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**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**

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New Zealand**

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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 WAFI ZAHID (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.

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GLOSSARY

| | |
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| 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 |

CHAPTER ONE: INTRODUCTION

Risk is a feature of human daily life, as there is no single outcome that is absolutely certain. Any action or behaviour may involve undesired impacts as well as desired and positive consequences. The connection between risk and uncertainty is seemingly intertwined, and for many researchers there are no boundaries or differences between both terms. Adams (1995, p. 25), for example, declares that “distinction between risk and uncertainty is frequently blurred and words are used interchangeably”. This interrelated connection between risk and uncertainty has made risk a matter of perception, and for many researchers, risk and perceived risk typically refer to the perception of risk. Sharder-Frechette (1990), as an example, declares that

There is no distinction between perceived risks and actual risks because there are no risks except perceived risks. (p. 5)

These two dimensions of risk – the uncertainty element and the perceptual dimension – are linked to two concepts: subjectivity and individuality. The uncertainties regarding adverse consequences of risk or the probability of risk are subjective issues that depend on the feelings, attitude and beliefs of people (Adams, 1995). According to Botterill and Mazur (2004, p. 2), “[if you] cope with the dangers and uncertainties of life; there is no such thing as real risk or objective risk”. On the other hand, the individuality of personal perception characterises risk as an individual issue. People are unique in their feelings, attitudes, culture, context, beliefs, knowledge, and image (Bierhoff, 1989; Charns & Schaefer, 1983), and thus in their perception of risk. Funch (1995) notes that

Perceptions vary from person to person. Different people perceive different things about the same situation. (p. 1)

For any risk management process, therefore, exploring and understanding how people perceive risk and deal with risk is essential to identify risk, its types and sources, and the initiatives required to manage the risk. This is especially important in fields such as the health sector, where the human element is the cornerstone in providing services.

Limited research has been carried out with respect to the identification and sources of risk in healthcare. This is especially true with research related to the perception of risk by the healthcare workforce, particularly in non-government organisations (NGOs) that provide long-term health services to clients with mental, intellectual and physical disabilities. Similarly, few studies have examined the perception of risk management of groups of employees at various levels in these organisations.

For these reasons, the present research has the following objectives:

- To identify areas of risk in an organization that provides long-term services to mental (psychiatric), intellectually and physically disabled consumers.
- To examine the perception of risk of staff working in this long-term healthcare facility.
- To identify issues and ways of managing risk including training.
- To postulate a model that demonstrates a relationship between perception of risk, training, and minimisation of risk in one long-term psychiatric, physical and intellectual disability facility.

To achieve these objectives, this research used a qualitative approach as a methodology for research. A single case study design was adopted in which in-depth semi-structured interviews with open-ended questions were form the method of data collection. The reasons behind these choices were discussed in detail in Chapter Four.

The site of this research is an NGO (the MASH Trust) that provides healthcare and support to clients with mental intellectual and physical disabilities. The selection of the MASH Trust to be the case study of this research was based on many reasons. These reasons will be elaborated in Chapter Two. This will include a description of the MASH Trust and its management system together with its objectives, organisational structure, and historical background.

The literature related to risk and risk management will be reviewed in Chapter Three. It will focus on the scholars' perspectives and the theoretical issues that arise regarding risk types and classifications, risk perception, management of risk, and the role of training in improving the awareness and skills of people in dealing with risk. In

addition, literature on risk in healthcare organisations will be presented as the basis for investigating the concept of risk in the health sector.

The research methodology used in the study and the value of a qualitative approach will be discussed in Chapter Three. This will involve examining the rationale for selecting the methods; the methods of data collection and analysis used; the role of triangulation in improving the validity and reliability of results; how sample were drawn; and the ethical issues involved.

The findings from the data collected from the participants will be presented in Chapters Five, Six and Seven. Three levels of respondents were interviewed regarding their various perceptions of risk: governance and top management, managerial, and staff-level participants. The viewpoints and explanations of each group will be examined in Chapters Five, Six and Seven according to the following structure: risk concept, organisational and financial risks, clinical risks, and training and management of risk.

The results and findings from all participants are discussed and the themes and sub-themes identified by the research are highlighted in Chapters Eight and Nine. In Chapter Eight, commonalities and differences between participants regarding types and sources of risk are presented, while participants' perspectives regarding initiatives and strategies for managing risk are demonstrated in Chapter Nine. In these two chapters, the findings of this research and participants' perspectives are discussed in light of the literature.

Finally, the consequences from the discussion are highlighted in Chapter Ten. This also contains the contributions, limitations and recommendations of the research. A model for an effective risk management process is also generated.

CHAPTER TWO: THE RESEARCH SETTING – THE MASH TRUST

BACKGROUND

The year 1984 was significant for the New Zealand public sector. In that year, a new government was elected, and the Labour Party came to power with a main strategic objective that could be described in one word – “deregulation” (Gilbert, Jones, Vitalis, Walker & Gilberston, 1995). Before that, the Government was in the main and in most instances the sole player that managed and owned services. In other words, the Government dominated over all sectors and services. Gilbert et al. (1995) describe this situation as follows:

Government has traditionally been a very influential factor in New Zealand, not only by virtue of its law-making capacity, but because many of the main organisations were government owned and operated. These statutory bodies included the postal and telephone services (the old Post Office), the electricity services, hospitals and the armed forces... when the Labour Government came into power in 1984, it was committed to a process of deregulation (p. 70).

Dramatic changes took place, many regulations were changed, and developments were carried out. These transformations involved all sectors, including the healthcare sector, and accordingly, “whole areas of activity that were previously thought of as ‘public rights’, services that were guaranteed by the government, were transformed into profit-making organisations” (Gilbert et al., 1995, p. 70). However, the degree of change varied from one sector to another.

In terms of healthcare, the new Government continued using the previous system in providing healthcare through Area Health Boards (AHBs). The number of AHBs increased and in 1989 there were 14. However, from 1984 to 1989, the main development in health services was represented by the 20% increase in government expenditure on the health sector to improve the public health system (National Interim Provider Board, 1992).

In 1991, the National Government issued its new vision of the healthcare system through a report that involved proposals and policies; the proposals were in green papers and the policies in white papers, so it was labelled the Green and White Paper:

Your Health and the Public Health (Upton, 1991). This reform process resulted in eradicating the AHBs, which were replaced with temporary planning groups (commissioners) to manage Regional Health Services, Crown Health, and community trusts (Upton, 1991). Later (particularly in 1992), a National Advisory Committee was established to oversee core health services. However, AHBs were not officially dissolved until 1993. In that year “four regional health authorities (RHAs) were established and given the responsibility of purchasing health and disability support services” according to each authority’s regional needs; this was considered a major reform in the healthcare system (Scott, 1998, p. 4).

In 1996, a coalition National Government replaced the National Government in power. Under this Government, particularly in 1998, the four RHAs were merged into one funding agency, the Health Funding Authority (HFA). The main aim of this agency was to reallocate funds in a way that met the public health service’s continuously growing demand for the best health for the country (Pryke, 1998). Since its emergence, the HFA has aimed to “allocate resources to enhance and maintain the health and independence of New Zealanders” (The Health Funding Authority, 1998, p. 2), with the focus on Maori health and disability needs. In November 2000, the HFA was disestablished and its functions moved to DHBs and the MOH (Horomia, 2000). These radical and constant changes in health care structures in New Zealand were subject to another fundamental change in 2001.

In that year the HFA was abolished and 21 District Health Boards (DHBs) were established. This change came to reflect the new MOH trend of reinforcing the community-based organisations’ role and creating more democratic space for local health authorities through separating the funders and providers of healthcare. The new restructuring process came as a result of the New Zealand Public Health and Disability Act set out in 2000 (Beatson, 2004). Ashton (2005) highlights this process and points to the aims of DHBs as follows:

In addition to providing appropriate health and disability services for all New Zealanders, the objectives [of the DHBs] are to reduce health disparities...; to foster community participation...; and to facilitate access to and dissemination of information pertaining to service delivery. (p. 2)

Alongside these changes in the health system, the disability sector was also subject to many developments. In 1992, the government issued the Government policy document: *Support for Independence for People with Disability – A New Deal*, and emphasised the importance of integrating people with disabilities into communities. This document pointed to the significant role of community-based organisations, such as non-government organisations (NGOs), in providing healthcare and disability support to these people. Accordingly, in the same year, the New Zealand Community Funding Agency was established. These developments, in addition to other developments such as the passing of the Mental Health Act in 1992, brought NGOs to the fore as major providers of disability services. By 2005, it was estimated by the Disability Directorate that there were “700 Disability Support NGO providers in New Zealand serving approximately 30,000–33,000 consumers” (MOH, 2005, p. 11). These numbers emphasise the significant role of NGOs in delivering disability services. The main source of those NGO funds that provide services to people with disabilities in New Zealand are the MOH, District Health Boards (DHB), Work and Income, Accident Compensation Corporation (ACC), and donations.

NGOs

Rehabilitation and long-term mental, intellectual and physical disability services make up a major sector of the healthcare system. Organisations that supply these types of services are, in general, classified into three main types in terms of providers. They involve the public sector, the private sector and the non-government organisation (NGO) sector. The first type includes public hospitals and health centres; the second involves private hospitals, homes and clinics; the third, and the biggest in providing this type of service, consists of organisations that are non-governmental but mainly funded through the public purse.

A variety of reasons lie behind the spread and increase in the number and role of NGOs that provide long-term healthcare and support services for people with mental, intellectual and physical disability in New Zealand. The first reason is the new philosophy of the Ministry of Health (MOH). In harmony with the philosophy of the Government toward the healthcare system and disability healthcare services, the MOH identified in the following statement a new philosophy and direction in the disability care field:

The aim of Disability Services Directorate (DSD) is to build on the vision contained in the New Zealand Disability Strategy (NZDS) of a fully inclusive society. New Zealand will be inclusive when people with impairments can say they live in: ‘a society that highly values our lives and continually enhances our full participation’. With this vision in mind, disability support services aim to promote a person’s quality life and enable community participation and maximum independence (MOH, 2003, p. 1).

To achieve this aim, the MOH therefore focused on purchasing supported independent services for disabled adults from community organisations. NGOs represent the majority of these organisations. In December 2001 the Government signed the *Statement of Government Intentions for an Improved Community-Government Relationship* to support this trend (MOH, 2001). This document, which was also described as a “written handshake” between the Government and health/disability NGOs, pointed to the key role of NGOs in providing support services for people with disabilities as mentioned in the objective of the written handshake document:

The main objective of this “written handshake” is to build a strong and respectful relationship between the MOH and the health/disability NGOs that will provide a vehicle for improving the quality of health and disability services and health outcomes (MOH, 2001, p. 1).

The second reason is related to society’s view toward people with disabilities. There is reported to have been a significant change in community perception regarding the acceptance of living and communicating with people with a mental disability (MOH, 2003). This encouraged NGOs to play a major role in providing community houses and services in which people with long-term psychiatric disabilities engage with the environment and live independently, but safely, along with other people. The third reason was the importance of living in the community and in the real life world, far from the hospital environment, in the rehabilitation and recovery journey of people with disabilities (McLellan, 1997).

CASE STUDY SITE: THE MASH TRUST

At the start of this study and before the selection decision of the research site was made, the researcher visited three different healthcare organisations. Two were public; the other was an NGO that provides long-term services to people with a mental/psychiatric disability. Through these visits the researcher developed his field knowledge, and became familiar with the management systems and nature and types of services provided.

In selecting the organisation, I followed the advice of Gorman and Clayton (1997) that the ideal research location should be accessible, and have a proper mixture of features (such as people and structure), with the possibility of building a reliable interaction between the researcher and the research participants, hence, “data quality and credibility of the study are likely to be ensured” (Marshall, 1995, as cited in Gorman & Clayton, 1997, p. 85).

There were two main reasons why the MASH Trust was selected as the NGO organisation for this study. First, the MASH Trust is a collection of closely located branches of a long-term mental, intellectual and physical disability support organization. This makes it very convenient in terms of the consistency of environmental conditions and travelling and access costs and time.

The second reason is that the MASH Trust is a well-organized regional facility that is reputed to have advanced management and risk management systems. Also, in terms of service delivery, coverage area, number of care houses, staff, and clients, the MASH Trust is a pioneer in this field. The MASH Trust is one of the largest organisations that provide these types of services in New Zealand. The head office is located in Palmerston North, with branches in Palmerston North, the Horowhenua, Wellington and Hawke’s Bay.

Emergence of the MASH Trust

The MASH Trust had been established in Palmerston North in 1990. Since then the Trust has worked to provide care and support services to people who have mental, physical and intellectual disabilities. To accomplish this, the MASH Trust opened many

houses and supervised other homes that provided a safe environment and enabled the clients to practise their normal daily life through living in the neighbourhood and engaging with the surrounding community.

Mission and Objectives

The MASH Trust's mission has always been "to promote the empowerment of people with disabilities through the philosophy of self help and with due regard for Treaty of Waitangi" and to provide "community-based residential rehabilitation" (MASH Trust Board, 2006, p. 3) and endeavours to engage the clients with their surrounding community. This mission was in harmony with the general policy of the Government, represented by the MOH, which supports involving people with disabilities with community.

The main philosophy and aim of the MASH Trust are

...concerned with facilitating and actively promoting quality of life by attending to the physical, mental, spiritual and social health of individuals, families/whanau or groups as well as the interactions between both these and the wider community... We aim to provide flexible support based on safe and consistent policy as part of an integrated comprehensive service (MASH Trust Board, 2006, p. 3)

Structure and Management System

The MASH Trust is headed by a governance body consisting of a Board of Trustees and a CEO. In addition, there are a number of committees chaired by a member of the Board of Trustees: the Finance Audit Committee including Risk Management (FARM), Ethics Committee, Family/Whanau Committee, Maori Liaison Committee, and the CEO Employment Committee.

Senior staff include the General Manager Operations and other managers, team leaders, administration assistants, home coordinators, and support workers. There are also other specialised committees chaired by staff from the managerial level, for example, the Restraint Committee and the Infection Committee.

Financial System

The MASH Trust is a not-for-profit organisation. Acquiring sufficient funds to deliver services and to carry out operations is a basic objective of the management. The main source of funds for the MASH Trust come from contracts with the MOH, District Health Boards (DHB), Work and Income New Zealand, and the Accident Compensation Corporation (ACC). A small amount of funding comes from donations.

Houses and Services

At the present time, the MASH Trust has 32 houses distributed in five regions: Manawatu, Wellington, Tararua, Horowhenua and Whanganui. Another group of houses has opened in the Hawke's Bay district. The head office of the Trust, the National Office, is located in Palmerston North city. There are currently 200 staff working for the MASH Trust. Since it started, the Trust has experienced many expansions in its services, coverage area, number of houses and homes, and numbers of staff and clients. It has become one of the major national NGOs providing community-based healthcare and support services. These developments, along with the Trust's reputation as a well-organized regional facility, have made the Trust a pioneer organisation in its field.

The MASH Trust has two types of houses, the first type provides residency with 24 hours/ 7 days a week services. The other type consists of homes looked after and controlled by THE MASH Trust staff, but managed by the clients themselves. These homes involve those clients whose health and disability status allow them to live independently, while at the same time still needing care and follow up. The Trust, through its mobile team, provides this. In general, the support and care services provided by the Trust are divided into three main services according to the type and nature of disability: services for mental health clients; services for people with physical disabilities; and services for people with intellectual disabilities.

Mobile support workers provide support for mentally ill people to live in the community; dual-diagnosis community-based rehabilitation for people with alcohol/drug addictions and mental illness; residential supported accommodation and workmates; and healthy lifestyles that involve cooking and domestic/personal management skill training.

