

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

**MANAGING RISK: A CASE STUDY OF A NON-GOVERNMENT
ORGANISATION THAT PROVIDES LONG-TERM CARE AND
SUPPORT SERVICES FOR PEOPLE WITH MENTAL, INTELLECTUAL
AND PHYSICAL DISABILITIES**

**A thesis presented in partial fulfilment of the requirements
for the degree of
Doctor of Philosophy in Management**

**at Massey University, Palmerston North
New Zealand**

KASSIM M. MOHAMMED

2007

DEDICATION

I WOULD LIKE TO DEDICATE THIS THESIS TO

THE HONOUR OF MY FATHER

PROFESSOR MOHAMMED KASSIM MOHAMMED (NOFAL)

AND

MY MOTHER MARYAM ABDUL-RAHEIM SULIMAN

IN RECOGNITION OF THEIR ENDLESS GIVING, SUPPORT AND INSPIRATION

TO

MY WIFE WAFIA ZAID (AL-KIELANI)

MY CHILDREN

SHATHA, YAHYA, RAGHAD AND SALMA

FOR THEIR SUPPORT, ENCOURAGEMENT, COMMITMENT AND PATIENCE

ABSTRACT

This research examines the way employees perceive risk in a non-governmental healthcare organisation that provides care and support for people with mental, intellectual and physical disabilities. Thirty-four respondents from all levels and services within an NGO participated in in-depth semi-structured interviews to explore the meaning of the concept of risk from their own viewpoints, as well as their perspectives regarding types and sources of risk in their work and initiatives for controlling and dealing with such types and sources. This involved discussing the role of training in improving the awareness of employees in minimising risk, and the effect of training on the entire risk management process. Additional information was obtained by the researcher from documentation and personal observation.

Themes that emerged from analysing data pointed to the interrelated link between perception and risk. Accordingly, the study found that risk is culturally constructed, individualistic, and subjective. It was evident that risk is a perceptual matter affected by beliefs, feelings, knowledge, culture, image, context, and the experience of people. The culture of fear of risk and of perceiving risk as something purely negative was dominant among the participants, who viewed risk as an unfavourable issue that does not have opportunities, which creates another source of risk – the risk of perception of risk.

This research demonstrates that the perceptual aspect of risk emphasises the central role of people in any risk management process. For effective risk management, all perspectives should be considered. This requires a participatory system of managing risk, improving the awareness of people about risk, and modifying the culture of risk among them. Training has a significant role in the achievement of these fundamentals.

ACKNOWLEDGEMENTS

My heartfelt thanks to a number of people who supported, encouraged and assisted me over the past years of my work toward accomplishing this research. I am indebted to them.

First and foremost, my sincere thank to my supervisors: Professor Tony Vitalis and Emeritus Professor Nan Kinross. Professor Tony Vitalis (Supervisor in Chief) who was always there for me and opened his office to address any problem even when there was no official appointment. Although he was really busy (as he was also the Head of Department), he never stinted to advise and give support when needed. It was an honour to work with such a humble, kind and experienced person. Without his vision, knowledge, advice and support, this thesis would not be completed.

Listening to Emeritus Professor Nancy (Nan) Kinross (Co-supervisor) ensures that ideas grow into reality and implementation becomes simple. Her continuous inspiration, contributions, comments, directions, support and critiques were valuable and essential for the progress and the completion of this research. Her hospitality; the valuable ideas, advice and guidance she gave to me through out this research; and her continuous encouragement, follow-up and support are unforgettable.

My deepest thanks also go to the thirty-four respondents who participated in my research and gave me their valuable time and shared with me their experiences. Without their participation, this study could not have been completed. In particular, I would like to thank the Chairperson and the Chief Executive Officer of MASH Trust. Also, special thanks to all staff in MASH Trust who provided me with a very friendly environment for research and for engagement with them.

I will always be indebted to those friends who supported me during my study and who continually offered encouragement and help at the beginning and also throughout this research. I also thank those people who participated in the pilot interviews at the beginning of the field work.

CONTENTS

	Page
ABSTRACT	i
ACKNOWLEDGEMENTS	ii
CONTENTS	iii
LIST OF APPENDICES	viii
GLOSSARY	ix
PART ONE: THE RESEARCH	
CHAPTER ONE: INTRODUCTION	1
CHAPTER TWO: RESEARCH SETTING - MASH TRUST	4
Introduction: Background	4
Non-governmental organisations (NGOs)	6
Case study site: MASH Trust	8
An explanation of terms used	18
Summary	19
CHAPTER THREE: LITRATURE REVIEW	20
Introduction	20
The meaning of risk	21
Perception and risk	28
Risk management	30
Risk and risk management in healthcare and disability support organisations	45
Staff training and risk control	51
Summary	56
CHAPTER FOUR: RESEARCH METHODOLOGY	57
Introduction	57
Theoretical perspective: A qualitative approach	58
Case study method	60

