irrucca Theieview Sample Staff Outcomes Aligned to Them	Author/Source	Measure of the Effect	Meta or Narrative	Explanation for the Effect (Intervention Features)
eadership Support for Safety				**Perception**
Perceptions of Management (SAQ)	Abstoss, 2011	% positive response, p value	Meta	not attribute changes to any specific features of the intervention
	Basson	% positive response, p value		Could not attribute changes to any specific features of the intervention
	Berry	% positive response, p value		eamwork climate. Separately, they also observed that serious safety events have often occurred in units
	Yuce	% positive response, p value		collaborative meetings with achievement recognition, and QI coaching and mentoring. These tools wer
	Blegen	change in mean average of likert scale, p value		Could not attribute changes to any specific features of the intervention
	Dickens, 2020	change in mean average of likert scale, p value		ervention did not have an effect, with the excpetion of a small change to organisatonal culture (unexpl
	Frankel, 2008	% positive response, p value		ecifically dealt with discussing local patient safety concerns. In particular, improvement in the safety cl
	Habahbeh, 2020	change in mean average of likert scale, p value		Did not attribute the effects to specific features of the intervention
	Kristensen, 2016	Both mean scale (0-100) and % positive response		Did not attribute the effects to specific features of the intervention
	Milton	% positive response, p value		Could not attribute changes to any specific features of the intervention.
	Paine, 2010	% positive response, p value		First, CUSP provides enough structure to establish a system of safety and enough flexibility to encourag
	Patterson, 2012	mean scale (0-100)		g the initial period of this project was unexpected. We believed that changing the culture in a large urb
	Sexton, 2011	% positive response, p value		know the relative importance of each step of CUSP, or the extent to which ICUs fully implemented tho
	Tetuan, 2017	change in mean average of likert scale, p value		to patient safety, shared learning, involvement of leadership, and interdisciplinary collaboration have r
	Timmel, 2010	% positive response, p value		ss of rounds and nurse access to the physician. In addition, creating interdisciplinary rounds established
	Vigorito,	% positive response, p value		d not. Similarly, CLABSI and VAP rates showed more improvement on units with an SAQAP, but not at th
	Watts, 2010	mean scale (0-100)		domains, we believe that interpretation of improvement in a specific domain must be done with caution
Manager Expectations and Actions Promoting Patient Safe	AbuAlRub, 2014	% positive response, p value		Did not attribute the effects to specific features of the intervention
	Amiri, 2018	change in mean average of likert scale, p value		Attributes lack of effect to lack of involvement of higher level management.
	Basson	% positive response, p value		rganised in such a way as not to inhibit discussion among other staff members. 2) What also worked we
	Chera	% positive response, p value		ough reduced workload; and that multiple components of interventions are important; and that physici
	Edwards, 2008	change in mean average of likert scale, p value		dimensions related to nonpunitive response to error, communicating and creating an open environmen
	Hefner, 2016	% positive response, p value		atient safety culture may be more highly influenced by CRM training than supervisor and management c
	Jones, F.	% positive response, p value		t the hypothesis that the perceptions of the culture of safety would improve after training. This finding
	Jones, K.	% positive response, p value		t the direction and magnitude of these changes varies by adopter category. In particular, individual resp
	Kousmanen	% positive response, p value		arn from each experience so that similar situations can be avoided in the future. The observed improve
	Ling	% positive response, p value		the intervention or if the intervention guarded against the worst effects of the deterioration. Whether i
	Lopez-Jeng	% positive response, p value		
	Lozito	% positive response, p value		porting system and creating a culture that encourages leaders to view problems as opportunities for im
	Mazur	% positive response, p value		e and effect cannot be established, the implementation timing of the initiatives does suggest at least so
	Razzani	mean scale (0-100)		ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relate
	Slater, 2012	n/a		No change or effect was witnessed.
Management Support for Patient Safety (HSOPS,	AbuAlRub, 2014	% positive response, p value		Did not attribute the effects to specific features of the intervention
	Amiri, 2018	change in mean average of likert scale, p value		Attributes lack of effect to lack of involvement of higher level management.