For people with physical disabilities, the MASH Trust provides residential supported accommodation with full wheelchair accessibility and well-trained support workers. For people with intellectual disabilities, the Trust provides day-activity services as well as residential support accommodation.

In addition to these services, the MASH Trust provides services and support programmes to strengthen the clients' social relationships with others and to reinforce self-worth, involving 'LUCK' Venue, the Living plus Program, and Workmates.

The LUCK Venue (its name represents the first letters of Love, Understanding, Caring and Kindness) is a centre with computer/Internet training, pool table, darts, table tennis, lounge area, TV/sound system, and a cafeteria that offers tea and coffee and meals at cheap prices.

The Living Plus programme provides a series of support services, such as recreational leisure (e.g., swimming and bowling); daily living skills (e.g., cooking, health, and beauty training); education and learning (e.g., computer); and exercises and fitness (e.g., trampoline and planned walking).

For effective engagement in the rehabilitation process, the Trust employs some of its clients to work in some of its houses and offices. These clients, who are paid for their work, work under the supervision and control of workmate field supervisors. This service, called the workmates programme, is a form of cooperation between the MASH Trust and the Ministry of Social Development (MSD).

Throughout this programme the Trust's clients, as well as people with disabilities referred by MSD or who come personally to the Trust, are prepared for full or part-time paid employment with the same rights, conditions and obligations as other workers. According to the contract between MSD and the MASH Trust, an individual career development plan is made by Trust staff for every person in the programme to allow those people to develop their skills and to rehabilitate them so that they can engage in employment.

Changes and Restructuring in the MASH Trust

After selecting the MASH Trust as the setting of this research, the researcher, with one of his supervisors, visited the Trust and met the chief executive officer. During this visit, on 23 February 2005, the researcher provided the CEO with an introduction to the research's objectives and proposal. On 3 March 2005, the approval of the Board of Trustees was given for the researcher to undertake the research within the MASH Trust (See Appendix 2). I began field work after the Massey University Health Ethics Committee (MUHEC) had granted approval in June 2006 (Refer Appendix 1). During this period, from the receiving of the MASH Trust approval to MUHEC approval and thus the start of the field research, a number of fundamental changes took place in the MASH Trust. The main event was the appointment of a new CEO.

In the light of this change, many other changes that reflected the philosophy and objectives of the new management were put in place as a result of the reform of the organisational structure. According to this process, the structure was extended, new positions were created, other positions/departments were eliminated, and yet other positions and responsibilities were re-named or re-located under other departments. These changes took place in the main office of the MASH Trust a couple of weeks after the start of field work. However, during this period, two interviews had been carried out; one of the interviewees was among those people who left the organisation.

The previous organisational structure of the MASH Trust had consisted of five levels: the governance body represented by the Board of Trustees at the first level; the CEO at the second level; two operations managers and five support managers who reported directly to the CEO at the third level; the fourth level involves officers and other assistants; and the fifth level involved the staff who worked in houses directly with clients (See Figure I).

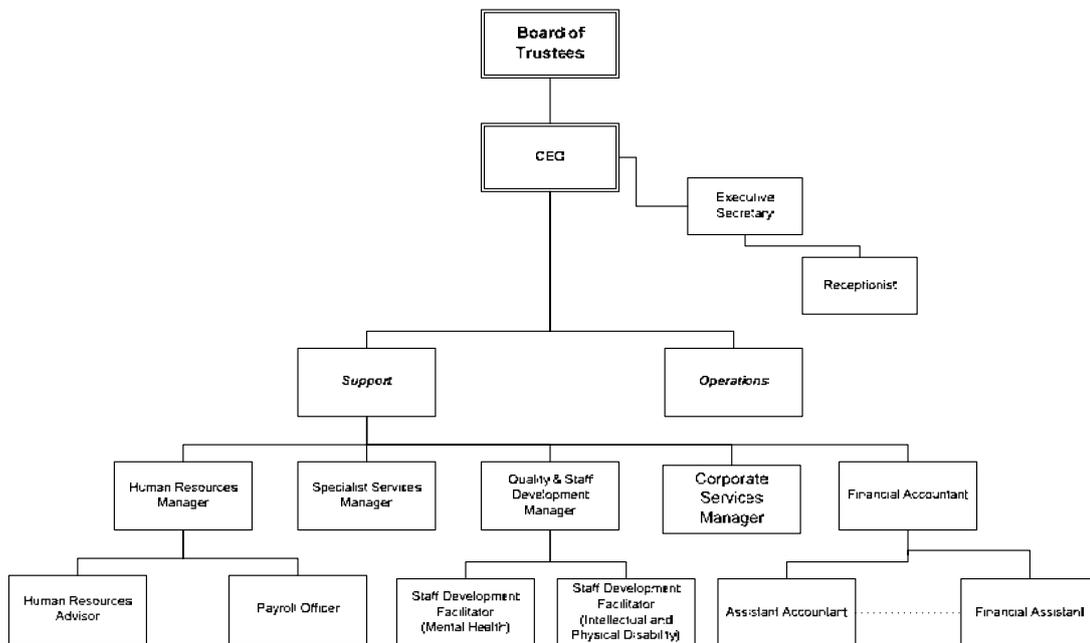


Figure I: The MASH Trust previous structure (2004–2005)

One main change was that the two operations managers in the previous structure, who had been organised according to geographical distribution (one was responsible for the Manawatu Branch, the Manawatu Branch Operations Manager; the other was in Wellington, the Wellington Area Manager), were substituted, in 2006, by a General Manager Operations who became responsible for all branches. The new structure was organised on a functional and divisional basis rather than on a geographical base (See Figure II). Accordingly, the new structure of the MASH Trust became more complicated and extended to involve seven levels instead of five. Accordingly, some senior managers were promoted, others were demoted, and others left the organisation.

Results of these changes involved: the establishment of a General Manager position instead of the two operations manager positions; the establishment of a new position, Consumer Development Leader, who reported to the CEO; the up-grading of the executive secretary to Trust Services Manager; the merging of the Development Department with the Human Resources Department, as a result of which the manager of this department became a supervisor who reported to the Human Resources Advisor, cancelling the Quality and Risk Coordinator position; and the reconstruction of some departments/services to become part of other departments.

As a result, the current management structure involves six corporation managers reporting directly to the CEO: the General Manager Operations, Finance Manager, Trust Services Manager, Senior Human Resources Advisor, Consumer Development Leader, and Project Manager Training and Development. All other senior staff at managerial level now report to the General Manager Operations. These involve: Manager Mental Health Addiction Services, Manager Mental Health, Manager Vocational Services, and Manager Intellectual Disability/Physical Disability (who is also a Lead Manager Quality).

Other managers began reporting to a division manager, rather than directly to the operations manager, whose title became General Manager – Operations. For example, the client services manager position, which followed the operations manager, became community services manager, who then reported to the Mental Health Manager. The other senior management position that now began reporting to the Mental Health Manager was that of the Mental Health Residential Manager. The Intellectual/Physical

Disability Residential Manager, however, became responsible to the Manager Intellectual Disability/ Physical Disability. Other positions affected involved officers, administration's assistants, team leaders, lead support workers, home coordinators and community support workers.

Under the new structure, the corporation managers' positions were enlarged to involve new duties and responsibilities. For example, the General Manager Operations became responsible for services in all areas and houses, as well as the supervision of all matters relating to THE MASH Trust clients and staff in the operational services. The Finance Manager became responsible for four officers: Management Accountant, Senior Finance Officer, Finance Officer, and Payroll Officer.

Another change as a result of the restructuring process was the establishment a new Quality Council consisting of the CEO and the senior managers. This Council meets on a monthly basis to discuss the quality and accreditation issues; each manager represents his/her own area. The executive assistant, who follows directly under the CEO, was renamed to be Trust Services Manager. In the new structure the Day Services Manager became the Vocational Services Manager, and was responsible for Workmates Field Supervisors who had previously reported to the Operations Manager.

These changes in hierarchy, and also in some positions that followed the restructuring process, had influences on the participants from managerial levels, as they were directly subject to these changes, more so than the staff from other levels. This was obviously reflected in their responses when they described types and sources of risk in their work.

The Risk Management Process and Procedures in the MASH Trust

The MASH Trust method for dealing with and identifying risk is through the Risk Analysis Format, which is usually prepared by the staff and their manager in each department/service. All potential risks, as they were seen by staff, are weighted and then ranked, with consideration of the degree of expected harm and the probability of occurrence. This step is carried out according to a pre-prepared table, the Risk Management Reference guidelines, and involves a number of measures (See Table I).

Accordingly, measures of likelihood and potential consequences of each risk are weighted. Any risks given mark 21 or more are considered high risks and reported to the Financial and Risk Committee (FARM), one of the Board of Trustees' committees. These risks generally receive special attention and are treated more carefully than other types of risk.

Table I: Risk Management Reference Guidelines in the MASH Trust

| Level | Measures of Consequences | | Level | Measures of Likelihood |
|-------|--------------------------|--|-------|------------------------|
| 1 | Insignificant | | 1 | Rare |
| 2 | Minor | | 2 | Unlikely |
| 3 | Moderate | | 3 | Possible |
| 4 | Major | | 4 | Likely |
| 5 | Catastrophic | | 5 | Almost Certain |

| Risk Level: (Consequences X Likelihood) | Response Required |
|---|-------------------------------------|
| 20-25 Extreme | Board and CEO advise |
| 15-20 High | CEO advise |
| 8-15 Moderate | Entered on Risk Management Register |
| 1-8 Low | Managed by routine procedures |

AN EXPLANATION OF TERMS USED

In their description of the MASH Trust, most of the participants referred to it as a healthcare organisation rather than an organisation that provides mainly support services for people with disabilities. As part of the MASH Trust services is to oversee medications to the clients, this clinical care service could be the reason why the employees viewed the MASH Trust in this way. Moreover, although the MASH Trust mission states that the MASH Trust's core business is to "promote the empowerment of people with disabilities through the philosophy of self-help" (MASH Trust, 2006, p. 3), the MASH Trust identifies the nature of its business as follows:

The trust provides community based health and disability support services for people with psychiatric, physical and intellectual disabilities and people with alcohol and other drug addictions (p. 2).

In most healthcare literature and Web sites, these two terms (healthcare services and disability support services) are used frequently to introduce or define these types of organisations. Also, the main source of funds to these organisations comes from the MOH. To researchers, such as Baum (1998) and Lyons and Chamberlain (2006), health means not only an absence of diseases; it is, besides that, a combination of well-mental and physical conditions.

Therefore, most participants did not differentiate in their responses between the MASH Trust as a healthcare organisation or an organisation that provides mainly support services for people with disability. For this reason, the researcher identified and dealt with the MASH Trust as an NGO that provides healthcare and disability support services, rather than just a disability support organisation.

SUMMARY

This chapter has examined the historical background of the healthcare system in New Zealand since 1984, in particular the developments in the disability health care services. The chapter has also illustrated the reasons behind the developing roles of NGOs that provide healthcare for people with mental, intellectual and physical disabilities in New Zealand, supported by statistical figures. The MASH Trust as the site of this research has been highlighted and described, including its emergence, mission, services, financial system, organisational structure, and the developments and restructuring that took place during the research.

CHAPTER THREE: LITERATURE REVIEW

INTRODUCTION

Chapter two set out a description of health services in New Zealand, non-governmental healthcare organisations, and the MASH Trust. In order to develop this research further, it is necessary to undertake a critical review of the relevant literature. This chapter reviews the literature related to risk and the management of risk. This includes exploring the theoretical issues about the meaning of risk; risk types and classifications; perception, risk and risk management; risk and risk management in healthcare organisations including disability support organisations; and the role of training in controlling risk. Also, risk as a fear culture and risk opportunity will be discussed.

Risk is a common feature of any human action or behaviour as there is no single outcome that is absolutely assured. Therefore, individuals consciously or unconsciously practise risk management in responding to the surrounding risks to avoid or reduce the possibility of negative outcomes or to mitigate adverse impacts. When a person decides or chooses a certain alternative rather than another, it is usually because this option is more beneficial or perhaps less risky. According to the World Health Organisation (WHO) (2002, Ch. 3, p.1), “Both risks and benefits have to be considered when seeking to understand what drives some behaviours and why some interventions are more acceptable and successful than others”.

Risk awareness has become increasingly important as a public issue, not only in institutions but also at the individual level. Ansell and Wharton (1992, p. 3) maintain that “it is simply not possible to avoid taking risk. In every human decision or action the question is never one of whether or not to take a risk but rather which risk to choose”. Therefore, anything we do or intend to do has in one form or another some degree of risk. Furthermore, risk is not a new concept. The drawings of primitive humans, as Ritchie and Marshall (1993) mention, show that the hunting of dangerous animals was practised not only to get food, but also to avoid the risk from those animals. The concept of risk has been developed over the years and has become associated with multiple and contradictory meanings.

THE MEANING OF RISK

Concept of Risk

The concept of risk has had much debate, and confronts many challenges in terms of defining its meaning and identifying its types and sources. People from different fields, backgrounds and organisations, and even those who belong to the same field or organisation, have different perspectives regarding the meaning of risk, its types and sources and its classification. Moreover, for the same person, he or she may define risk differently in different situations (Velk & Sallen, 1980 as cited in Trimpop, 1994; Adams, 1995). This debate and different perspectives around the concept of risk will be explored and discussed by tackling different sectors, such as financial, environmental, statistical, natural and healthcare, and by taking a comparative review of research materials from such sectors.

In the financial and insurance sectors, risk is, usually, viewed and identified from two angles: pure and speculative risk. If the outcome carries some benefit (more than the expectation), risk is termed speculative, whereas, pure risk is one that produces negative consequences only (Nader, 2002). An example of the first type is investment of resources (e.g., stocks and shares), whereas earthquake is an example of the latter. From the financial perspective, taking or avoiding risk is assessed in terms of expected loss or gain and according to the cost-benefit analysis, and therefore gain and progress are usually linked with taking risk (Trieschmann, Hoyt & Sommer, 2005).

From the environmental viewpoint, risk is defined as the possibility of hazards that may threaten to affect the environment, such as air pollution and water stain (Granot, 1998). Risk is evaluated and weighted in terms of the expected harm and damage to the environment and to the people within the environment. For environment experts, risk is, usually, divided into acceptable risk in which potential harm is minor and can be tolerated, or unacceptable risk that involves serious damage (Mehr & Hedges, 1974).

Statistically, the picture is considerably different. Risk is viewed as a measurement tool of uncertainty, rather than a negative event by itself. The Institute of Internal Auditors (2001) notes that

Risk... is simply a measure of uncertainty, the chance that some event

will have an impact on objectives. Risk is most commonly thought of as having negative consequences -harm, loss, danger, and hazard- when in fact it may just as easily involve opportunities (p. 1).

Risk, therefore, is the possibility of something happening, whether it is purely negative, or may bring opportunities. Risk is seen as a matter of probability, rather than consequences.

For some scholars, risk is identified in terms of the possibility of occurrence. They split risk into factual and hypothetical; in other words real and unreal. Culp (2001), for example, claims that if risk is something uncertain and relates to probability; the more this probability is infinite, the more it is unreal. If the probability of a certain space phenomenon to take place is one per billion, as Culp exemplifies, it means that this risk is factual and its effects will be huge, but the possibility of occurring makes it unreal. In other words, it is illogical to spend very much money or to pay attention to manage something that is entirely unavoidable, when the possibility of its occurrence is almost zero. In this case risk is considered a hypothetical issue.