	Data collection techniques	62
	Ethical aspects	72
	Selection of subjects	74
	Guidelines for interviews	76
	Pilot interviews	78
	Data analysis	79
	Validity, reliability and triangulation	80
	Summary	83
PART TWO:	RESULTS AND FINDINGS	
CHAPTER FIVE:	RISK CONCEPT	84
	Introduction	84
	Governance perspective	85
	Managerial levels perspective	87
	Staff-level perspective	91
	Summary	95
CHAPTER SIX:	TYPES AND SOURCES OF RISK	96
	ORGANISATIONAL, FINANCIAL, AND CLINICAL	
	Introduction	96
	Governance perspective	97
	• Organisational risks	97
	• Financial risk	106
	• Clinical risk	109
	Managerial-levels perspectives	110
	• Organisational risks	110
	• Financial risk	122
	• Clinical risk	126

Staff-level perspective	127
• Organisational risks	127
• Clinical risk	139
Summary	140
CHAPTER SEVEN: THE MANAGEMNT OF RISK: RESPONSIBILITY; INITIATIVES; ROLE OF TRAINING	141
Introduction	141
Risk responsibility and accountability	142
• Governance perspective	142
• Managerial-levels perspective	146
Managing organisational, financial and clinical risks	149
• Governance perspective	149
○ Managing organisational risks	149
○ Managing financial risk	155
○ Managing clinical risk	157
• Managerial-levels perspective	158
○ Managing organisational risks	158
○ Managing financial risk	167
○ Managing clinical risk	168
• Staff-level perspective	169
○ Staff preparation for controlling risk	169
○ Managing clinical risk	179
Training and the management of risk	180
• Governance perspective	180
• Managerial-levels perspective	185
• Staff-level perspective	193
Summary	200

PART THREE: FINDINGS' ANALYSIS AND DISCUSSION

CHAPTER EIGHT: DISCUSSION:

RISK CONCEPT, TYPES & SOURCES	201
Introduction	201
Risk as an unfavourable outcome	202
The uncertainty element of risk	205
Risk is varied and diverse	207
Risk and the organisation's components	213
Clinical aspect of risk	233
Risk from financial perspective	235
General view	238
Summary	242

CHAPTER NINE: DISCUSSION: MANAGING RISK **243**

Introduction	243
Risk management responsibility & accountability	244
Specific initiatives for particular types of risk	246
General initiatives and strategies	248
Training for minimising risk	252
Summary	257

PART FOUR: CONCLUSION

CHAPTER TEN: CONCLUSIONS **258**

Introduction	258
Risk is a matter of perception	259
Risk is subjective and individualistic	265
Risk is culturally constructed	267
Risk as destroying innovation or pursuing opportunities	269

The need for training	271
Consequences: In conclusion	275
Recommendations	276
Limitations	278
Contributions	279
Summary	280

FIGURES

Figure I: MASH Trust previous structure (2004–2005)	13
Figure II: MASH Trust organisational structure (as at July 2006)	16
Figure III: Risk management process – Overview	32
Figure IV: A model for the management of risk	274

TABLES

Table I: Risk Management Reference Guidelines in the MASH Trust	17
Table II: The significant of types and sources of risk from the participants viewpoints	210

REFERENCES	281
-------------------	-----

APPENDICES	298
-------------------	-----

LIST OF APPENDICES

APPENDIX 1: Ethical approval of the Massey University Human Ethics Committee (MUHEC) and the Health and Disability Ethics Committee.

APPENDIX 2: Approval from the MASH Trust Chief Executive Officer to carry out this research in MASH Trust.

APPENDIX 3: MASH Trust CEO Approval to use the name of MASH Trust and details of the Trust in the research report.

APPENDIX 4: The Information Sheet.

APPENDIX 5: The Participant Consent Form.

APPENDIX 6: The Transcriber's Confidentiality Agreement Form.

APPENDIX 7: List of Interviews' Questions/Guidelines: Governance (Appendix 7-I); Managers (Appendix 7-II); and Staff Level (Appendix 7-III).

APPENDIX 8: Types and sources of risk: Governance and top management participants.

APPENDIX 9: Types and Sources of Risk: The Managerial-Level participants.

APPENDIX 10: Types and Sources of Risk: The Staff-Level Participants.

APPENDIX 11: Specific initiatives for particular types of risk from the participants' viewpoint.

APPENDIX 12: Types and sources of risk as described by the participants in order of rank according to frequency.

GLOSSARY

ACC:	Accident Compensation Corporation
AGM:	Annual General Meeting
AHBs:	Area Health Boards
CEO:	Chief Executive Officer
DHBs:	District Health Boards
FARM:	Financial and Risk Management Committee (MASH Trust)
HCO:	Healthcare Organisation
HFA:	The Health Funding Authority
LSW:	Lead Support Worker
MOH:	Ministry of Health
MSD:	Ministry of Social Development
MUHEC:	Massey University Human Ethics Committee
NGO:	Non-Government Organisation
RHAs:	Regional Health Areas
WHO:	World Health Organisation