	Edwards, 2008	change in mean average of likert scale, p value		dimensions related to nonpunitive response to error, communicating and creating an open environmen
	Kousmanen	% positive response, p value		tions regarding patient safety" as it includes near-miss situations. Reporting these errors helps staff ide
	Hefner, 2016	% positive response, p value		atient safety culture may be more highly influenced by CRM training than supervisor and management c
	Jones, F.	% positive response, p value		t the hypothesis that the perceptions of the culture of safety would improve after training. This finding
	Jones, K.	% positive response, p value		t the direction and magnitude of these changes varies by adopter category. In particular, individual resp
	Ling	% positive response, p value		the intervention or if the intervention guarded against the worst effects of the deterioration. Whether i
	Lopez-Jeng	% positive response, p value		roughout the project from inception to conclusion positively affected the composite score improvemer
	Mazur	% positive response, p value		e and effect cannot be established, the implementation timing of the initiatives does suggest at least so
	Razzani	mean scale (0-100)		ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relate
Management safety priority				
Management safety empowerment				
Management safety justice				
Workers' safety committment				
Workers' safety priority and risk non-acceptance				
Safety communication, learning, and trust in co-workers competence				
Trust in the efficacy of safety systems				
Leadership Improvement (SCLS)	Ginsburg, 2005			or improvement was found to explain significant amounts of variance in all three patient safety culture measures; workshop attendance explained signific
eptions of Safety				
Safety Climate (SAQ)	Abstoss, 2011	% positive response, p value	Meta	not attribute changes to any specific features of the intervention
	Hinde, 2016	mean scale (0-100)		Did not attribute the effects to specific features of the intervention
	Frankel, 2008	% positive response, p value		ecifically dealt with discussing local patient safety concerns. In particular, improvement in the safety cl
	Kristensen, 2016	Both mean scale (0-100) and % positive response		Did not attribute the effects to specific features of the intervention
	Milton	% positive response, p value		Could not attribute changes to any specific features of the intervention.
	Paine, 2010	% positive response, p value		First, CUSP provides enough structure to establish a system of safety and enough flexibility to encourag
	Patterson, 2012	mean scale (0-100)		g the initial period of this project was unexpected. We believed that changing the culture in a large urb
	Profit, 2014	% positive response, p value		frequencies, formats, durations and even overall objectives for using WR. Using the WR feedback meth
	Sexton, 2011	% positive response, p value		know the relative importance of each step of CUSP, or the extent to which ICUs fully implemented tho
	Tetuan, 2017	change in mean average of likert scale, p value		to patient safety, shared learning, involvement of leadership, and interdisciplinary collaboration have r
	Timmel, 2010	% positive response, p value		ss of rounds and nurse access to the physician. In addition, creating interdisciplinary rounds established
	Vigorito,	% positive response, p value		d not. Similarly, CLABSI and VAP rates showed more improvement on units with an SAQAP, but not at th
	Watts, 2010	mean scale (0-100)		domains, we believe that interpretation of improvement in a specific domain must be done with caution
Overall Perception of Patient Safety (HSOPS)	AbuAlRub, 2014	% positive response, p value		Did not attribute the effects to specific features of the intervention
	Amiri, 2018	change in mean average of likert scale, p value		Attributes lack of effect to lack of involvement of higher level management.
	Edwards, 2008	change in mean average of likert scale, p value		dimensions related to nonpunitive response to error, communicating and creating an open environmen
	Hefner, 2016	% positive response, p value		atient safety culture may be more highly influenced by CRM training than supervisor and management c
	Kousmanen	% positive response, p value		Did not attribute the effects to specific features of the intervention
	Jones, F.	% positive response, p value		t the hypothesis that the perceptions of the culture of safety would improve after training. This finding
	Jones, K.	% positive response, p value		t the direction and magnitude of these changes varies by adopter category. In particular, individual resp
	Ling	% positive response, p value		the intervention or if the intervention guarded against the worst effects of the deterioration. Whether i
	Mazur	% positive response, p value		e and effect cannot be established, the implementation timing of the initiatives does suggest at least so
	Profit, 2014	% positive response, p value		frequencies, formats, durations and even overall objectives for using WR. Using the WR feedback meth
	Razzani	mean scale (0-100)		ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relate
	Slater, 2012	n/a		No change or effect was witnessed.