In the health field, the concept of risk involves multiple viewpoints, according to the different types of healthcare organisations and their services. For example, in hospitals, risk is, habitually, linked with medical errors and clinical hazards. Other sources of risk in these organisations are associated with the nature of medical intervention and medication, such as the side effects of medicine and residual risk. The distinctive attribute of these sources of risk in healthcare is that patients are involuntarily exposed to these risks, and, in many instances, they are difficult to be avoided. For example, residual risk in the healthcare sector is familiar, in which a particular level of risk will remain regardless of followed procedures and standards, such as the level of radiation in an X-ray department (Sadowitz & Graham, 1995). Thus, risk in the health field, in many instances, is classified into avoidable and unavoidable risk.

On other types of HCOs, such as community-based organisations that provide healthcare and support services to people with disabilities, other types and sources of risk are more common, such as risk from clients and risk from engagement with the community. The nature of business of these organisations is based on developing clients and rehabilitating them to practise normal daily life and to socialise with other people in

the community. This (dealing with people with disabilities, especially those who have mental disability) for many people involves potential harms and hazards (American Psychiatric Association, 1996).

These differences in describing risk prompt many researchers to link risk with perception. They refer to the variables of perception to explain why risk is described differently by different people. Researchers, such as Trimpop (1994), Charns and Schaefer (1983), Widing (1982), Bannister and Bawcutt (1981), and Rummel (1975), note that the main components of perception include feelings, cognition, values, attitudes, experiences, knowledge, context, sensations and images of people. These variables are different from one person to another, and thus perception is different (Adams, 1995; Beck, 1999). Samson and Daft (2005) note that

People often approach an assignment differently because one person sees the assignment differently from others. 'Seeing' things differently is an inevitable outcome of perception...Because of individual differences in what people perceive and the way they organise and interpret it, perceptions vary among people... (p. 512).

Therefore, identifying risk and its types and sources in a particular organisation or sector requires examining the perception of the organisation's employees. This study aims to explore what the concept of risk means to the staff of an NGO that provides health care and support services to clients with mental, intellectual and physical disabilities, and types and sources of risk from their viewpoints. This requires understanding the way the participants view risk and their opinions regarding its types and resources and methods of managing risk.

One of the main dialectic issues about the risk concept, with respect to the relationship between risk and perception, is whether the risk can be divided into two types: perceived and actual, or not. Some risk experts, such as Watson (1981) and Trieschmann, Hoyt and Sommer (2005), state that risk can be classified into perceived and actual, thus subjective and objective. They claim that the actual risk is the real one, and perceived risk is something that relates to the feeling of laypeople or the public, therefore, it cannot be considered a realistic risk.

In contrast, many researchers argue that there is no distinction between perceived and actual risk, and risk management depends mainly on perceptions in decision-making (Ansell and Wharton, 1992). Researchers, such as Sharder-Frechette (1990) and Mun (2004), go further and argue that there is only one type of risk: this is perceived risk. From their viewpoint if risk is not perceived then it will not be known, as risk is a product of uncertainty. Blomkvist (1987), who, also, believes that risk should be valued in terms of anticipating potential loss/gain, notes that not all risks are easily perceived, but people take decisions to deal with risks according to their knowledge about particular risk; lack of such perception means risk will not be acknowledged. Petcovic (1987) agrees with Blomkvist and mentions that any decision about risk is subject to individuals biases, as part of their decision regarding risk is based on their perceptions.

Overall, risk is perceived and defined in different ways by different people, as they view risk from different angles, and the word 'risk', which is widely used to describe the possibility of undesired outcomes, for some people it could involve opportunities or some even seeing it as something positive. Frame (2003) points out that

If you approach risk management as a discipline, you find that there is more to the definition of risk than the concept of danger, depending on your perspective (p. 5).

In this research, the concept of risk is identified by using the definition of Keegan (2004), who does not limit the meaning of risk to a particular outcome, as the aim of this study is to examine the meaning of risk and its types and sources from the perspective of employees who work in an NGO that provides healthcare and support services to people with disabilities. According to Keegan (2004): "risk is defined as this uncertainty of outcome, whether positive opportunity or negative threat, of actions and event" (p.9).

Elements of Risk

Despite these differences in defining and classifying risk, there is a commonality among researchers that risk, in general, involves two elements: the uncertainty and the possibility of unfavourable outcome (e.g., Vaughan, 1997; Kliem & Ludin, 1997; Culp, 2001). Even for those researchers, such as Frame (2003) and Knight (1921, as cited in Adams, 1995), who differentiate between risk and uncertainty, or those who deem that

risk may involve opportunities, beside losses, risk from their viewpoint should involve these two elements.

Regarding the uncertainty element of risk, Trieschmann, Hoyt and Sommer (2005) note that risk and uncertainty, although they are two different terms, both of them are used interchangeably. Furthermore, Rejda (2005) considers the uncertainty factor as the main factor that distinguishes risk from other concepts, such as hazards and perils.

Ansell and Wharton (1992), and Vaughan (1997), explain the link between risk and uncertainty and claim that if the likelihood of undesired outcome occurrence is zero or 100 percent, there is no probability or uncertainty, thus no risk. There should be at least two potential outcomes that may possibly occur, and each of them has a probability to take place that is more than zero but less than 100 percent. "If [we] know for certain that a loss will occur", as Vaughan (1997, p. 8) declares, then "there is no risk". Thus, risk management, from their viewpoint, is a process of controlling uncertainty (Banks, 2002).

The second element of risk is unfavourable effects and adverse deviations from an expected outcome, whether deviations cause harm or reduce benefits (Vaughan, 1997). Differences in perspectives between researchers regarding the correlation between risk and unfavourable outcomes are not a contradictory issue. The challenge is whether risk could involve opportunities, or it is only a possibility of undesired impact. Indeed, the word 'possibility' means that there are at least two potential outcomes. Nevertheless, as identified by a number of researchers, such as Kendall (1998), Fox (1999) and Borge (2001), the risk concept is extensively used to describe the probability of undesired outcomes, and risk management is generally concerned with circumstances in which no gain is probable. Other researchers, such as Waring and Glendon (1998), note that people tend to use, habitually, the terms risk and harm interchangeably. In this meaning, Fox (1999) points to this universal perspective of risk, as an adverse impact, and states that

In the modern period, risk has been co-opted as a term reserved for a negative or undesirable outcome, and as such, is synonymous with the terms 'danger' or 'hazard' (p. 12).

From their literature research, Vlek and Sallen (1980, as cited in Trimpop, 1994) found six definitions of risk, three of these definitions referred to risk implicitly as to loss. The other three definitions connect the concept of risk with the deviation from expectations.

In contrast to this viewpoint, which correlates risk with unpleasant outcomes, many researchers consider opportunities arising from risk a third element of risk. They view risk from two angles: the possibility of negative impact and the chance of gaining opportunities (Adams, 1995; Beck, 1999). Avoiding or managing risk is therefore no longer a non-negotiable matter, as whenever the risk becomes evident it should be avoided or reduced. Risk should be evaluated in terms of expected outcomes (Mehr and Hedges, 1974; Trimpop, 1994; Ansell & Wharton, 1992, Brown, 1987). In addition, writers such as Drucker (1973 as cited in Bannister & Bawcutt, 1981) see successful risk taking as a catalyst for success.

Indeed, viewing risk as something that may involve opportunities prompt many researchers, such as Trimpop (1994) and Adams (1994), to highlight the importance of understanding the risk taking behaviour and point to disadvantages of perceiving risk from one angle only; the possibility of undesired outcomes. Trimpop (1994) classifies this behaviour as 'Risk Motivation Theory', and Adams (1995) names this situation 'Risk Thermostat'. Both researchers built their assumptions on the cultural aspect of risk. Thompson (1980), Johnson (1987), Douglas (1986, as cited in Crook, 1999) and Fox (1999) agree with Trimpop and Adams and declare that risk is a cultural event and is culturally constructed.

According to this postulation, Trimpop (1994) proposes that people, in general, avoid or take risk according to expected losses or benefits. With respect to the potential undesired outcomes and expected opportunities from engaging in risk, people determine whether risk is worth to be taken or is better to be avoided. This depends on how people perceive a particular risk in terms of its outcome and the possibility of each outcome to occur. The risk perception and the culture of risk are major issues in making such decisions.

Adams (1995), who offers the term Risk Thermostat, mentions that, when people perceive risk as something purely negative, this leads to the development of a culture of fear of risk, and thus people will, habitually, avoid risk without considering opportunities. Whereas, viewing risk as something that may involve opportunities inspires people to consider these opportunities before taking their decisions about how to deal with risk. The propensity of taking risk, as Adams (1995) found, is influenced, mainly, by the expected rewards from taking risk.

Furedi (2002) supports this assumption, and warns from viewing risk as something only negative. Furedi (2002) describes this situation (dealing with risk as a pure harm only) as ‘the culture of fear from risk’. Jackson and Scott (1999) also warn of the domination of a culture of fear from risk, or in other words the culture of pure risk, by giving the following example:

Risk anxiety, engendered by the desire to keep children safe, frequently has negative consequences for children themselves, serving potentially to curtail children’s activities in ways which may restrict their autonomy and their opportunities to develop the necessary skills to cope with the world (p. 103).

Therefore, Adams (1995) proposes that the culture of risk should also involve another dimension – the rewards of risk-taking. Lack of such balancing in perceiving risk and dealing with it leads to irrational decision-making that affects the risk management process (Lyttkens 1987; Botterill & Mazur, 2004). This could lead to what Adams (1995, p. 181) describes as: “exchange an interest in attaining the good for concern to prevent the worst”. This is especially important in the long term disability sections of the health service.

Studying and analysing how the participants perceive risk (the aim of this research) assists in exploring the culture of risk in the organisation under study (the MASH Trust), and in examining the impact of the culture of risk on business and performance of the MASH Trust.

PERCEPTION AND RISK

Acknowledging all previous variations in perspectives about risk, the role of perception in identifying and managing risk is a common issue among all researchers; even for those who believe that risk is objective (e.g., Watson, 1981). The argument between researchers is about the extent to which perception is involved in managing risk. Some researchers deem that risk is a mix of objectivity and subjectivity. They rely on the possibility of quantifying risk to clarify this point of view. Assiter (2004) supports this notion and claims that objectivity is related closely to value. However, those researchers, who believe that risk could be objective, still believe that experts, who usually tend to quantify risk and make it more objective, are also influenced by their perception, social context and personal judgement, when they effect valuation and enumerating of risk (Johnson & Covello, 1987).

On the other hand, Shrader-Frechette (1991) denies this assumption and state that risk is a subjective issue as risk is a product of perception. Shrader-Frechette (1991) exemplifies that “all risk is perceived, even though there are criteria for showing why some risk perceptions are more objective or better than others” (p. 1). Botterill and Mazur (2004, p. 2) add that to “understand and cope with the dangers and uncertainties of life, there is no such thing as real risk or objective risk” (p. 2).

Individuality and Subjectivity of Risk

The subjectivity of perception as something which depends on feelings, attitude and personal experiences, creates the idea that risk is subjective rather than objective. Indeed, although risk could be quantified according to the degree of possibility and the expected loss/gain, Miller and Omarzu (1998) found that there is no specific definition of loss. What is considered loss to one person may be considered gain to another, or may be viewed as less harm. Also, Sjoberg (1980, as cited in Trimpop, 1994) notes that people, in general, rely on their feelings to estimate the possibility that an event will occur. Perception and risk are correlated in any risk management step, such as in identifying risk or in assessing its impact.

Researchers, in general, agree that the individuality of risk perception, whether at the personal level or at the societal and organisational level, is responsible for producing different characterisations and classifications of risk (Gerlach, 1987; Covello &

Johnson, 1987). Therefore, as perception and its components are subjective and individualistic, risk, which is described as the production of perception, is also a subjective and individualistic issue.

The mechanism of perception

Perception plays a major role in explaining the way that people behave and act; it is a part of individuals' cognition of objects and how they deal with them (Bordeux, Boulic and Thalmann, 1999). Perception is an essential part of human awareness and behaviour, but it has a more active role in some fields, such as the risk management field, where uncertainty is the main issue. For this reason, it is not surprising that the effectiveness of the risk management process, as Ansell and Wharton (1992) observe, depends widely on the perception of those people (i.e. employees) who deal with risk.

Due to the direct link between risk and uncertainty, the relationship between risk and perception is a close one. According to Adams (1995):

Risk is defined...as the product of the probability and utility of some future event. The future is uncertain and inescapably subjective; it does not exist except in the minds of people attempting to anticipate it. Our anticipations are formed by projecting past experience into the future. Our behaviour is guided by our anticipations. If we anticipate harm, we take avoiding action (p. 30).

The risk management process is usually described as a dynamic and complicated process. Perception plays a major role in this description. The individuality of perception's components, such as feelings and attitudes, makes risk an individualistic issue (Samson & Daft, 2005). Therefore, recognising how people perceive risk is essential in identifying risk. Sekuler and Blake (2002) emphasise the key role of perception in the management of risk and state that "studying perception enables one to design devices that ensure optimal perceptual performance" (p. 11). One specific objective of this research is to examine the participants' viewpoints regarding initiatives and ways of dealing with and managing risk in the MASH Trust in general and in their work in particular.

RISK MANAGEMENT

Similar to the risk concept, risk management is viewed in different ways by different people. For some researchers, such as Waring and Glendon (1998), the risk management process has two parts: minimizing pure risk and maximizing benefits of speculative risk. They define risk management as “a field of activity seeking to eliminate, reduce and generally control pure risk... and to enhance benefits and avoid detriment from speculative risks” (p. 3). In addition, Borge (2001, p. 4), notes that “risk management can help you to seize opportunity, not just to avoid danger”. However, for other researchers who view risk as a negative deviation from required outcomes – hence a problem that should be solved or eliminated – the risk management process means finding and implementing suitable and effective strategies to control or prevent the likelihood of undesired outcomes occurring and “the decision-making process by which an organization or individual reduces the negative consequences of risk” (Pritchett, Schmit, Doerpinghaus & Athearn, 1996, p. 26).

Risk Management Concept

Risk management is a systematic process that involves a chain of organized procedures and steps to identify, manage and deal with potential risks. These new perceptions and trends to cope with risk management often constitute a comprehensive and continuous program, and concern all staff. Barton, Shenkir and Walker (2002, p. 4) notice that “...the risk management perspective for some organizations is shifting from a fragmented, ad hoc, narrow approach to an integrated, continuous, and broadly focused approach”. The saying that *I know risk when I see it* has become an unacceptable maxim today, particularly in sectors such as healthcare, where ethical issues play a major role and safety is an important component in care.

Risk management has been developed to be an ongoing and sophisticated process, as “effective risk management does not happen automatically” (Frame, 2003, p. 32). Rather, current risk management is a “structured and disciplined approach that aligns strategy, processes, people, technology and knowledge with the purpose of evaluating and managing the uncertainties the enterprise faces ...” (Deloach as cited in Barton, Shenkir & Walker, 2002, p. 5).

The difficulty of risk identification is that it is not easy to determine the probability of negative (or positive) results occurring and to specify what is meant by negative impact or consequences. Every person has his or her standard and definition of outcomes, and his/her estimation and assessment of consequences and uncertainties and probabilities (Adams, 1995). According to Pidgeon, Hood, Jones, Turner and Gibson (1992), risk assessment in general involves a personal judgemental aspect that makes risk a subjective issue. Involving employees from all levels and departments in the risk management process is essential for a comprehensive assessment of the risk management process.

Risk Management Processes and Steps

As risk is often viewed as a negative deviation from required and desired outcomes and a problem that needs to be controlled or eliminated, the risk management framework involves many activities and functions that are essentially used for problem-solving and decision-making processes (Yates, 1990 as cited in Trimpop, 1994).

