

## Tangible aspects

Key theme	Subthemes	Example original themes
Leadership	Power	Power/power distance/type of leadership hierarchy
	Leadership commitment	Hospital/unit/senior management support/commitment (for patient/resident safety, supervisor/manager expectations and actions promoting safety, support for innovation, leadership and management towards patient safety, management/supervision (management and institutional commitment to safety
	Perceived leadership	Confidence in leadership, degree of support and trust, degree of aloofness of leadership, perceptions of co-worker trust, degree of group supportiveness
	Leadership style	Leadership/managers'/management style(s), managerial depth/maturity, transformational leadership culture, transactional leadership culture, leadership qualities, supervisor/manager expectations and actions promote safety, management values, clear governance/accountability
Communication	Openness	Communication/openness, open communication founded on trust, minimal conflict and good communication
	Error	Feedback and communication about error/incidents, safety-related feedback, announcement of an error to peers or one's senior, disclosure of a medical error to patients, student witness of an error
	Feedback	Communication and feedback, safety-related feedback, safety performance feedback
Teamwork	Relationships	Team identification, group behaviours and relationships, characteristics of interpersonal interactions, individual and group preferred behaviour, relations/relationships/collegial relations/interdisciplinary relations, congruence among stakeholders, cohesion, cohesiveness, group cohesion, social cohesion
	Collaboration	Teamwork (within/across hospital units), team orientation and self regulation, team aspects/team approach, teamwork climate (perceived quality of collaboration between personnel), collaborative working, team potency, collaboration/collaborative culture/collaborative team orientation
	Cooperation	Staff cooperation (regarding patient safety), participation
Learning organization	Supervision	Adequacy of training and supervision, training by supervisors, degree and type of supervision, supervisor expectations and actions promoting safety
Organizational structures and processes	Innovation	Innovation/innovativeness/risk taking, support for innovation
	Quality & safety <ul style="list-style-type: none"> <li>• Reporting</li> </ul>	(Error)reporting, frequency of event reporting, number of events reported, positive-reporting norms, knowledge of error reporting/how to report adverse events, non-punitive error reporting, notification of PSI (reporting system), reporting safety violations
	<ul style="list-style-type: none"> <li>• Safety</li> </ul>	Overall perception of safety, patient safety grade, recognition of human error, understanding of system's role in the occurrence of errors, safety organizing scale, compliance with procedures safety of practice structure, safety of clinical processes, perception of causes of error, safety focus, medical errors occurring in care, analysis of PSI (Patient Safety Incident), safety system A (detection infrastructure, handoffs and transitions and coordination of care), patient safety planning, information and processes, reporting infrastructure, beliefs about causes of errors and adverse events, risk of infection, safety systems, unsafe work practices, safety committee, satisfaction safety, safety attitudes, safety behaviours, error, understanding of systems as the cause of adverse events, safety awareness, shared belief in the importance of safety quality results, quality management, safety climate perception of strong and proactive organizational commitment to quality, absence of barriers to safe working practices, commitment to safety, safety climate, quality and safety of medical care, school teaching dedicated to patient safety, quality focus, safety performance feedback, knowledge about patient safety, error fatalism
	Image	Character of organization, hospital image, organizational attributes/organizational identity/organizational issues, history of change, prioritization of goals, organizational direction, goals/goal clarity/goal orientation, vision, prioritisation of choice

	Policies and procedures	Tasks/task structure, policies and procedures, hospital handoffs and transitions, use of data, information and analysis, compliance with procedures, process management, unit handoffs and transitions, processes and equipment, error management, decision making, focus on cost-effectiveness, protocols and care procedures, institutional responses, Procedures/rules A (what should be reported and to whom, compliance with rules and procedures), standardisation of care, strategic planning, organizational congruence, systemic and individual responsibilities, decision-making/autonomy
Employee/job attributes	Motivation	Self-actualization, incentive/motivation, motivation, morale and motivation
	Staffing	Staff climate, staffing, adequacy of staffing
	Job satisfaction	Job attributes/ job security, job satisfaction (positivity about work experience)
	Performance	Performance under pressure, healthcare worker outcomes, performance orientation, performance/performance facilitation/performance measures, results, safety performance feedback, performance shaping factors, achievement/accomplishment
	Stress	Work stress and turnover, stress recognition (acknowledgement of how performance is influenced by stressors), recognition of own performance under high stress, stress management for team members, stress and workload, stress/chaos, Managing the workload, psycho-emotional impact of an error on the doctor
	Working conditions	Job demands, human resource orientation, orientation to employees, quality of work life: structural attributes, job challenge, human resource utilization, development, capability/employee development, workforce/work environment, human resources, competitiveness, workload, hours of work, forced overtime, working conditions (perceived quality of the work environment and logistical support), work pressure, absence of job hindrances, work area, job security, stability, job attributes/job satisfaction
	Rewards	Emphasis on rewards, rewards
	Employee attitudes	Employee attributes/employee commitment/employee participation, competence/perfectionist, awareness of own competence, self-awareness, training and skills, competence (adequacy of crisis management ), humanistic, helpful, affiliative, approval, conventional, dependent, avoidance, oppositional, style of conflict, seeking help, professional salience, collective mindfulness (preoccupation with failure; reluctance to simplify interpretations; sensitivity to operations; commitment to resilience; deference to expertise), risk (risk taking, willingness to ask for help, self-protective actions, seeking help, own competence, assertiveness, roles, role significance, systemic and individual responsibilities, student knows and reports its limits, employer attitudes, change/attitudes to change/creating change
Patient orientation & factors		Patient satisfaction, customer orientation, customer satisfaction, focus/customer focus/long-term focus, patient and family involvement, receptiveness to healthcare assistants and patients, patient involvement in their own safety, patient centeredness, customised care
Blame/shame		Non-punitive environment, non-punitive response to errors, blame-free environment, blame culture, shame/self-awareness, a non-punitive approach to adverse event reporting and analysis

### Intangible aspects



**Commitment, Trust, Safety, Power, Support, (Openness) communication, Motivation, Blame/Shame, (Self) Awareness, Morals/valuing ethics, Cohesion**