a culture of safety happens over time, requires repeated reinforcement, and is the result of many factors, including leadership support, positive safety tools, and staff engagement, in addition to CRM training. Many of the safety issuesaddressed in the questionnaire result from the intersection of these multiple factors. Creati	*Safety Climate (SCS)*	King, 2017		
Perceived State of Safety (SCLS)	Ginsburg, 2005	change in mean average of likert scale, p value		ong those who participated in an intervention workshop suggesting that although these kinds of worksh
Safety Awareness (SCC)	Benn, 2011	change in mean average of likert scale, p value		Program implementation factors explained the greatest amount of the variance.
Safety Awareness (awareness of risks)	De Korne, 2014			double loop learning. Our positive findings on the use of video feedback are in line with earlier studies that showed that its use stimulates discussion an
Safety Attitude	Dickens, 2020	change in mean average of likert scale, p value		ervention did not have an effect, with the excpetion of a small change to organisatonal culture (unexpl
rk and Collaboration				
Teamwork (SCC)	Benn, 2011	change in mean average of likert scale, p value		Program implementation factors explained the greatest amount of the variance.
Teamwork Climate (SAQ)	Abstoss, 2011	% positive response, p value	Meta	not attribute changes to any specific features of the intervention
	Dickens, 2020	change in mean average of likert scale, p value		
	Frankel, 2008	% positive response, p value		ecifically dealt with discussing local patient safety concerns. In particular, improvement in the safety cl
	Gupta, 2014	% positive response, p value		empowered to speak freely on behalf of their units. Open communication and mutual respect was pres
	Habahbeh, 2020	change in mean average of likert scale, p value		Did not attribute the effects to specific features of the intervention
	Hinde, 2016	mean scale (0-100)		Did not attribute the effects to specific features of the intervention
	Kristensen, 2016	Both mean scale (0-100) and % positive response		It seems likely that teamwork climate was directly influenced by the leadership intervention.
	Milton	% positive response, p value		Could not attribute changes to any specific features of the intervention.
	Paine, 2010	% positive response, p value		First, CUSP provides enough structure to establish a system of safety and enough flexibility to encourag
	Patterson, 2012	mean scale (0-100)		g the initial period of this project was unexpected. We believed that changing the culture in a large urb
	Profit, 2014	% positive response, p value		frequencies, formats, durations and even overall objectives for using WR. Using the WR feedback meth
	Pronovost, 2011	n/a		ence supporting system redesign), execution (provide the materials and resources to redesign work and
	Sexton, 2011	% positive response, p value		know the relative importance of each step of CUSP, or the extent to which ICUs fully implemented tho
	Tetuan, 2017	change in mean average of likert scale, p value		to patient safety, shared learning, involvement of leadership, and interdisciplinary collaboration have r
	Timmel, 2010	% positive response, p value		ss of rounds and nurse access to the physician. In addition, creating interdisciplinary rounds established
	Watts, 2010	mean scale (0-100)		domains, we believe that interpretation of improvement in a specific domain must be done with caution
	Vigorito,	% positive response, p value		d not. Similarly, CLABSI and VAP rates showed more improvement on units with an SAQAP, but not at th
Teamwork with Units (HSOPS)	AbuAlRub, 2014	% positive response, p value		Did not attribute the effects to specific features of the intervention
	Amiri, 2018	change in mean average of likert scale, p value		uld suggest a similar empowerment program to improve teamwork within units and handoff and transi
	Edwards, 2008	change in mean average of likert scale, p value		dimensions related to nonpunitive response to error, communicating and creating an open environmen
	Hefner, 2016	% positive response, p value		atient safety culture may be more highly influenced by CRM training than supervisor and management c

	Kousmanen	% positive response, p value	Did not attribute the effects to specific features of the intervention
	Jones, F.	% positive response, p value	t the hypothesis that the perceptions of the culture of safety would improve after training. This finding
	Jones, K.	% positive response, p value	t the direction and magnitude of these changes varies by adopter category. In particular, individual resp
	Ling	% positive response, p value	the intervention or if the intervention guarded against the worst effects of the deterioration. Whether i
	Mazur	% positive response, p value	e and effect cannot be established, the implementation timing of the initiatives does suggest at least so
	Profit, 2014	% positive response, p value	frequencies, formats, durations and even overall objectives for using WR. Using the WR feedback meth
	Razzani	mean scale (0-100)	ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relate
	Slater, 2012	n/a	No change or effect was witnessed.