Risk management has become an essential element in any effective management system, and a key issue of the decision-making process (Mun, 2004). The main functions and steps of risk management (See Figure III) can be listed as follows (Trieschmann, Hoyt, & Sommer, 2005; Fischer & Green, 2004; Frame, 2003; Ritchie & Marshal, 1993):

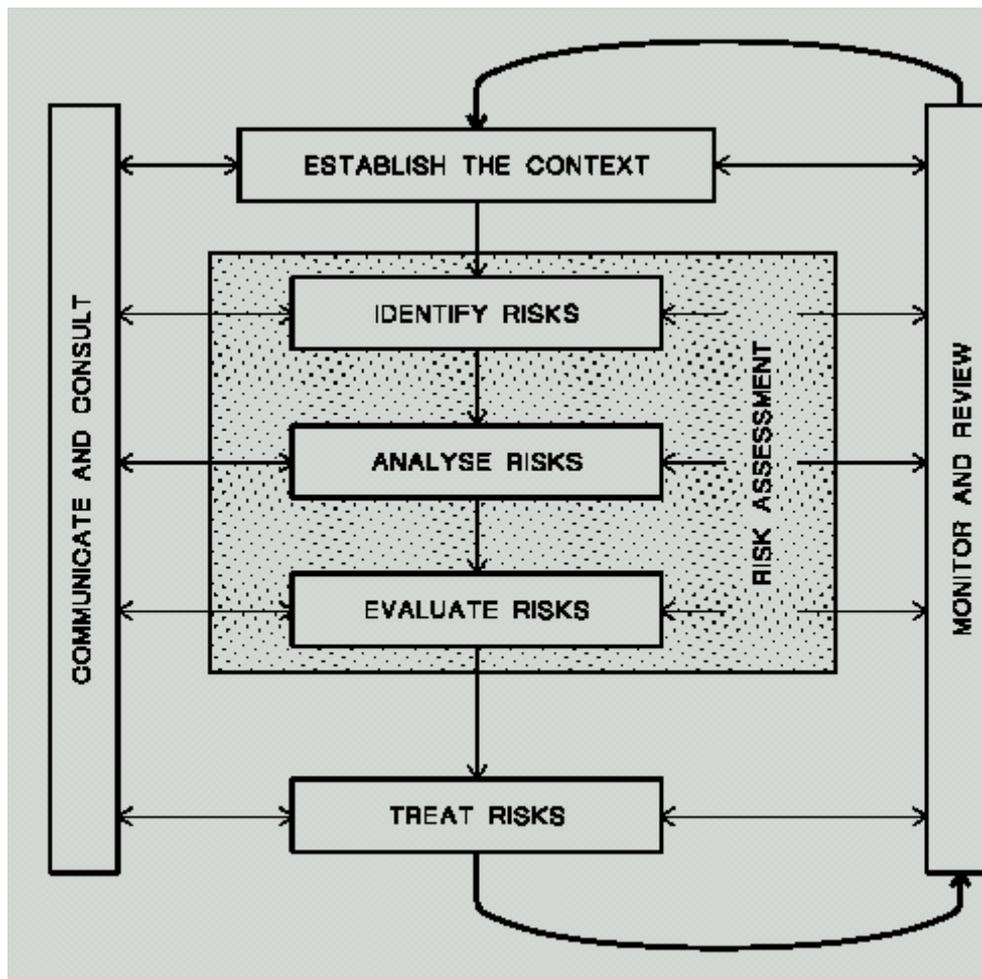


Figure III: Risk Management Process – Overview (AS/NZS 4360:1999, p. 9)

i) Establish the context

The organisation’s environments, whether external or internal, are significant issues that affect the organisation’s operation and function. The external environment consists of a mega environment that involves political, economical, socio-cultural and technological factors; and task environment, which involves those factors that affect the business/organisation environment directly. It typically consists of factors such as consumers, competitors, suppliers, labour market, trade/industry, and financial resources (Wheelen & Hunger, 2004). Identifying these factors enables the organisation to characterise its context, and identifies opportunities and threats. On the other hand, the internal environment is composed of these factors that are related to the particular organisation’s policies, resources, stakeholders, functions and management system, and are associated with the organisation’s strengths and weaknesses (Samson & Daft, 2005). Identifying these environments, as well as, organisation’s objectives and mission and its

capabilities and resources, are essential to establish criteria of dealing with risk. These criteria should consider the perception of stakeholders, the objective and core business of the organisation and its resources and capabilities (AS/NZS 4360:1999).

ii) Identify risk

The first step of risk management is to identify potential risks. Risk management refers to

A logical and systematic method of identifying, analysing, evaluating, treating, monitoring and communicating risks associated with any activity, function or process in a way that will enable organizations to minimize losses and maximize opportunities. (AS/NZS 4360:1999)

This includes defining risks, analyzing their components, determining their sources and types, and ranking them according to their degree of risk. Defining risks requires extensive effort to find and specify all risks to which the organization may be exposed. According to Barton, Shenkir and Waiker (2002, p. 13) “to manage effectively in today’s business environment, companies should make a formal, dedicated effort to identify all their significant risks”. This involves considering internal and external factors and the environment of the organisation (Frame, 2003).

Identifying potential risk at the right stage can save much later effort, cost and time, as well as giving the organisation the opportunity to manage deviations before they grow out of control (Conrow, 2003). Any potential risk is important and should be considered, as risks that seem less apparent at the time of analysis, may become major hazards in the future (Banks, 2002). This involves identifying sources and types of risk, potential outcomes, and their likelihood and consequence.

In terms of identifying types and sources of risk, this process involves identifying risk according to its sources and potential perils and losses. Regarding sources of risk, one classification of risk is whether risk comes from inside or outside the organization. According to Frame (2003), the main difference between both types lies in whether risks lie outside the organisation’s control or within the organisation’s boundaries of

control. Internal risk is produced from the organization's input, such as staff, facilities, and management. Thus the organisation usually has a major role to play in managing and controlling such risk. External risk usually comes from the surrounding environment and external parties or events that are, in many instances, difficult for the organisation to control. Out of control inflation and public perception are examples of this type of risk.

Internal sources of risk may subdivide to create other types of risk that depend on the main cause of risk. In some cases, human errors are considered major sources of hazards, whereas in other cases the technology used, or the system itself, are responsible for adverse results. External risk may bring other sources of threats or hazards such as political, economic and social risks, as well as natural disasters.

Another classification of risk, with respect to expected perils and losses of risk, involves classifying risk into physical losses versus moral issues (Kliem & Ludin, 1997). Physical losses refer to tangible negative impacts that can be noticed, and events such as car damage or property loss (Kliem & Ludin, 1997). Health hazards can sometimes be considered physical losses when they produce physical or tangible injuries. The intangible hazard, on the other hand, refers to injuries that affect the moral attitude or feelings of a human being. It is something uninsurable and difficult to measure, but may cause worse effects than physical risks. Some risks can develop both types of outcomes. Maltreatment, for example, can lead both to physical injury and to moral suffering.

In addition, risk can, also, be classified in terms of the type of expected damage or loss, which involves financial versus reputation loss; economic versus social loss; lawful and legal hazards; and natural versus technological risk (Hood, Jones, Pidgeon, Turner & Gibson, 1992). Understanding the types, nature, sources, effects and consequences of potential risks enables organizations to identify and assess risk, and then to implement suitable strategies to manage and deal with these risks effectively.

iii) Analyse, evaluate and rank risk

The second process of risk management is to evaluate each risk in terms of potential loss, probability and frequency and size of loss/gain. These factors allow those

managing risk to weight each risk and determine its main features, and then rank risks according to their significance and degree of harm or damage. According to Frame (2003, p. 19) “the more thorough you are in conducting this step [examining risk impacts], the more aware you are of the likelihood and impacts of different risk events”. Risks are usually classified and ranked according to their risk potential into four categories: serious or severe risks; major risks; minor risks; and insignificant risks. Prioritizing or ranking risks, enables management to allocate resources and direct the effort of staff toward the high-priority risks. In this regard, Lowrance (1976, as cited in Lynn, 1987) classified risk analysis into two parts: risk assessment and risk management. Lowrance claims that the risk assessment and evaluation process is a technical process, while risk management is a political issue.

Many factors play a major role in assessing risk; these factors are related, mainly, to risk effects and impact. These involve: the possibility of risk occurring, frequency, possible losses, and the number of people in danger (Culp, 2001; Kliem & Ludin, 1997). Risk can be classified according to these criteria into four types: urgent and serious risk; major risk; minor and insignificant risk; and negligible risk. Classifying and setting a specific risk under any of these criteria differ from one organization to another, as well as from one person to another. Risk that is considered serious for one organisation may be considered minor for another.

iv) Treat risk: Set and assess possible alternatives and solutions

The next step in the risk management process is the adoption of the most appropriate technique to control a given risk. Risk managers should strive to identify all possible alternatives for dealing with risks, analyzing each alternative in terms of its effectiveness and efficiency and the required resources for its implementation, and then ranking them along with their usefulness in managing risk successfully. The main techniques usually considered as appropriate for dealing with risks are: risk retention; adaptation; avoidance; reduction; and transference.

- Retention: the acceptance of risk as part of a job or business without any intervention is a technique sometimes used by organizations when dealing with risk. It is “an acknowledgement of the existence of a particular risk situation and a

conscious decision to accept the associated level of risk, without engaging in any special efforts to control it” (Conrow, 2000, p. 28). Some types of risk are minor or the degree of their risk potential fits with acceptable level of risk, therefore, risk management takes the form of a decision to do nothing (Coyle, 2002). Fischhoff, Linchtenstein, Slovic, Derby and Keeney (1981) refer the decision to accept risk or avoid it to expected gain versus potential losses; risk in this case evaluated in terms of cost-benefit analysis or gain-loss analysis. However, in some instances, the retention option is adopted involuntarily as some kinds of risks are out of control, but, “even where there is only one course of action but you can decide to do nothing, then there is a choice open to you and hence a decision” (Dickson, 1989, p. 46).

- Adaptation: In some instances where the organization is not able to manage the risk as the risk is beyond its boundary, the organisation may choose adaptation as a strategy. For example, an organization that is not in a position to influence the inflation rate in the country, can mitigate its adverse impacts through adopting procedures to reduce such items as costs and rationalize the consumption of goods by establishing ‘contingency reserves’ (Frame, 2003).
- Risk avoidance: avoiding risk involves not exposing the organisation to potential risks. In some instances, the possibility of risk or of its potential hazards and harm if very high, so the organization tends to avoid risks completely regardless of the opportunity cost. However, “risk avoidance does not necessarily lead to inaction”. Rather, a policy of risk avoidance “... may suggest that the plan [of action] should be adjusted to eliminate the sources of problems “(Frame, 2003, p. 137).
- Reduction: if the elimination of risks is not possible, as “there will always be elements of risk in what we do” (Ritchie & Marshal, 1993, p. 20), then the optimal technique is to contain risks and reduce them to a minimal level or at least to an acceptable level. Risk reduction could involve “steps to lessen the likelihood that a risk event will arise” and/or “steps to lessen the negative impacts resulting from untoward risk events” (Frame, 2003, p. 138). Examples of these approaches are risk sharing and employee training. Management may participate and share with others from outside the organization risk by issuing stocks and shares to divide and reduce

the negative impacts of loss if it occurs. Employees' training, also, is a vital technique in reducing the possibility of employee-related risk through improving employees' skills and knowledge.

- Transferring: another form of managing risk is to mitigate the adverse impact of risk through transferring it. When risk management selects to go to insurance companies, for example, it works to shift potential losses from the organization to another party. According to Borge (2001, p. 69) "if you cannot prevent or avoid an unwanted risk, you may be able to sell it". This means taking a small risk (cost of insurance) and transferring the large risk, in case that undesired outcome occurs. Other forms of risk transferring may include contracts and warranties (Vaughan, 1997).

v) *Select and implement course of action*

The selection of an optimal measure for managing risk depends on criteria such as: available resources; type of risk; probability and frequency of risk; potential adverse impact and outcomes; and overall cost and benefits (Vaughan, 1997).

However, whatever the selected technique, risk management should work to provide and allocate necessary and required resources, effort, time and staff to ensure that the implementation of the selected strategy is effective. Preparing employees by training them to understand and deal with risk effectively is a major issue for successful risk management programs. Also, a plan of completion and a timetable of operations should be set to guarantee the effectiveness and performance of a strategy.

Overall, managing risk effectively requires some essential factors; these involves (Banks, 2002) the following:

- Top management should support and participate in risk management activities and provide all necessary resources and effort that are needed for managing risk.
- Monitoring and auditing risk regularly and independently. Those who are considered a potential source of risk should not be those people who review and monitor risk.
- Effective communication, reporting and feedback system, as well as, documentation and filing procedures.

- Training programmes to enable and empower employees' workers and managers, to understand and deal with risk effectively and successfully.
- Incentive system to encourage safe attitude and behaviour.
- Penalty systems for those who repeatedly do not follow risk control's policies and procedures.

vi) *Audit and report*

The final stage in the process of managing risk involves the continuous and periodic reviewing and auditing of the risk management performance in controlling risk. Regular and systematic auditing of “the risk management program permits the risk manager to review decisions and discover mistakes, hopefully before they become costly” (Vaughan, 1997, p. 38). However, feedback from auditing should be reported to the top management and documented, and should involve sufficient, proper and accurate information for follow-up and inspection.

As demonstrated in figure III above, the risk management process is not a line process that has only one-way direction, rather risk management consists of interrelated activities and steps that interact with each other in an encircled structure (Conrow, 2003). Indeed, the risk management process is a continuous process in which activities such as monitoring, reviewing and communication take place continuously.

Culture of Risk and Risk Management

One main component of perception is culture. In fact culture has a key influence on the way that people behave, perceive and deal with events (Rayner, 1987; Beck, 1999). Douglas and Wildavsky (1982, as cited in Rayner, 1987) link differences in perspectives regarding risk to differences of cultures of people and societies. Therefore, due to the interrelationship between perception and culture, and the connection between risk and perception, risk is a cultural-related issue, and “risk perception is an unavoidably cultural and moral phenomenon” (Douglas, 1986, as cited in Crook, 1999, p. 196). Consequently, part of individuals' decision to take or avoid risk relies on their culture toward risk. In addition, while there may be a personal culture of risk, there is also an organisational culture of risk. For some people (and organisations as well), risk and hazards are synonymous terms, thus, risk should be avoided wherever it exists

(Conrow, 2003). In this situation, where risk is viewed purely negatively, the culture of fear from risk becomes dominant, and people overstate risk and exaggerate protection from risk without considering opportunities (McKeown, Hinks, Stowell-Smith, Mercer & Forster, 1999). Trimpop (1994) splits people in this regard into two groups: risk avoiders and risk takers (in some instances, risk seekers). Sjoberg (1987) adds that “social conflicts over risks arise because some parties see risks where others see opportunities” (p. 241).

For risk takers, risk is seen as not only the possibility of adverse impact, rather risk also involve opportunities. Their culture of risk involves two dimensions: the culture of rewarding of risk-taking and the culture of fear from risk (Adams, 1995). The decision to take or avoid risk, then, is built on balancing between potential harms and expected gain. Whereas, for risk avoiders, risk means unpleasant outcomes. In their perception, whenever risk exists it should be avoided or mitigated, as no positive impact or opportunity is seen.

