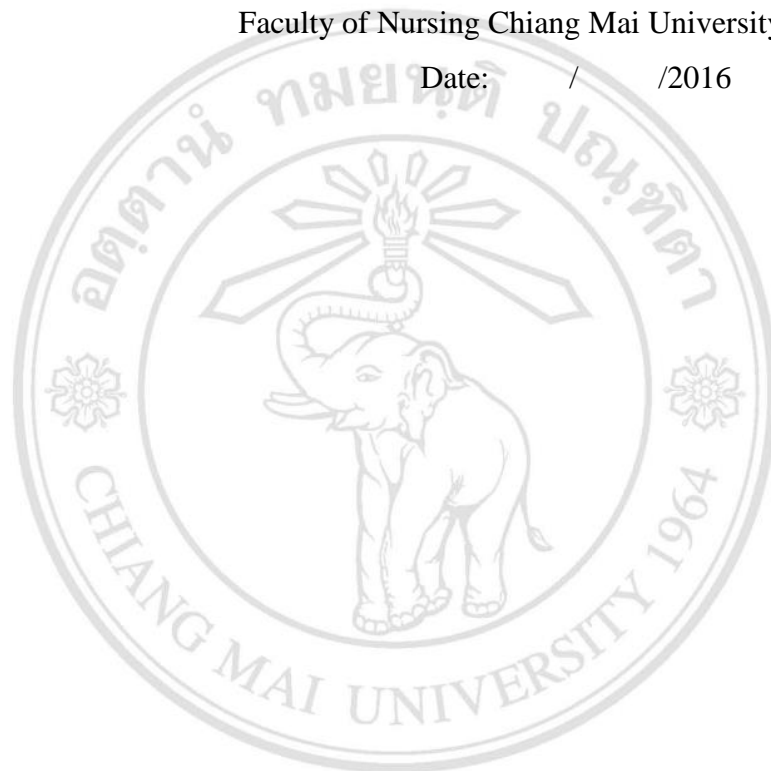
Thank you for your consideration in becoming a participant in this study. I am looking forward to speaking with you and thanks in advance for your willingness to participate in this study.

Yours Sincerely

Zhang Ling

Faculty of Nursing Chiang Mai University, Thailand

Date:        /        /2016



ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่  
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### Study Participant Informed Consent (English Version)

I, \_\_\_\_\_, voluntarily consent to taking part in the research study entitled “Perceived Leader-Member exchange and Patient Safety Culture Among Nurses in Tertiary Hospitals, Kunming, the People’s Republic of China”.

Prior to signing this informed consent, I have read (or had read to me) the information sheet for participants during the study and have received a detailed explanation of the objectives, risks and benefits of the study. I understand the information thoroughly. I was given the chance to ask questions and study staff answered all questions to my satisfaction. I have taken enough time to understand the information on the study participant information sheet and was given enough time to decide whether I want to take part in this study.

I have the right to withdraw from the study at any time and I am taking part voluntarily. If I decide to leave the study, my rights to medical or other services will not be affected.

I sign this Informed Consent voluntarily to show my intent to take part in this study and understand that I will be offered a copy of this consent to keep. By signing this document I am not giving up any of my legal rights.

Participant’s Signature .....  
Printed Name.....  
Date...../...../.....  
Day/Month/Year

Researcher Signature .....  
Printed Name .....  
Date...../...../.....  
Day/Month/Year

## APPENDIX J

### Information Sheet for Research Participants (Chinese Version)

#### 研究参与者信息表

研究课题：中国昆明市三甲医院护士感知的领导-成员交换关系和病人安全文化

研究者：张玲

通讯地址：云南省第三人民医院 妇科 650011

电话号码：187-8711-8435

电子邮箱：zhangling9876@sina.com

尊敬的本研究参与者：

我叫张玲，是云南省第三人民医院的一名护士，现就读于泰国清迈大学护理学院护理管理专业（研究生），目前我正在进行毕业论文研究，课题名为“中国昆明市三甲医院护士感知的领导-成员交换关系和病人安全文化及其相互关系”。这个研究课题有以下目的：1) 研究中国昆明市三甲医院护士感知的领导-成员交换关系，2) 研究中国昆明市三甲医院护士感知的病人安全文化，3) 研究中国昆明市三甲医院护士感知领导-成员交换关系和病人安全文化的关系。您被邀请参加此项研究课题，您的参与对此项课题非常重要。为了便于您了解此项课题研究，请您认真阅读研究参与者信息表。如果您有任何疑问，非常欢迎您与我联系。

这个研究课题的参与人群是年满 18 周岁及以上的护士并在现工作科室有至少一年及以上的工作经验。将从昆明医学院第一附属医院抽取 96 名护士，昆明医学院第二附属医院抽取 87 名护士，昆明医学院第四附属医院抽取 72 名护士和云南省第三人民医院抽取 60 名护士作为此课题的研究对象。

#### 研究过程：

如果您同意参与，研究将从今天开始。您需要帮助我完成三部分问卷的填写，包括人口学特征问卷，多维度领导-成员交换关系问卷和病人安全文化问卷，这将会花费你大约 30 分钟时间。请您在方便的时间完成量表。参与这项课题不会对您有任何的危险。

**研究课题的益处:**

这个研究课题是我取得学位的论文要求，对于您可能没有直接的好处。但是我们希望通过这项研究能够提供领导-成员交换关系和病人安全文化的现状信息给医院及护理管理者，增加护士们对于领导-成员交换关系和病人安全文化的意识并且能通过改善领导-成员交换关系来推进病人安全文化发展。

**资料保密性:**

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非常感谢您的关注、理解和支持！

张 玲

清迈大学护理学院

2016 年 月

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## Inform Consent of Nurses (Chinese Version)

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我明白该项研究的目的是探究中国昆明市三甲医院护士感知的领导-成员交换关系和病人安全文化及其相互关系。

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研究者签名\_\_\_\_\_

2016 年\_\_月\_\_日

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