Teamwork across Units (HSOPS)	AbuAlRub, 2014	% positive response, p value	Did not attribute the effects to specific features of the intervention
	Amiri, 2018	change in mean average of likert scale, p value	No. Had expected supervisor involvement in the intervention to affect this, but there was no effect.
	Edwards, 2008	change in mean average of likert scale, p value	dimensions related to nonpunitive response to error, communicating and creating an open environmen
	Hefner, 2016	% positive response, p value	atient safety culture may be more highly influenced by CRM training than supervisor and management c
	Kousmanen	% positive response, p value	Did not attribute the effects to specific features of the intervention
	Jones, F.	% positive response, p value	t the hypothesis that the perceptions of the culture of safety would improve after training. This finding
	Jones, K.	% positive response, p value	t the direction and magnitude of these changes varies by adopter category. In particular, individual resp
	Ling	% positive response, p value	the intervention or if the intervention guarded against the worst effects of the deterioration. Whether i
	Lopez-Jeng	% positive response, p value	ystem during both the safety culture surveys and the educational sessions, which improved the percept
	Mazur	% positive response, p value	e and effect cannot be established, the implementation timing of the initiatives does suggest at least so
	Razzani	mean scale (0-100)	ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relate
	Slater, 2012	n/a	No change or effect was witnessed.
Handoffs and Transitions (HSOPS)	AbuAlRub, 2014	% positive response, p value	Did not attribute the effects to specific features of the intervention
	Amiri, 2018	change in mean average of likert scale, p value	Attributes lack of effect to lack of involvement of higher level management.
	Edwards, 2008	change in mean average of likert scale, p value	dimensions related to nonpunitive response to error, communicating and creating an open environmen
	Hefner, 2016	% positive response, p value	atient safety culture may be more highly influenced by CRM training than supervisor and management c
	Kousmanen	% positive response, p value	Did not attribute the effects to specific features of the intervention
	Jones, F.	% positive response, p value	t the hypothesis that the perceptions of the culture of safety would improve after training. This finding
	Jones, K.	% positive response, p value	t the direction and magnitude of these changes varies by adopter category. In particular, individual resp
	Ling	% positive response, p value	the intervention or if the intervention guarded against the worst effects of the deterioration. Whether i
	Lopez-Jeng	% positive response, p value	ystem during both the safety culture surveys and the educational sessions, which improved the percept
	Mazur	% positive response, p value	e and effect cannot be established, the implementation timing of the initiatives does suggest at least so
	Razzani	mean scale (0-100)	ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relate
	Slater, 2012	n/a	No change or effect was witnessed.