Overstatement of risk, or understatement of risk as well; in other words lack of balance in perceiving risk and the culture of risk, both involve negative impacts. Overstatement of risk may cause losing opportunities from taking risk, and understatement of risk may lead to neglect controlling its unfavourable outcomes. Risk taking, in many instances, is essential for innovation and for achieving objectives, and progress may come with taking risk and benefit from opportunities (Trimpop, 1994). However, underestimating risk and looking at opportunities from taking it without considering potential harm may significantly cover over its negative impacts, and thus, lead to ignore overcoming these impacts. In fact, lack of balancing perceived risk and dealing with it leads to irrational decision making that affects the risk management process (Lyttkens 1987; Botterill & Mazur, 2004). In this regard, Adams (1995) notes that “some accidents are the result of inaccurate risk assessment. If people underestimate risk, they will have more accidents than they bargained for” (p. 52). Taking or avoiding risk should be a decision that “involves balancing the uncertain rewards of actions against the potential losses” (Adams, 1995, p. 2). McKeown, Hinks, Stowell-Smith, Mercer & Forster (1999) add that, risk management culture should be built on “the idea that services can never be risk free and that risk management is about the prevention of harmful consequences”, but it should, also, avoid “overprotection and over prediction of risk” (p. 258).

Fischhoff, Linchtenstein, Slovic, et al. (1981) and Trimpop (1994) discuss this issue (taking or avoiding risk) from another angle; that is the acceptable risk and tolerance with risk. Fischhoff, Linchtenstein, Slovic, et al. (1981) point out that acceptable risk is a decision problem that requires analysing and evaluating alternatives in terms of cost-benefit analysis, or loss-gain analysis, and then to select the course of action in terms of potential losses or gain. However, Fischhoff, Linchtenstein, Slovic, et al. (1981) found that what distinguishes the acceptable risk problem and the decision-making problem is that acceptable risk, usually, involves at least one unpleasant potential outcome. Trimpop (1994) considers that acceptable risk or risk-taking behaviour is a form of tolerance toward potential adverse consequences, so as to benefit from opportunities.

On the other hand, Starr (1987) believes that the possibility of potential harm or hopeful gain is not usually the main criterion to accept or avoid taking risk. In Starr's opinion the acceptability of risk could depend on the extent to which people trust management initiatives for controlling risk. This depends on the people's perception and confidence of the capacity of risk authorities in managing potential harm of a particular risk.

Safety Aspect of Risk Management

With respect to the concept of acceptable risk, a number of researchers, such as Arezes and Miguel (2003), make links between the decision of acceptable risk and safety. They claim that safety assessment aims to reduce potential harm to a level that risk could be accepted or tolerated. Indeed, for many researchers, such as Lilley and Lambden (2005), safety and risk management are like the two faces of one coin; both are concerned with reducing potential harm or mitigating its adverse impact. Researchers, such as Adams (1995) and Tummala (1996), in this regard, combine risk management and safety management and claim that both are an integral part of the total quality management. For example, Adams (1995) notes that the common objective of safety management in any field, such as in the home, at work and play, or on the road, is to control risk or to mitigate its negative impact. King (2002) and Tummala (1996) agree and state that safety means keeping harm to a minimum, and risk management works to reduce negative consequences to meet safety standards.

However, for some researchers, such as Dingwall and Fenn (1992) and Peters (1993), who acknowledge that safety and risk management have many common objectives, they claim that both of them are different. These researchers deem that safety management, as a part of the total quality management, is concerned, mainly, with meeting standards, as safety for them is a minimum standard and requirement for quality. Such standards are professional licenses and regulatory legislations (Dingwall & Fenn, 1992). While the risk management's main concern, on the other hand, is to look for negative factors and to minimise and control potential hazards (Peters, 1993). Bohneblust and Schneider (1987) agree with this notion and add that safety is not a risk minimisation process; rather, it is a method of improving quality.

Notwithstanding these viewpoints, it is noticed that in terms of risk management, there is a tendency to describe functions and programmes that are designed to manage risk in organisations, as safety initiatives or safety programmes. Part of this procedure is linked with the culture of risk and the culture of safety in the perception of employees (Ross, 2006). People, in general, view safety as something positive that contributes to meet the pre-determined standards and fit with quality measurements. In contrast, risk in the culture of most people is a concept that is related to hazards and unfavourable outcomes (Adams, 1995). In their perception, risk means that there is a problem or an undesired deviation that should be eliminated or controlled. Therefore, it is not surprising to note that people may avoid dealing with risk or engaging in risk management training, but at the same time, tend to be involved in safety management training programmes. Although, in many instances, both programmes have the same purpose (reducing potential harm), and safety initiatives, as Ross (2006) mentions, are usually, established on the basis of risk management.

Context and Risk Culture and Perception

Many researchers, such as Douglas and Wildavsky (1982, as cited in Rayner, 1987), claim that as people and societies are different in their cultural contexts, and thus in their perception of risk, this situation leads to create disagreement between them, and produces disparate circumstances. In contrast to this debate, despite the risk perception being different from one person to another; these differences do not necessary mean a contradictory situation. The variations in culture and perception mean viewing risk and describing its types and sources from different angles that may produce a

comprehensive recognition of risk, rather than a conflicting situation (Rayner (1987). Adams (1995) and Thompson (1981, as cited in Rayner, 1987) agree with this and point to the influence of context on culture and perception.

Through studying the factors that influence people's perception about risk in hospitals, Thompson (1981, as cited in Rayner, 1987) found that as each group of employees from medical and health staff, as well as other workers in hospitals, belong to different contexts, they have different definitions of risk. Velk and Sallen (1980, as cited in Trimpop, 1994) and Adams (1995), support this finding and state that according to differences in contexts, people may perceive the identical situation in different ways. Even for the same persons, he/she may define risk differently in different situations. In addition, if people's contexts, in which they work or live, change, such as in case of changes in responsibilities or the position in the organisational hierarchy, their perceptions may also change (Beck 1999). Adams (1995) notes that context in the risk management field acts as a filter in which culture and perception of people are coloured by it, and which is, in many instances, responsible for differences in perceptions between people. Differences in contexts highlight the importance of involving all employees from all contexts at the organisation in the risk management process, as risk assessment "depends on the situation and context of the risk that is to be judged, as well as the situation and context of the judges themselves" (Winterfeldt & Edwards, 1984, as cited in Trimpop, 1994, p. 17). Otherwise, the risk management process will reflect the culture, beliefs and values at a particular level, such as managers, rather than beliefs and perspectives of employees at all levels and contexts. This relationship between context and risk culture has particular relevance to this research.

Participatory Risk Management

The individualistic nature of perception and culture highlight the key role of individuals in any risk management process. Risk is culturally constructed, and risk management, among other issues, is a matter of perception. Due to differences in perspectives between people, all interested and affected parties should be involved in the risk management process and related decision making (the National Research Council, 1996). According to Helliard, Lonie, Power and Sinclair (2001)

Any risk management system will have input from, or be implemented by, individuals and therefore the attitudes of these individuals to risk

may have an important bearing on the successful implementation of the system. It is individuals within organisations who take risks and an inquiry into the attitudes of these individuals to the risks that they face and the decisions that they make may help companies to manage risk (p. 7).

Therefore, the risk management system should be a participatory one that involves all levels of employees. Managing risk as seen by Adams (1995) and Vaughan and Vaughan (1999) is a knowledge-based process, so lack of participation of any party or group in the risk management process could lead to incomprehensive risk management. Participatory management has significant benefits in the exchange of information and in motivating people (Samson & Daft, 2005). The participatory system in risk management could take many forms and shapes, such as a risk management committee that includes representatives from all levels and departments of the organisation, or meetings and quality circles (Harris, 2000; Carrell, Elbert & Hatfield, 2000).

The National Research Council (1996) notes that the success of the risk management process is, widely, based on the participation of all parties in risk identification and analysis. Furthermore, ignoring any level of employees in this process involves negative influences that may affect the risk management process. According to the National Research Council (1996)

Individuals and groups that do not share the judgements and assumptions about the problem formulation that underline a risk characterisation may well see the information it provides as invalid, illegitimate, or not pertinent (p. 39).

The main issue here is that the involvement of all employees in the risk management process is essential to include different perceptions and backgrounds from different contexts within the organisation.

From a literature review of research in the risk management field, it was both remarkable and regrettable that the attention of most research focuses on exploring the meaning and characterisation of risk from the perspective of a singular level of employees, such as managers. Similarly, research that is carried out to study risk in the

health field, mainly, focuses on examining medical staff viewpoints; usually physicians and nurses. This current research aims to fill this gap through examining the meaning of risk, its types and sources, and initiatives of managing risk at the site of this study -the MASH Trust- from the viewpoint of employees from all levels, functions and services. For this purpose, this study has the following specific objectives: to identify areas of risk in the MASH Trust; to examine the perception of risk of staff working in this long-term healthcare organisation; to identify issues and ways of managing risk; and then to postulate a model that demonstrates a relationship between perception of risk, training, and minimisation of risk in this long-term psychiatric, physical and intellectual disability organisation.

RISK AND RISK MANAGEMENT IN HEALTHCARE AND DISABILITY SUPPORT ORGANISATIONS

Healthcare organisations (HCOs), including disability organisations, have characteristics that are unique to the healthcare sector. Some of the distinctive features and characteristics of HCOs are: health and medical care concerns that include high ethical standards; the main asset of HCOs is people; and that healthcare depends mainly on the skills and performance of those people. Also, in many instances, patients are involuntarily exposed to risks that are neither avoidable nor transferable in healthcare. Add to that, there are many factors that have a major impact and effect on health care outcomes, quality and delivery, rather than on the healthcare intervention itself. Most of these factors are external and difficult to manage or control. Disability organisations have similar characteristics but are usually associated with long-term support services.

However, for HCOs and disability support organisations, the main challenge for management is with its main input, which is people, and thus involves their health status and personal life. So, “for human beings our sense of humanity will demand that our objective should be no injury, although our sense of reality will tell us that in many circumstances that is impossible” (Bannister & Bawcutt, 1981, p.77).

Risk in healthcare is distinctive and has its own attributes that make it, in many instances, different from other sectors. In the business sector, for example, types of risk are usually categorized and evaluated according to potential financial losses that may occur in terms of expected cost, and whether the cost of managing them is greater than expected financial losses or vice versa. In the health sector, the picture is somewhat different. Risk in healthcare, unlike risk in other sectors, is usually viewed as an ethical matter. Ethical issues, humans and their lives are major factors, and in many cases, risk should be managed or eliminated whatever is the cost. Also, in spite of many risks in HCOs being unpreventable and unmanageable, those who are in charge and cope with risk strive to carry out all possible activities to reduce the possibility of risk occurrence or the severity of adverse impacts.

People come to HCOs to maintain their health, relieve their pain, recover from illness, or be supported in long-term care. Their expectations are usually positive, and they view

healthcare as a safeguard, but “medicine is not perfect” (Kielhorn, 1997, p. 1) and healthcare may cause harm. The healthcare sector is usually described as a risky sector. Types and sources of risk that affect healthcare delivery are varied and diverse. Some are internal, from the healthcare/disability organization itself, others are external. Additional harm may result from errors and mishaps of health staff, and/or from a deficiency in the system and its components. Other forms of risk in healthcare are associated with the rapid growth and continuous advances in medicine, medications and technology (Zhang, 1999). Unfortunately, every technology or new medicine has its own side effects, as well as new contributions to treatment. There may be fear and opportunity involved.

Types and Sources of Risk in HCOs

In addition to the main classifications of risk, which were discussed earlier, there are some categories of risk that are more common to the healthcare field. Many risks in the healthcare sector are unpreventable and their negative impacts and side effects are well known and expected, but they are too difficult to be managed or prevented. Residual risk is an example of this type of risk which is neither manageable nor preventable. Residual risk, which remains after all proper actions are taken (Bowden, Lane & Martin, 2001), is very common in healthcare. Patients who are exposed to this risk have to live with it and accept it when they choose the treatment.

According to the possibility of managing or controlling risk, the risk can be subdivided into three main parts – preventable, unpreventable and accepted (un-prevented). Preventable risk in healthcare is usually referred to and viewed as the risk that happens due to negligence and to the harm that occurs because of a fault in the healthcare system or organisation. Examples of preventable healthcare risks are deficiencies in the system, and maltreatment and/or malpractice. Using non-standardised equipments, ambiguous safety rules, incorrect medication and wrong patient diagnosis are also examples of this type of risk. The ethical liability and legal accountability of such risks are high, and the organization and its staff carry heavy responsibilities. The level of acceptability of this type of risk is usually very low as the occurrence of risk and its adverse outcomes could be avoided and prevented. Preventable risks, in general, may take one or more of the following forms:

- The health system's deficiency: such as failure in recruiting sufficient and qualified health practitioners; lack of systematic training programs; lack of suitable equipment; and improper policies and procedures. Kohn, Corrigan and Donaldson (1999, p. 47) mention that some types of risk in HCOs may be due to "things such as poor design, incorrect installation, faulty maintenance, bad management decision, and poorly structured organizations".
- Medical staff and other workers' errors and malpractice: such as error in diagnosis or the administration of medication, laboratory testing errors, errors of misusing technology and equipment (Zhang, 1999), and maltreatment and abuse of clients.
- Treatment itself: such as the side effect of medicines.
- Hazards in long-term care and support services.
- Some other types of risk are viewed as a combination of the defect and shortcoming in the system and the negligence of the health workforce.

The other type of risk is unpreventable risk. As mentioned earlier, it is common in the healthcare sector that many risks are frequently not necessarily the result of negligence. The healthcare sector is risky and dangerous by nature. Treatment is often accompanied by many sequels and side effects that are expected but not preventable, and they may occur even when treatment is performed properly and accurately. Cancer chemotherapy treatment and drugs, for example, have unavoidable hazards that cannot be prevented entirely although they are well known and highly expected.

Risk in Disability Support Organisations

The literature that discusses the risk field in organisations that provide disability support services refers particularly to those people who have mental disability. Violence to others is often viewed as the main source of risk in these organisations. People with mental illnesses may hurt themselves or other persons, such as staff or other clients. However, "recent research has shown, that the vast majority of people who are violent do not suffer from mental illness" (American Psychiatric Association, 1996, p. 1). Indeed, risk in mental disability organisations, just as in other HCOs, is varied and has many types, forms and sources, and may come about due to a lack of effective management, unskilled support workers, or lack of medication. Ticoll (1994) notes that

people with disabilities are usually subject to different forms of risk, and are victims of community and health and support workers, rather than a source of threat. These risks and exploitation, as Ticoll (1994) states, involve “physical abuse; psychological and emotional abuse; and neglect and acts of omission, [such as] ignoring nutritional, medical or other physical needs...” (pp. 2, 3).

One main challenge that confronts workers in community-based NGOs who provide services to people with mental and intellectual disabilities, in terms of risk, is related to the core business of these organisations and to the nature of their clients. The main objective of these organisations is to improve the quality of life of their clients and to rehabilitate them to normal daily life through engaging them with the community (MOH, 2003). This process, engaging clients with the community through housing and activities with the wider community, involves many risks, as well as opportunities. These risks may involve the risk of clients to the community and to themselves when they go outside, the community’s perception in dealing with mentally ill people and the environment-related hazards (Falvo, 1999; American Psychiatric Association, 1996). For example, people with mental disability may engage in violent behaviour due to mental disorders and harm themselves or others. Also, the public attitude toward dealing with people with mental disability, habitually, involves a pre-judicial view that those people are unsafe (Falvo, 1999). However, regardless of the practicality of these concerns or the degree of their existence, support workers may prefer to keep clients inside houses to avoid such risks. The problem could be related to their culture of risk rather than the possibility of such risks occurring, or indeed the positive effects of risk-taking behaviour for clients.

As mentioned earlier, if the dominant culture of employees is the culture of fear from risk, those employees, spontaneously, will avoid taking risks to avoid its negative consequences without considering opportunities (Adams, 1995). In this situation, keeping clients inside houses and not allowing them to become involved with the community, is a fatal risk that may affect the rehabilitation process, and the organisation’s business and mission as well. Part of the core business of these organisations is to develop their clients and improve their skills and capabilities to live independently and to take responsibilities; failure to do so may lead to an ineffective development and rehabilitation process. Exploring how the staff in the MASH Trust

perceive risk, as this research aims, leads to understand the culture of risk among them, thus the impact of this culture on the entire business and performance of the MASH Trust.

Managing Risk in HCOs

Regardless of whatever type of risk occurs, all risks in healthcare should be considered. In many instances, small risks may lead to large negative impacts if neglected (Conrow, 2003). In addition, there are always functions that can be performed by risk managers and HCOs workers to improve safety of healthcare and to control risk and its adverse impacts. The organization's management and staff usually bear responsibility and accountability in cases of harm. Even when risk is unpreventable, where there are only a limited number of solutions or alternatives, healthcare providers carry some responsibility to implement suitable procedures and functions, such as setting reasonable and proper precautions before the beginning of hazardous therapies, or notifying patients about expected hazards of treatment.

However, the role of risk managers and health staff is greater when the risk could be prevented. Managing risk requires identifying the risk, its types and sources, causes and approaches for dealing with and managing it, in ways that improve the quality of services. Quality control and risk management are closely related. One main challenge of healthcare providers is to maintain and improve the quality of healthcare services. Olshinski (1999), for example, points to the link between risk management and quality by mentioning that "the process of health care risk management also has the goal of improving the quality of care while protecting the institution and its employees" (p. 422). Lilley and Lambden (2005) believe that both risk management and quality management in healthcare compromise the same objective, this is to identify potential losses, and to control or eliminate these losses.

The Human Factor and Risk Management in HCOs

The delivery of health and disability services "is fundamentally dependent upon people" (Fried, 1999, p. 843). Risk management is no exception. Indeed, the responsibility of controlling risks is carried by every person who works in the organization, despite those who state that "those at the top are theoretically responsible for...identifying the risks and establishing an appropriate system...to mitigate the risks" (The Institute of Internal

Auditors, 2003, p. 1). The role of staff in the healthcare sector is a cornerstone of the successful daily running and provision of the service in this sector. This role is important in the risk management process, where the human element and human perception are major key elements.

Educating HCOs' employees and improving their awareness of risk not only increases their proficiency in dealing with risk and improving the quality of provided services, but also reduces, as Olshinski (1999) observes, the organisation's liability. One way this can be achieved is through reinforcing the perception of health workers about potential risks by learning, training and education. Marquand and Miller (1997, p. 79) note that "logically increasing your knowledge about the processes that lead to adverse outcome can lead to a decrease in the risk of that outcome".

The human factor involves "...the interrelationship between humans, the tool they use, and the environment in which they live and work" (Kohn, Corrigan and Donaldson, 1999, p. 54). This interrelationship is an essential factor of any risk management process. Therefore, improving the awareness and proficiency of HCOs' staff to understand the internal and external environment and deal with potential risk is essential for minimizing risk and mitigating its adverse impacts in these organizations.

However, as peoples' perceptions are different and are influenced by many individual variables (Botterill & Mazur, 2004) the job of risk managers to identify and understand how employees perceive risk is not easy. HCOs need to develop effective risk management systems, and to design and establish appropriate programmes to help health staff improve their awareness and skills in controlling potential risks. One way this can be done is through training. Therefore, one of the objectives of this research is to examine the role of training as an initiative for managing risk in improving the awareness, skill and ability of employees in dealing with risk.

STAFF TRAINING AND RISK CONTROL

Training has a significant role and is an integral part in organisational management systems. The rapid and continuous changes in information, technology and knowledge have prompted training to become an essential component rather than a complementary one. In sectors such as healthcare, training spreads the willingness of the management to improve the skills and performance of its employees to fit with those legal requirements that should be met to obtain the professional license or permission to practice. Training has also become a strategic procedure to reduce the risk of legal liabilities of organisations for the practice of their employees. Therefore, training is related to the strategic objectives of the organisations (Keep, 2005) that overlie its traditional concept as a part of induction programmes for employees, or a routine procedure to be “a set of integrated processes in which organisational and employees needs are analysed and responded to in a rational, logical, and strategic manner” (Blanchard & Thacker, 2007, p. 6).

For effective training, a systematic process and well-established steps should be considered (Cowan, 2000; Blanchard & Thacker, 2007). Five phases that reflect the systematic training were proposed by Blanchard and Thacker (2007) as follows: the analysis phase in which an analysis of training needs is carried out; the design phase that involves determining the training objectives according to the training need analysis; the development phase where training objectives, timing, location, necessary resources, and required techniques and facilities are determined and provided; the implementation phase through which training in respect to the previous steps (phases) is carried out; and finally the evaluation phase where a follow up and assessment of outcomes are made, and feedback is collected to correct deviations and to develop current training programmes.

Training involves many areas and has diverse forms. Training could be general, such as employees' induction programmes; specific to achieve particular objectives; designed for particular staff or field, such as safety training or training to managers; and compulsory (i.e. required by the law), or voluntarily and comes from the organisation itself. Training may take many forms: internal and external training; on-the-job training; seminars and workshops; and theoretical or practical training (Guest & King, 2005; Blanchard & Thacker, 2007).

Training and managing risk

The link between risk and perception highlights the importance of focusing on the human element in the risk management process. This human element involves improving both the awareness of employees and their skills in controlling and dealing with risk. Training is an effective way to accomplish these objectives. Training, as Blanchard and Thacker (2007) state, plays a significant role in providing “employees with the knowledge and skills to perform more effectively” (p. 4).

Training brings many benefits to the risk management process, including: the role of training in motivating employees by improving their competency and thus self-efficacy (Fried, 1999; Blanchard & Thacker, 2007); the significance of training in developing employees’ skills, knowledge, attitude and performance (Bartol, Tein, Matthews & Martin, 2005); and the role of training in helping people understanding others’ cultures and reducing the effect of stereotype (Samson & Daft, 2003). Cooper (1995) points to the role of training in the management of risk as follows: “there are five reasons why training makes an important contribution to health and safety performance: it influences safety culture, changes behaviour, is required by law, is associated with competence and controls risks” (p. 26). Regarding to the important role of participation of all employees in the risk management process, training should involve improving the ability of these staff and their skills in terms of rules and processes of participation in the risk decision process (National Research Council, 1996). However, for the effectiveness of the role of training in minimising risk, some issues should be considered.

- Training programmes should meet the organisation’s need and objectives. The first step in training should involve Training Needs Analysis (Blanchard & Thacker, 2007).
- The differences in backgrounds between trainees should be considered. For a particular group or level of employees and for particular service/house, particular training is required. Training programmes should be tailored to fit with the business nature of each department, level or service.
- Training for managing risk should be clearly labelled. Although all training aims to minimise risk, labelling training explicitly as training for managing risk will direct more attention to the aim of training and to risk management.
- Motivating employees to participate effectively in training programmes through

highlighting the benefits of training in the risk field for the organisation and for the trainees (employees) themselves is important. Improving the competency of employees to manage risk should be followed by motivating them to use their capabilities. According to Wilde (2001), the ability of employees to control risk is different from their willingness to do this. Both issues are needed, and both should be considered.

- Providing a proper training environment, using appropriate techniques and tools, and recruiting qualified and well-skilled trainers are also central (Blanchard & Thacker, 2007).
- Assessing the outcome of training to identify any gaps or shortcoming in training should be carried out.
- Training should be a continuous process and should be updated on a regular basis (Cowan, 2000).
- Employees/trainees should be involved in identifying required training and in assessing training outcomes. The employees' suggestions and comments should be considered.

In addition to the above, for an effective training process, there are certain challenges that should be considered. Bartol, et al. (2005), Samson and Daft (2005), and Conrow (2003), point to the main challenges of training that organisations face. These involve relating and directing training to be in the same direction as the organisation's objectives, culture and strategies; determining the best form of training that fits with the nature of organisation's businesses; and considering backgrounds of trainees and the training needs of each department, business or level of staff. Training, therefore, should involve linking with the management strategy and business objectives, and should be modified to fit with the trainees' needs and capabilities (Blanchard & Thacker, 2007). Training should be developed and tailored to stimulate the organisation's requirements and performance, thus, training should be customised to be more specific and to be relevant to the objectives and policies of the organisation, the backgrounds of trainees, and the organisation's context (Keep, 2005). In risk management, training is usually directed toward preparing employees to deal with and control unfavourable outcomes of risk. However, training (especially in some organisations and fields, such as in the MASH Trust) should involve another aspect and objective. This objective is to improve the awareness of employees to deal with risk as something that involves opportunities,

not only harm (Adams, 1995), thus, to prepare and to teach employees to benefit from the opportunities of risk taking.

On the other hand, Blanchard and Thacker (2007) add that one main challenge that organisations face in terms of training is transferring training objectives to the job context, in other words, transferring and implementing what was learnt in training to their job. According to Walker (1992) and Stone (2002) if trainees fail to transfer and implement what they learned in training in their job, training would be a waste of time and effort. Part of the training effectiveness is to prepare trainees to deal with particular situations through carrying out training to their job context. Stone (2002) suggests that one way to deal with such a challenge is through using on-the-job training, as employees receive training in their work environment.

In this regard (transfer training), many researchers, such as Brinkerhoff and Apking (2001) and Leberman, McDonald and Doyle (2006), connect the challenge of transfer training to three main issues: the trainees, the system and management support, and the training itself. Regarding the first issue, Leberman, McDonald and Doyle (2006) point to some attributes of trainees as a challenge of transferring what they learned in training to the work context; for example, these are the variances in backgrounds between trainees and their co-workers and the lack of trainees' confidence about the effectiveness of training, or how to use the new skills in the work field. Brinkerhoff and Apking (2001) add that in some instances the trainees may not be interested in applying what they have learned in training, as they may see training as part of just following procedures, rather than a personal belief of the importance of training.

Regarding the second issue, Conrow (2003) and Broad and Newstrom (1992 as cited in Leberman, McDonald and Doyle, 2006) consider that management's support, especially top management, of training and the follow up of managers to trainees to implement the new skills in their work, are essential for a successful process of transfer training. Brinkerhoff and Apking (2001) note that if employees (trainees) feel that the management is interested in training, they usually treat training more seriously and with more awareness. Management support involves providing a suitable environment of training, well-prepared training programmes, qualified trainers, and a sufficient budget (Walker, 1992; Stone, 2002; Blanchard and Thacker, 2007).

The third challenge of transfer training is related to the training itself. Analoui (1993 as cited in Leberman, McDonald and Doyle, 2006) and Brinkerhoff and Apking (2001) found that one main challenge of transfer training lies in the context of training, whether or not training fits with the natural environment of the organisation (the work field), and whether or not training is established on an organized process and a well-prepared plan. Ignoring these challenges or failing to manage them, as Conrow (2003) and Brinkerhoff and Apking (2001) suggest, cause them to be barriers for transfer training that may affect the expected outcomes and the pre-determined objectives of training. Russ-Eft and Zenger (1995) point to strategies to deal with these challenges. For example, they (Russ-Eft & Zenger, 1995) found from a study that was conducted on programmes, that educating trainees about the benefits of training before they commenced training improved the trainees' attitude toward the training itself. Also, Leberman, McDonald and Doyle (2006) emphasise the cultural factor when transfer training, and point to some studies (for example, Lim & Wentling's study in 1998) that clarify the co-relationship between culture and transfer training.

Another challenge that is mentioned by researchers such as Stone (2002) and Blanchard and Thacker (2007) is related to the external training programmes. Blanchard and Thacker (2007) note that organisations, in general, tend to use external-based training programmes, or to obtain pre-prepared programmes. Although external pre-prepared training allows trainees to benefit from training experts and interchanging ideas, the main challenge is the extent to which such programmes relate to the context of the organisation and the background of its employees. Walker (1992) points to this challenge and mentions that training usually comes in a form of ready-made programmes. Using an external training programme or ready-made training programme requires modifying training to meet with the organisation's context, and objectives, and to consider employees' personal attributes and backgrounds (Stone, 2002; Blanchard & Thacker, 2007; Walker, 1992). However, whether training is designed internally by the organisation, or externally, training should be assessed and modified on a regular basis to meet any changes in the organisation. Walker (1992) highlights this issue and states that training should be continuously evaluated and developed to fit with the dynamic environment of organisations. This requires a constant follow up and innovation of training context to fit with any developments in the organisation.

SUMMARY

This chapter has reviewed the literature related to risk management from four angles: the concept of risk; risk management; risk management in healthcare organisations including disability support organisations; and the role of training in managing risk. Different perspectives and various viewpoints have been demonstrated regarding the meaning of risk. This has involved discussing both the role of perception in risk management and the cultural dimension of risk. Thereafter, the role of training in improving the skills and awareness of employees in dealing with risk was highlighted.

In the next chapter, the research objectives and methodology will be examined, in addition to other related issues, such as ethical aspects and participants' selection.

CHAPTER FOUR: RESEARCH METHODOLOGY

INTRODUCTION

This research aims to study the perception of employees in one non-government organisation that provides long-term services to mental, intellectual and physically disabled consumers. The dominant theme of the research is how employees in this organisation understand and perceive risk and initiatives for managing risk.

In addressing the aim of the research, the following specific objectives have been developed:

- To identify areas of risk in an organization that provides long-term services to psychiatric, physically and intellectually disabled consumers.
- To examine the perception of risk by staff working in this long-term healthcare facility.
- To identify issues and ways of managing risk, including training.
- To postulate a model that demonstrates a relationship between the perception of risk, training, and the minimisation of risk in one long-term psychiatric, physical and intellectual disability facility.

In this chapter, the methodology chosen will be discussed focusing on the appropriateness of the methods employed. This will involve examining the methods of data collection and analysis used; sample selection, size and structure; the role of triangulation in improving the validity and reliability of results; the ethical issues involved; and the process of the pilot interviews.

THEORETICAL PERSPECTIVE

A Qualitative Approach

Interpreting individuals' perceptions, experiences and feelings, and exploring the way they view particular events require the use of multiple research methods, and necessitate interaction with participants as well as observing the work context. A qualitative research approach is the optimal method for this type of study as it enables the researcher to study and explore the phenomenon in detail and to answer 'how' and 'why' questions (Denzin & Lincoln, 1998).

A qualitative approach also allows the study of the event in its real world context, in a naturalistic and holistic way (Patton, 1990; Denzin & Lincoln, 1998; Lewis, 20003; Yate, 2004; Cuba & Lincoln, 2003). Further, a qualitative approach allows the researcher both to conduct person-to-person contact with people related to the event through an in-depth interview, and also to be part of the study itself through participant observation (Brewer & Hunter, 1989). This mixture of methods in collecting data is not only effective in collecting data and in exploring the main issues and aspects of the phenomenon, but it also enables triangulation.

Along with the multiple-methods technique, qualitative research is usually an effective approach when using other empirical approaches, such as case study (Denzin & Lincoln, 1998). Both qualitative research and case study strategies strengthen data collection through achieving in-depth study and detailed research.

Qualitative approach is also an effective research approach for understanding and interpreting the behaviour and viewpoint of participants as it permits comprehensive discussion and investigation of the research question. Through qualitative research, the researcher may collect wide-ranging descriptions of the perceptions and feelings of participants, and find out how the research participants understand the subject under investigation (Ritchie, 2003). Additionally, in qualitative research open-ended questions with semi-structured interviews are frequently used. These provide flexibility in asking questions, collecting detailed data, and interpreting responses, as well as close interaction between the researcher and the participants (Lewis 2003; Snape & Spencer, 2003; Bryman, 2004).