Teamwork and Units (SCC)	Ku, 2017	% positive response, p value	a culture of safety happens over time, requires repeated reinforcement, and is the result of many factors, including leadership support, positive safety tools, and staff engagement, in addition to CRM training. Many of the safety issuesaddressed in the questionnaire result from the intersection of these multiple factors. Creati
Teamwork (CAS)	Rezsel, 2019	change in mean average of likert scale, p value	res of other published work that are considered important: examples of key elements of these other init
Teamwork	Slater, 2012	Qualitative Content Analysis	ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relate
Interdisciplinary teamwork	Zhu, 2020	change in mean average of likert scale, p value	atures are highlighted as directly influencing the staff outcomes. They do mention that face to face com
Interprofessional team experience	Reszel, 2019	content analysis of interview data	dence, program implementation. Participants did not attribute these developments to elements of the i
Team Orientation	De Korne, 2014	double loop learning. Our positive findings on the use of video feedback are in line with earlier studies that showed that its use stimulates discussion an	
afety Systems			
Systems Thinking Scale (7 dimensions)	Tetuan, 2017	change in mean average of likert scale, p value	to patient safety, shared learning, involvement of leadership, and interdisciplinary collaboration have r
tisation of Safety			
Commitment to Safe Practice (SCC)	Benn, 2011	change in mean average of likert scale, p value	Program implementation factors explained the greatest amount of the variance.
Safety behaviour	Dickens, 2020	change in mean average of likert scale, p value	ervention did not have an effect, with the excpetion of a small change to organisatonal culture (unexpla
Valuing Safety (SCLS)	Ginsburg, 2005	change in mean average of likert scale, p value	icipation explained additional variance over and above the variables just described only for the valuing s
Patient safety is everyone's priority (CAS)	Reszel, 2019	change in mean average of likert scale, p value	res of other published work that are considered important: examples of key elements of these other init
:es and Constraints			
Working Conditions (SAQ)	Abstoss, 2011	% positive response, p value	Meta not attribute changes to any specific features of the intervention
	Dickens, 2020	change in mean average of likert scale, p value	ervention did not have an effect, with the excpetion of a small change to organisatonal culture (unexpla
	Frankel, 2008	% positive response, p value	ecifically dealt with discussing local patient safety concerns. In particular, improvement in the safety cl
	Habahbeh, 2020	change in mean average of likert scale, p value	Did not attribute the effects to specific features of the intervention
	Kristensen, 2016	Both mean scale (0-100) and % positive response	Did not attribute the effects to specific features of the intervention
	Milton	% positive response, p value	Could not attribute changes to any specific features of the intervention.
	Paine, 2010	% positive response, p value	First, CUSP provides enough structure to establish a system of safety and enough flexibility to encourag
	Patterson, 2012	mean scale (0-100)	g the initial period of this project was unexpected. We believed that changing the culture in a large urb
	Sexton, 2011	% positive response, p value	know the relative importance of each step of CUSP, or the extent to which ICUs fully implemented tho
	Tetuan, 2017	change in mean average of likert scale, p value	to patient safety, shared learning, involvement of leadership, and interdisciplinary collaboration have r
	Timmel, 2010	% positive response, p value	ss of rounds and nurse access to the physician. In addition, creating interdisciplinary rounds established
	Watts, 2010	mean scale (0-100)	domains, we believe that interpretation of improvement in a specific domain must be done with caution
	Vigorito,	% positive response, p value	d not. Similarly, CLABSI and VAP rates showed more improvement on units with an SAQAP, but not at th
Staffing (HSOPS)	AbuAlRub, 2014	% positive response, p value	Did not attribute the effects to specific features of the intervention
	Amiri, 2018	change in mean average of likert scale, p value	Attributes lack of effect to lack of involvement of higher level management.
	Edwards, 2008	change in mean average of likert scale, p value	dimensions related to nonpunitive response to error, communicating and creating an open environmen
	Hefner, 2016	% positive response, p value	atient safety culture may be more highly influenced by CRM training than supervisor and management c
	Kousmanen	% positive response, p value	Did not attribute the effects to specific features of the intervention
	Jones, F.	% positive response, p value	t the hypothesis that the perceptions of the culture of safety would improve after training. This finding
	Jones, K.	% positive response, p value	t the direction and magnitude of these changes varies by adopter category. In particular, individual resp
	Ling	% positive response, p value	the intervention or if the intervention guarded against the worst effects of the deterioration. Whether i
	Mazur	% positive response, p value	e and effect cannot be established, the implementation timing of the initiatives does suggest at least so
	Razzani	mean scale (0-100)	ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relate
	Slater, 2012	n/a	No change or effect was witnessed.
f CUSP in 2008. In a literature review, MacDavitt and colleagues found that perceived staffing levels, collaboration, communication influenced nurse turnover, and perceived support from the supervisor influenced job satisfaction. The improvements that we observed in teamwork climate, working conditions, perception	Thomas, 2013	Unclear	
ng and Just Culture	Milton	% positive response, p value	Could not attribute changes to any specific features of the intervention.
Frequency of Events Reported (HSOPS)	AbuAlRub, 2014	% positive response, p value	Did not attribute the effects to specific features of the intervention
	Amiri, 2018	change in mean average of likert scale, p value	Attributes lack of effect to lack of involvement of higher level management.
	Basson		
	Edwards, 2008	change in mean average of likert scale, p value	dimensions related to nonpunitive response to error, communicating and creating an open environmen
	Hefner, 2016	% positive response, p value	atient safety culture may be more highly influenced by CRM training than supervisor and management c
	Kousmanen	% positive response, p value	e atmo- sphere (El-Jardali et al., 2011). In fact, we believe that results regarding the "Nonpunitive respo
	Jones, F.	% positive response, p value	t the hypothesis that the perceptions of the culture of safety would improve after training. This finding
	Jones, K.	% positive response, p value	t the direction and magnitude of these changes varies by adopter category. In particular, individual resp
	Ling	% positive response, p value	the intervention or if the intervention guarded against the worst effects of the deterioration. Whether i
	Mazur	% positive response, p value	e and effect cannot be established, the implementation timing of the initiatives does suggest at least so
	Razzani	mean scale (0-100)	ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relate
	Slater, 2012	n/a	No change or effect was witnessed.
Non-Punitive Response to Error (HSOPS)	AbuAlRub, 2014	% positive response, p value	Did not attribute the effects to specific features of the intervention
	Amiri, 2018	change in mean average of likert scale, p value	nt program was not sufficient to improve three important dimensions: staffing, error reporting, and no
	Basson		
	Blegen		
	Edwards, 2008	change in mean average of likert scale, p value	dimensions related to nonpunitive response to error, communicating and creating an open environmen
	Hefner, 2016	% positive response, p value	atient safety culture may be more highly influenced by CRM training than supervisor and management c
	Kousmanen	% positive response, p value	e atmo- sphere (El-Jardali et al., 2011). In fact, we believe that results regarding the "Nonpunitive respo
	Jones, F.	% positive response, p value	t the hypothesis that the perceptions of the culture of safety would improve after training. This finding
	Jones, K.	% positive response, p value	t the direction and magnitude of these changes varies by adopter category. In particular, individual resp
	Ling	% positive response, p value	the intervention or if the intervention guarded against the worst effects of the deterioration. Whether i
	Mazur	% positive response, p value	e and effect cannot be established, the implementation timing of the initiatives does suggest at least so
	Razzani	mean scale (0-100)	ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relate
	Slater, 2012	n/a	No change or effect was witnessed.
Fear of Negative Repercussions (SCLS)	Ginsburg, 2005	change in mean average of likert scale, p value	repercussions culture variable suggesting that, together, leadership for improvement and training work
Reporting of near misses	De Korne, 2014	double loop learning. Our positive findings on the use of video feedback are in line with earlier studies that showed that its use stimulates discussion an	
Information Processes (SCC)	Benn, 2011	change in mean average of likert scale, p value	Program implementation factors explained the greatest amount of the variance.