Another advantage of a using qualitative approach in this research involves the naturalistic and holistic aspects of qualitative research. This method enables the researcher to interact and engage personally and closely with the group members of the organisation under research, through interpreting and observing participants in their own work environment. Qualitative research enables the researcher to be a part of the organisation being researched and to attain better understanding of the event, especially when “an investigator cannot know in advance what such phenomena mean to those being studied” (Gorman & Clayton, 1997, p. 23). Qualitative research with its holistic and smooth way of studying a particular issue can be used with inductive analysis (Patton, 1990), which is particularly appropriate for this research.

Finally, this research is based on exploring the way the research participants actually perceive risk, in other words their “knowledge of the way things are ...” (Cuba & Lincoln, 1998, p. 204). The qualitative research method is therefore suited to this research through its emphasis on realism, which enables the researcher to find out “the [actual] meaning and interpretation...held by individuals” regarding a particular event, such as risk (Snape & Spencer, 2003, p. 11).

In contrast, despite these advantages in using qualitative methodology, many researchers, such as Platt (2002), Stake (1994), Gubrium and Holstein (1997) and Cho and Trent (2006), point to the following limitations and disadvantages that are related to qualitative research: the subjectivity of qualitative research; the difficulty of generalisability and the difficulty of attaining validity and reliability. Mehra (2002) notes that in qualitative research the researcher bias and subjectivity are common concerns, and it is difficult to avoid researchers imposing their interpretations during data collection and analysis, since the researcher is the research instrument in qualitative research. In addition, Robinson (1996) points to the validity and reliability in qualitative methodology as major concerns, and claims that there are many arguments and much debate between researchers regarding these two issues in qualitative research. In this research, the validity and reliability were maintained through the triangulation process, in which multiple research methods and sources of data were used.

Case Study Method

It is noted by some researchers, such as Lewis (2003) that the terms ‘case study’ and ‘qualitative research’ are usually used in conjunction with each other, and in some instances are used interchangeably. Lewis (2003) states that

The term ‘case study’ is strongly associated with qualitative research although it is used in a variety of ways. Indeed, it sometimes appears to be used as a synonym for qualitative research. (p. 51)

Against this, Yin (2003) argues that “the case study strategy should not be confused with qualitative research, [as in some instances] case studies can be based on any mix of quantitative and qualitative evidence” (pp. 14, 15).

The case study method, as it is defined by Gorman and Clayton (1997, p. 50), “refers to the application of specific qualitative research methods in a specific setting”. It allows the researcher both to study the phenomenon and its context and to participate in a real workplace environment, thus, establishing a detailed data base regarding the case.

This involves explaining and studying all aspects of the phenomenon in its real context without manipulation by the researcher, something often difficult to achieve in other methods, such as the survey (Yin, 2003). However, one main limitation of using the case study method, similar to the qualitative approach, lies in the generalisability of research, as each case has its unique and distinctive conditions (Greene, 1994; Stake, 1994). Greene (1994) notes that “most qualitative evaluators use a case study to frame their work and hence emphasise context, but not generalisability” (p. 537).

The case study design is classified by Yin (2003) into two main types: a single case study (one site) and multiple case studies. The decision to use single or multiple-case studies depends on many factors, such as whether or not the research aim is to conduct a comparative study, or whether or not the research aim is to attain generalizability (Yin, 2003; Gorman & Clayton, 1997).

This research uses a single case study approach. The main reason for choosing one case study in this research relates to the main aim of this research: to conduct an in-depth study of how employees perceive risk. This is not a comparative study where two or more case studies may be appropriate but rather an in-depth phenomenological study, in

which understanding the phenomenon and its context from the perspective of participants (Holstein & Gubrium, 1994) is the aim of this research. According to Welman and Kruger (1999, as cited in Groenewald, 2004, p. 5), the phenomenological approach is “concerned with understanding social and psychological phenomena from the perspectives of people involved”. Phenomenology is an ideal method to explore and explain a particular phenomenon and to study the event without pre-assumptions or bias of the researcher (Bryman, 2004). Therefore, phenomenology seemed the best approach to be used in this research. People are unique in their feelings, values, attitudes, experiences, knowledge, context, sensations, and images (Charns & Schaefer, 1983; Wilding, 1982; Bannister & Bawcutt, 1981). These main components of people’s perceptions are dynamic and distinctive, and are influenced by many variables; one of them is the context of the site. So, while using more than one case study requires the researcher to consider the differences and variables in different case studies’ contexts and environments, using a single case study attains equivalent conditions for the research participants. Indeed, Yin (2003, p. 39) notes that “... a single-case study is analogous to a single experiment, and many of the same conditions that justify a single experiment also justify a single-case study”.

Yin (2003) and Babbie (2001) classified case studies as three types, according to the purpose of the research: descriptive, exploratory and explanatory. Yin (2003) claims that when the research aims to answer the ‘what’ question, the research is exploratory, whereas, ‘how’ and ‘why’ questions are related to explanatory case studies. Descriptive case studies are usually used to describe the situation or the case as it is (Babbie, 2001). This research uses a case study method to explore what the term risk means to the participants, how the participants perceive risk, and why they perceive it in the way they do. Therefore, this research is exploratory as well as explanatory.

Another reason for using a single case study design relates to the nature and type of the selected location. According to Yin (2003), when the site of the research is atypical, then its characteristics and conditions will be different from other sites/organisations in the same field. NGOs that provide healthcare services to clients with psychological, intellectual and physical disabilities in New Zealand are unique. Each organisation has its own management system and environment. In the present research and in a small society such as New Zealand, it is also difficult to conceal the name of the participant

organisations, especially from each other. This might create an undesirable situation, as focus might be directed towards a comparison between these organisations rather than focusing on the research phenomenon and objectives. In addition, this might also affect the ethical standards of the study. The major NGOs that provide long-term services to mental, intellectual and physically disabled consumers in New Zealand are limited, and even using noms de plume might fail to secure the confidentiality of the real names of these organisations, which become important in a comparative study where differences between the organisations are teased out and discussed.

Finally, qualitative research requires the detailed study and investigation of the phenomenon and the collection of in-depth qualitative data. This requires a holistic understanding of the research event, context and site. Maxwell (1998) notes that

Qualitative researchers typically study a relatively small number of individuals or situations and preserve the individuality of each of these in their analyses, rather than collecting data from large samples and aggregating the data across individuals or situations. (p. 75)

As this research is a PhD study carried out by a sole researcher, it is difficult to conduct a large number of in-depth interviews within a limited time, as such interviews require a team of researchers and a much time for data collection and analysis. In addition, in this research, which is based on a single case study rather than multiple case studies, I followed the opinion of Emory (1985) who points out that for in-depth research using an intensive study of a small sample (i.e. single case study) is more effective than a less intensive study of a large sample (i.e. multiple case studies).

Data Collection Techniques Used in this Case Study Research

In line with other qualitative approaches this research involves observation, interviews, and document search. Many researchers, such as Yates (2004), Legard, Keegan and Ward (2003), Goodwin and Horowitz (2002), and Patton (1990), consider such methods the main data-collection techniques in qualitative research (in addition to the focus group method). Other researchers (Denzin & Lincoln, 1998; Yin, 2003) also include visual materials, personal experience, and physical artefacts.

For this research the following techniques were used in collecting data:

- Observation and field visits,
- In-depth interviews,
- Archival records and document search.

Using these techniques was important for collecting in-depth qualitative information and for interpreting and probing the research participants, and thus understanding and exploring their perceptions, experiences and viewpoints about the concept of risk. Ritchie (2003) notes that using multiple research techniques in the qualitative study is essential, as each method “brings a particular kind of insight to a study” (p. 37).

The observation technique is an effective tool that enables the researcher to participate and engage in the real workplace environment of the participants. It allows viewing of the organisation under study in a naturalistic way and observing things as they are. Using the semi-structured interview approach provides a needed flexibility in asking questions and permits listening, the observation of participants’ body language, and the interpretation and clarification of any meanings or answers. It thus provides a real advantage in the depth of information that can be collected and allows discussion of any new issues and questions that may arise. Lewis (2003, p. 57), for example, finds that “the key types of generated data in qualitative research are [from] in-depth interviews and focus group”. Finally, investigating documents allows the researcher to review the policies and procedures of the case under study, the historical data, the organisational structure, and also some related agendas, reports and minutes. Although these techniques are on occasion used separately, they are often used together because they are related and interconnected, and thus are difficult to deal with separately. For example, while visiting the research location and MASH Trust houses, and while conducting personal interviews with participants, the researcher also observed. This was carried out by experiencing the environment of existing services and houses, and by monitoring the body language of participants in interviews. In some instances, during the interview the participant also provided the researcher with documents, which the interviewee used to help answer or expand a question asked by the interviewer.

Observations and field visits

For this research, observation was an integral part and one of the primary research methods of the data searching and collecting process. Observation is usually viewed as “the fundamental base of all research methods” in the social and behavioural studies (Adler & Adler, 1994, p. 389). Two types of observations were used: direct and participant observation. The researcher employed both types in the field work and during the visits of the site, some times separately, sometimes together.

Observations were carried out throughout the data collection process. During the first visit to the research location, the researcher was introduced to the managers and supervisors at the research site, the MASH Trust. This introduction was made by the quality and risk coordinator, who was appointed by the CEO to be available as a main link for the researcher to provide guidance during the fieldwork. During this visit the researcher was given workspace and a timetable (3 days a week) for using the office. This allowed the researcher to observe the MASH Trust’s environment directly and to engage with staff and build some form of friendly rapport. The researcher could spend time and interact informally with management staff during the day, for example, during morning tea time. In this regard, Yin (2003, p. 92) notes that “by making a field visit to the case study ‘site’, you are creating the opportunity for direct observations”. From the first day the researcher started his field work in the MASH Trust, an office with a table, chair and a telephone was provided for him. This office had been occupied by a staff member, and was still used by another staff member, but only for two days a week. This why I used the office three days each week for three months.

The MASH Trust depends on the open-office policy, in which most offices were only separated by mini-partitions that provided some privacy. The researcher therefore had little difficulty in observing the work environment and watching others while he stayed in ‘his office’. At the same time, the researcher himself was subject to the observations of others. In many instances, eyes stared at eyes and smiles were exchanged. In addition, the researcher’s office was in a strategic place in terms of the field work: it was on the first floor, close to the offices of the CEO and the administrative manager, and in front of a photocopy machine. For the researcher, being near the photocopy machine was an asset: it enabled the researcher to talk and communicate with other managers and staff who were working on the ground floor and who came upstairs to

photocopy. On occasion, clients also visited, and the administrative manager, whose office was directly beside the researcher's office, introduced the researcher to some of these managers and staff. The researcher's face became familiar to employees, which facilitated the researcher's approach to some of those employees to participate in interviews.

My task in this location was split into three parts: read documents and obtain archives that were not allowed outside the MASH Trust, but were allowed to be reviewed and read by the researcher on site; continue to contact the managers to get their approval to participate in the research; and observe the case study context in a natural way. As a result, the researcher gained a positive impression of the Trust as he noticed the evidently friendly and comfortable work environment. Also, as the CEO from the first day generously opened her office to the researcher for any enquiry at any time, the researcher took up this offer and did not hesitate to contact the CEO whenever any issue needed to be clarified.

The second aspect of direct observation involved visits to some of the MASH Trust's care houses and facilities. These visits enabled me to become knowledgeable about the nature and types of services/care-houses provided by the MASH Trust. The other benefit was that it helped the researcher build communication channels with staff. This was helpful later when it came to inviting those staff to participate in the interviews, and in encouraging some staff from these houses to take part in the research. Other advantages involved observing and recognising the real-life situation of the clients, and the design and layout of houses services that are provided. This gave the researcher a sense of the mechanism of work and the context of these houses, as well as the surrounding environment. Other visits provided information about the recreation and leisure opportunities of the MASH Trust's clients.

The third aspect of observation was provided when I attended meetings and events in the MASH Trust, such as the Annual General Meeting (AGM) and a Board of Trustees' meeting. These meetings were valuable opportunities to interact with the Board of Trustees' chairperson, the Board members and other stakeholders. The AGM also provided a significant source of information about the MASH Trust's performance, progresses and planning.

In the first AGM I attended (in 2005), the attendees represented almost all the stakeholders, for example, the Chairperson, members of the Board of Trustees, the CEO, health authorities from the Mid-Central District Health Board, community managers, staff, clients, and others, such as the previous Chairperson of the MASH Trust. This meeting was the first general meeting for the researcher both at MASH, and in a New Zealand health organisation, and was a valuable opportunity to meet the Chairperson and Trustees as well as some managers who came from outside Palmerston North, such as the manager of the MASH Trust Office in Wellington. This meeting led to a later invitation for me to have lunch with members of the Board of Trustees in their meeting after a few weeks later.

At this AGM the CEO gave a brief but comprehensive and informative report about the performance of the MASH Trust during the previous year. I attended another AGM in 2006. This AGM was in the new location of the MASH Trust management's offices. Although the new venue was larger than the old, and there were many new faces (new managers and staff), and the meeting in general was similar in agenda and procedures to the previous meetings, there were less attendees than in 2005.

Regarding the Board of Trustees meeting, I met and had conversation with almost all trustees who seemed interested in the research matter. As a result, the participation of the Chairperson and two other members responsible for the Financial and Risk Committee (FARM) in the research was agreed. Contact details were collected for later appointments for interviews. After lunch, the researcher was invited by the Chairperson to give a brief presentation about his research to the trustees. Although unexpected, the presentation was carried out and the researcher answered trustees' questions.

I used the participant-observation method in many places within the fieldwork. For example, the researcher was the observer in every face-to-face interview. In many of these interviews, body language had a significant role and meaning (Angrosino & Mays de Perez, 2000). This was especially important as the study is related to some individual variables such as perception and experience. Patton (1990, p. 32) states that "even if you concentrate primarily on interviewing ... every face-to-face interview also involves and requires observation". In this sense, almost all interviews were conducted in the MASH Trust's main offices, whether in the conference room, in participants' offices, or in the

participants' workplace (i.e. MASH Trust houses). This reinforced the observational dimension in the research and helped in viewing and understanding the nature and the environment of the site.

Another aspect of the participant-observation method that I used, was participating in some social activities of the MASH Trust, for example, a Christmas Party. I was invited to attend a party organised by the former chairperson of the MASH Trust for both staff and clients. Patton (1997) stresses that in fieldwork the researcher should share in real activities with the participants whenever it is possible. Participating in such activities gave me the opportunity to observe things as they occurred, and to benefit from the intimate advantage of observation (Frankfort-Nachmias & Nachmias, 1996). For example, these activities provided the researcher with a natural and typical example of the informal relationship between clients and workers, and workers and their managers. This type of participation was also an opportunity for informal but direct communication with clients, staff and management. Throughout my field research I maintained a note book to write down any observation that was relevant to the study. This process (writing the field notes) was usually done immediately after each observation or interview in order to reduce the possibility of losing vital data.

On the other hand, observational method is not free from limitations and shortcomings. Indeed, these limitations are related to three issues: the participants, the observer and the phenomenon under investigation (Bryman, 2004; Adler & Adler, 1994; Gravetter & Forzano, 2003). For the first limitation, Adler and Adler (1994) note, that in the presence of the observer, people may not behave naturally as would be the case if were being observed. This, as Adler and Adler (1994) mention, may affect the reliability of the collected data. Gravetter and Forzano (2003) call this the problem of reactivity. Regarding the second criticism of the observational method, there is usually a concern about the observer's bias. Robinson (1996) and Adler and Adler (1994) state that observers may rely on their perception in recording what they observed and they may write the event from their viewpoint, rather than as it actually happened. In addition, in terms of concerns that are related to the observer, ethical issues, or what Adler and Adler (1994) call *ethical malpractice*, could exist in observations if researchers deliberately tend to hide their identity or purpose of their study with the participants, or they may try to observe events that do not relate to the research topic or they have not

gained permission to observe such events. In addition, they may invade the essential privacy of the participants (Erikson, 1967 as cited in Adler & Adler, 1994). Finally, according to the phenomenon under study, some events or behaviour are difficult to be observed; in some instances, it is difficult to easily understand the cause (Gravetter & Forzano, 2003).