Feedback and Communication about Error (HSOP:	AbuAlRub, 2014	% positive response, p value	Did not attribute the effects to specific features of the intervention
	Amiri, 2018	change in mean average of likert scale, p value	Was the strongest domain in the results but was not discussed in relation to the intervention
	Basson		
	Blegen		
	Edwards, 2008	change in mean average of likert scale, p value	dimensions related to nonpunitive response to error, communicating and creating an open environmen
	Hefner, 2016	% positive response, p value	atient safety culture may be more highly influenced by CRM training than supervisor and management c
	Kousmanen	% positive response, p value	arn from each experience so that similar situations can be avoided in the future. The observed improve

		Jones, F.	% positive response, p value	t the hypothesis that the perceptions of the culture of safety would improve after training. This finding
		Jones, K.	% positive response, p value	t the direction and magnitude of these changes varies by adopter category. In particular, individual resp
		Ling	% positive response, p value	the intervention or if the intervention guarded against the worst effects of the deterioration. Whether i
		Mazur	% positive response, p value	e and effect cannot be established, the implementation timing of the initiatives does suggest at least so
		Profit, 2014	% positive response, p value	frequencies, formats, durations and even overall objectives for using WR. Using the WR feedback meth
		Razzani	mean scale (0-100)	ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relatec
		Slater, 2012	n/a	No change or effect was witnessed.
Openness				
	Communication Openness (HSOPS)	AbuAlRub, 2014	% positive response, p value	Did not attribute the effects to specific features of the intervention
		Amiri, 2018	change in mean average of likert scale, p value	Improved after the intervention. Training in speaking up may have contributed to this.
		Edwards, 2008	change in mean average of likert scale, p value	dimensions related to nonpunitive response to error, communicating and creating an open environmen
		Hefner, 2016	% positive response, p value	atient safety culture may be more highly influenced by CRM training than supervisor and management c
		Kousmanen	% positive response, p value	Did not attribute the effects to specific features of the intervention
		Jones, F.	% positive response, p value	t the hypothesis that the perceptions of the culture of safety would improve after training. This finding
		Jones, K.	% positive response, p value	t the direction and magnitude of these changes varies by adopter category. In particular, individual resp
		Ling	% positive response, p value	the intervention or if the intervention guarded against the worst effects of the deterioration. Whether i
		Mazur	% positive response, p value	e and effect cannot be established, the implementation timing of the initiatives does suggest at least so
		Profit, 2014	% positive response, p value	frequencies, formats, durations and even overall objectives for using WR. Using the WR feedback meth
		Razzani	mean scale (0-100)	ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relatec
		Slater, 2012	n/a	They only dimension in Slater et al to experience a change.
	Open Communication (CAS)	Rezsel, 2019	change in mean average of likert scale, p value	res of other published work that are considered important: examples of key elements of these other init
	Quality of Communication	Zhu, 2020	change in mean average of likert scale, p value	atures are highlighted as directly influencing the staff outcomes. They do mention that face to face com
	Communication (SCC)	Benn, 2011	change in mean average of likert scale, p value	Program implementation factors explained the greatest amount of the variance.
	Multi-professional Communication	Slater, 2012	Qualitative Content Analysis	ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relatec
g and Improvement				
	Organisational Learning / Continuous Improvement (H	AbuAlRub, 2014	% positive response, p value	Did not attribute the effects to specific features of the intervention
		Amiri, 2018	change in mean average of likert scale, p value	Was the strongest domain in the results but was not discussed in relation to the intervention
		Basson		
		Blegen		
		Edwards, 2008	change in mean average of likert scale, p value	dimensions related to nonpunitive response to error, communicating and creating an open environmen
		Hefner, 2016	% positive response, p value	atient safety culture may be more highly influenced by CRM training than supervisor and management c
		Jones, F.	% positive response, p value	t the hypothesis that the perceptions of the culture of safety would improve after training. This finding
		Jones, K.	% positive response, p value	t the direction and magnitude of these changes varies by adopter category. In particular, individual resp
		Ling	% positive response, p value	the intervention or if the intervention guarded against the worst effects of the deterioration. Whether i
		Mazur	% positive response, p value	e and effect cannot be established, the implementation timing of the initiatives does suggest at least so
		Razzani	mean scale (0-100)	ngs of the present study, Valenti et al. (2014) asserted in their study that patient safety culture is relatec
		Slater, 2012	n/a	No change or effect was witnessed.
	Learning (CAS)	Rezsel, 2019	change in mean average of likert scale, p value	res of other published work that are considered important: examples of key elements of these other init
	Organisational Learning and Improvement Processes	Benn, 2011	change in mean average of likert scale, p value	Program implementation factors explained the greatest amount of the variance.
	Organisational Culture Assessment	Dickens, 2020	change in mean average of likert scale, p value	ervention did not have an effect, with the excpetion of a small change to organisatonal culture (unexpla
ss of Human Limits				
	Stress Recognition (SAQ)	Abstoss, 2011	% positive response, p value	Meta not attribute changes to any specific features of the intervention
		Dickens, 2020	change in mean average of likert scale, p value	ervention did not have an effect, with the excpetion of a small change to organisatonal culture (unexpla
		Frankel, 2008	% positive response, p value	ecifically dealt with discussing local patient safety concerns. In particular, improvement in the safety cl
		Hababheh, 2020	change in mean average of likert scale, p value	Did not attribute the effects to specific features of the intervention
		Kristensen, 2016	Both mean scale (0-100) and % positive response	ed exercises, which may have made them more realistic or critical in their assessment of the PSC, possib
		Milton	% positive response, p value	Could not attribute changes to any specific features of the intervention.
		Paine, 2010	% positive response, p value	First, CUSP provides enough structure to establish a system of safety and enough flexibility to encourag
		Patterson, 2012	mean scale (0-100)	g the initial period of this project was unexpected. We believed that changing the culture in a large urb
		Sexton, 2011	% positive response, p value	know the relative importance of each step of CUSP, or the extent to which ICUs fully implemented tho
		Tetuan, 2017	change in mean average of likert scale, p value	to patient safety, shared learning, involvement of leadership, and interdisciplinary collaboration have r
		Timmel, 2010	% positive response, p value	ss of rounds and nurse access to the physician. In addition, creating interdisciplinary rounds established
		Watts, 2010	mean scale (0-100)	domains, we believe that interpretation of improvement in a specific domain must be done with caution
		Vigorito,	% positive response, p value	d not. Similarly, CLABSI and VAP rates showed more improvement on units with an SAQAP, but not at th
Well-Being				
	Job Satistaction (SAQ)	Abstoss, 2011	% positive response, p value	Meta not attribute changes to any specific features of the intervention
		Dickens, 2020	change in mean average of likert scale, p value	ervention did not have an effect, with the excpetion of a small change to organisatonal culture (unexpla
		Frankel, 2008	% positive response, p value	ecifically dealt with discussing local patient safety concerns. In particular, improvement in the safety cl
		Hababheh, 2020	change in mean average of likert scale, p value	Did not attribute the effects to specific features of the intervention
		Kristensen, 2016	Both mean scale (0-100) and % positive response	Did not attribute the effects to specific features of the intervention
		Milton	% positive response, p value	Could not attribute changes to any specific features of the intervention.
		Paine, 2010	% positive response, p value	First, CUSP provides enough structure to establish a system of safety and enough flexibility to encourag
		Patterson, 2012	mean scale (0-100)	g the initial period of this project was unexpected. We believed that changing the culture in a large urb
		Sexton, 2011	% positive response, p value	know the relative importance of each step of CUSP, or the extent to which ICUs fully implemented tho
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		Watts, 2010	mean scale (0-100)	domains, we believe that interpretation of improvement in a specific domain must be done with caution
		Vigorito,	% positive response, p value	d not. Similarly, CLABSI and VAP rates showed more improvement on units with an SAQAP, but not at th
	Emotional Exhaustion (Maslach Burnout Inventor	Profit, 2014	mean scale (0-100)	frequencies, formats, durations and even overall objectives for using WR. Using the WR feedback meth
	Valuing Individuals (CAS)	Rezsel, 2019	change in mean average of likert scale, p value	res of other published work that are considered important: examples of key elements of these other init
	Empowering People (CAS)	Rezsel, 2019	change in mean average of likert scale, p value	res of other published work that are considered important: examples of key elements of these other init