In-depth face-to-face interviews

“We interview people to find out from them those things we cannot directly observe” (Patton, 1990, p. 278). Because it is related to the inner-self, and includes feelings, attitude and sensations, rather than visible aspects of behaviour, participation cannot be observed directly. Interviews, in general, are a communication technique and involve personal interaction. It is “...one of the most common and powerful ways in which we try to understand our fellow human beings” (Fontana & Frey, 2000, p. 645).

Numerous aspects make in-depth interviews a prime and an effective way of investigation in this qualitative research. This research aims to explore the meaning of risk from the perspective of participants; hence their personal explanations and understanding of this issue are important. Holding conversations with participants is the most effective way of investigating these individual issues and studying this phenomenon. Yin (2003) argues that “interviews...are essential sources of case study information” (p. 89), and particularly for “case study evidence because most case studies are about human affairs” (p. 92), as the interview is an effective method of conversation that enables researchers to collect detailed data regarding a particular event (Legard, Keegan & Ward, 2003; Denscombe, 1998).

This research is based on face-to-face semi-structured interviews. Open-ended questions were used as a means of discussing and collecting data from participants. Legard, Keegan and Ward (2003, p. 142) note that, “...qualitative interviews are almost always conducted face-to-face. It would be extremely difficult to conduct really detailed in-depth interviewing over the telephone”.

Selecting the semi-structured interview method to collect data refers to the main features of this type of interview, which involves four main advantages (Robson, 2002; Gubrium & Holstein, 2002; Briggs, 2002; Legard, Keegan & Ward, 2003): first, in-

depth semi-structured interviews enable the researcher to focus on the main subject of the study, while at the same time interviewees can talk unreservedly with an opportunity for probing by the interviewer.

Second, these interviews allow the interviewer to respond effectively and immediately to the participants' responses. Semi-structured interviews provide informal and more flexible conversation, as well as fewer limitations in moving from one topic to another. The flexibility in the in-depth interview is essential for dealing successfully with each interviewee (Legard, Keegan & Ward, 2003), because in many instances the researcher needs to shift from one topic to another depending on the previous response of the participant.

Using this type of interview also allows the researcher to probe any idea or answer, and interrupt the participants for any details or explanation. Berg (1998) notes that in semi-structured interviews

Questions are typically asked of each interviewee in a systematic and consistent order, but the interviewers are allowed freedom to digress; that is, the interviewers are permitted (in fact expected) to probe far beyond the answers to their prepared and standardised questions. (p. 61)

In this type of interview, where in-depth data are needed and open-ended questions are frequently asked, there is a high feasibility of probing for details or exploring any new topic or argument issue (Ackroyd & Hughes, 1981). This would be difficult in structured interviews where "the interviewer asks all respondents the same series of pre-established questions with a limited set of response categories" (Fontana & Frey, 2000, p. 649). Finally, through the semi-structured in-depth interviews, the interviewee can propose ideas, and will be able to clarify any point or question in the interview (Robson, 2002).

One main advantage of personal conversation with participants involved the creation of a positive environment and in some instances the development of a warm relationship between the researcher and the interviewee. This aspect motivated many participants to recommend other individuals to be interviewed. Moreover, some participants encouraged their colleagues or subordinates to be a part of the research, while others

proposed and introduced additional sources of information and documents that enriched the research. This approach provided a significant contribution of the fieldwork, as one main method of recruiting the research participants was the 'snowball' approach. Yin (2003) discusses this issue, stating that participants "...can suggest other persons for you [the researcher] to interview as well as other sources of evidence" (p. 90).

All interviews in this research were tape-recorded. The benefits of tape-recording interviews are significant. This method allows the researcher to focus on interacting with the participant rather than writing the responses. It also helps when observing the body language of interviewees, and allows more attention to be paid to the interviewee rather than to the interview questions. In addition, by tape-recording the interview no words are missed as the whole dialogue is recorded (Johnson, 2002). Other benefits include the convenience of being able to return to the interview text should it be necessary to clarify any matters.

Notwithstanding these advantages, using a tape-recording machine in interviews involves some limitations. Warren (2002), for example, notes that recording interviews could affect the respondent who may feel uncomfortable and thus he or she may become more cautious in talking. In some instances during the interviews in this research, I had been asked by the respondents to turn off the tape recorder before those respondents would continue to talk. Another limitation is related to the method of using of a recording machine and the function of the recorder itself. Lack of experience in using the recording machine by the interviewer could lead to omitting some data due to incorrect turning on of the recorder, or the recorder itself could involve a technical fault, such as in microphones which may muffle the voice (Sidman, 2006). To avoid any unforeseen technical problems with the recording machine, I checked the recorder before each interview. The third limitation is related to the transcription process, which consumes time and is an expensive method (if the researcher hires a transcriber). In the case of hiring a transcriber, both the transcriber and the researcher should be careful where to punctuate the transcript. The transcriber should be accurate in transcribing the interview exactly as it is stated (Sidman, 2006). In this regard, after the interviews were transcribed, I sent a transcript to the particular interviewee to make sure that no error had occurred during transcribing. Later, when I came to analyse the transcripts, I carried it out through reading the transcript in conjunction with hearing the tape recording of

the particular interview at the same time. This technique was useful for better recognition of the verbal signals (Sidman, 2006).

Finally, face-to-face discussion, especially for in-depth interviews, provides significant contributions to the interview data. One of these advantages refers to the nature of personal contact between people. Face-to-face interviews, in general, involve high levels of personal communication with the interviewees (Groves, Fowler, Couper et al., 2004). In addition, the rate of responses and the rate of answered questions in personal interviews are very high (Denscombe, 1998; Groves et al., 2004). During the interviews for this research, almost all issues raised by the researcher were answered by the participants. Another advantage of face-to-face interviews is that they combine interviewing and observation. In the in-depth interviews, especially when the main subject of the research relates to the perceptions of participants, this combination is significant. This type of interview permits the interviewer to observe the environment; it allows responses to any unexpected issue, for example, some participants received phone calls during their interviews, in another case the interviewee was urgently summoned away.

However, in spite of these benefits, there are some disadvantages to in-depth face-to-face interviews, such as the higher time commitment, and the high cost and preparation (Frankfort-Nachmias & Nachmias, 1996). During this study, the researcher travelled long distances on a number of occasions to conduct face-to-face interviews with some participants.

Archival records and document review

In addition to the observations and personal interviews, the documentation reviewing method was used in this research. Yin (2003, p. 85) states that “documentary information is likely to be relevant to every case study topic”. The main documents used in this research involved training agendas, administrative documents, and some internal policies and procedures related to managing risk in the MASH Trust. Other documents, classified as archival records, involved the previous and current organisational structure of the MASH Trust, maps of geographical locations of the MASH trust houses and offices, and reports and manuals such as accreditation manuals. According to the ethical standards of the research, the required documents and archival records used in this study

were examined by the researcher after approval from the MASH Trust Ethics Committee and the CEO was granted.

The role of documentation in this research, and in qualitative research in general, is significant. This role usually becomes important when documents are used “to corroborate and augment evidence from other sources” (Yin, 2003, p. 87). Documentation as a source of information benefited the research in many ways. It provided the researcher with the addresses and locations of the MASH Trust’s offices and houses; archival records provided the researcher with the MASH Trust staff’s names and their contact numbers, which facilitated contacting and inviting them to participate in the research; and some agendas, such as training agendas, enabled the researcher to recognise the nature of these training sessions.

In addition, the organisational structure charts provided a clear picture of communication channels, job titles and positions, and type of hierarchy of the MASH Trust. According to Hodder (2000), the documentation review method is significant for qualitative research “because, in general terms, access can be easy and low cost, because the information provided may differ from and may not be available in spoken form, and because texts endure and thus give historical sight” (p. 704). Other public manuals and leaflets also proved excellent sources of information for this research. These included the leaflets on the services provided by the MASH Trust, the MASH Trust mission and goals, and the introduction manual to the MASH Trust.

Ethical Aspects

Ethical approval for this research was obtained from both the Massey University Human Ethics Committee (MUHEC) and the Health and Disability Ethics Committee. (See Appendix 1 for a copy of the approval documents).

I also approached the MASH Trust’s CEO, as well as the ethics committee of the MASH Trust, for their approval to use the MASH Trust as the site of the study. I met with the CEO of the MASH Trust to discuss an outline of the proposed research. As a result, the researcher was granted primary approval from the CEO to carry out this research in that organisation (See Appendix 2). Later, a new CEO of the MASH Trust was appointed. This appointment required another visit from the researcher and his

supervisor to the new CEO to reintroduce the proposal and aims of the research. The new CEO welcomed the start of the field work and agreed “to use the name of the MASH Trust and details of the Trust” in the research report (See Appendix 3).

As required by the Massey University Ethics Committee, the researcher gave all necessary information regarding his research through a detailed application. The Information Sheet (see Appendix 4) included information about the researcher, the research objectives, the research methods, the length of the interviews, and the rights and obligations of the participants. This information included protecting the privacy of collected data. The information sheet was given to each participant before the interview was carried out and participants were asked to sign the Consent Form (see Appendix 5). Before conducting the interview the researcher answered any participant enquiries about the research.

The collected data were stored in a locked place (office cabinets). The signed Consent Forms were stored separately in a different locked place. The keys were kept only by the researcher. After the research is completed, the data will be kept in storage for 10 years, according to Massey University protocol. The audiotapes of the interviews will be returned to the participant or stored, depending on the wishes of participants. At the completion of the research, the participants will receive a summary of the research results. All participants had been notified through the information sheet (see Appendix 4) and also by the researcher before the start of the interview that they were under no obligation and they had the right to:

- decline to answer any particular question;
- withdraw from the study at any time;
- ask any questions about the study at any time during participation;
- provide information on the understanding that their name would not be used unless they gave their permission to the researcher;
- access to a summary of the project findings when it is concluded.

As mentioned earlier, transcription of the taped personal interviews was made by another person, well experienced in transcribing these types of interviews. This person was from outside Massey University and did not work with the MASH Trust. This

procedure aimed to obtain high-quality transcripts to avoid any potential bias from the researcher during the transcription stage, and to maintain confidentiality. Moreover, because the researcher's native language is not English, it was advantageous to have an English-speaking person transcribe the interviews. However, before starting the transcribing process, the transcriber was asked to sign a Confidentiality Form (See Appendix 6).

Confidentiality was maintained throughout all stages of the research. Nothing of what was discussed was made available to anyone other than the researcher and the researcher's supervisors. Every effort was made to ensure the preservation of anonymity in the research.

Selection of Subjects: Sample Selection, Size and Structure

The aim of the researcher through the fieldwork was to approach all key informants. All the MASH Trust staff from all levels were viewed as key informants for this study. However, the researcher used the term 'key informants' in the information sheet to differentiate those participants in a managerial level (top management, Board of Trustees members and other managerial levels) from those at other levels. Those not working at managerial level were called nominated participants. This term is based on the way in which these participants were recruited for this study; as they were nominated by their managers, supervisors or their colleagues. However, to avoid any confusion, this research used the term 'participants' at governance and managerial level instead of key informants.

While all the MASH Trust staff were the target participants in this study, it was practically difficult to interview all employees, and it was not expected that it would be possible to acquire approval from all to participate in the research. The target number of participants was therefore 20-30. This number was based on the size of the selected organization, as well as the nature and types of its business. Afterwards, and as the MASH Trust involves various levels of management and diverse types of services/houses, the target number of participants was raised to 30-40.

It is noticeable that in case study research where an in-depth study is conducted, the number of participants is usually low. Ritchie, Lewis and Elam (2003, p. 84) comment

that “qualitative research is highly intensive in terms of the research resources it requires. It would therefore simply be unmanageable to conduct and analyse hundreds of interviews, observations or groups unless the researcher intends to spend several years doing so”. In total the number of participants was 34.

I recruited the participants at governance and managerial level according to their positions; other participants were selected on a snowball basis. I was given the MASH Trust internal directory, which includes a list of names and contact numbers of the managers, supervisors and team leaders in the MASH Trust. These were contacted by me through one of the following three ways: personally; by the MASH Trust’s internal mail; or by telephone. The Chairperson, CEO and members of Board of Trustees were approached in person by the researcher. For the participants from the staff level, there was no list of names or phone numbers available to contact them directly. In addition, to visit the MASH Trust houses or communicate with support workers in these houses required previous permission, as I had been told by the CEO, from their supervisors. This was the reason for using a snowball approach, in which these participants were nominated by their supervisors and colleagues, when communicating and selecting them to participate in the research.

Participants at governance and managerial level were positive in their response and readily agreed to take part in the research. All top management and Board of Trustees’ members invited by the researcher, agreed to be interviewed. In addition to the chairperson and the CEO, two Board of Trustees’ members who were closely linked to the risk management process in the MASH Trust, were also interviewed. Similarly, all staff from other managerial levels were contacted by the researcher and almost all agreed to be interviewed. Only one manager offered his apologies before the interview due to a busy work schedule. However, the number of participants here was 13 from 14, the total number of staff in the managerial level in the MASH Trust. Other participants were approached after they were nominated by their supervisors/managers or their colleagues, and after the researcher had received permission from their supervisors to approach them. The nominated participants involved mainly house coordinators and support workers. The number of nominated participants actually interviewed was 17. However, six other nominated participants withdrew from this study for variety reasons.

All the participants were asked to give 1–2 hours of their time to participate in the interview. Each participant was provided with the information sheet on the research process and its aims. The researcher then contacted the participants to check who was interested in participating in the study. All participants were asked to sign the Consent Form before the interviews began. Participants were informed that their interviews would be taped, and that they would receive a transcript of the interviews for review and possible changes.

Interviewing different employees from different disciplines and levels enabled the researcher to gain a diversity of opinions and responses, and to articulate the various views and perceptions. This enriched the research as the researcher could establish a broad picture, and examine all potential perceptions of the concept. The researcher aimed to approach and involve the three functional areas of the organisation: mental health, intellectual, and physical disability.

Guidelines for Interviews

Following the literature review and after confirming the research problem statement, the purpose and objectives statement, and also the research methodology, the next step was to design the questions.

For an in-depth semi-structured interview, the open-ended questions method was used. Open-ended questions are viewed as an appropriate technique in qualitative research where detailed data is required (Yin, 2003). Although open-ended questions do not provide standardised answers, they allow more effective two-way communication between the researcher and the participant. This provides a wide and flexible range for participants to explain their viewpoints, and thus for the researcher to obtain extra information that may surface during the interviews. According to Singleton and Straits (2005)

The greatest advantage of the open question is the freedom the respondent has in answering. The resulting material may be a veritable gold mine of information, revealing respondents' logic or through processes, the amount of information they possess, and the strength of their opinions and feelings. (p. 267)

A set of questions were used as guidelines for the interviews. Any topics or new ideas mentioned during the interviews were discussed and probed. While these questions provided the researcher with a set of guidelines that directed his awareness toward the main topics of the research, they did not limit him. Three lists of questions/guidelines for the interviews were developed for this study based on the job description and posts of participants (See Appendix 7). The first set of questions was designed for top management staff and BOT members. The second set was designed for the managers and other staff in middle management. The third set was designed for the home coordinators and support workers. Some questions, however, were common to all types of participants.

In the earlier stage of the research and prior to the field work and designing the questions, I visited three HCOs; two public hospitals and a non-governmental organisation that provides healthcare and support services to people with mental, intellectual and physical disabilities. This organisation was very similar to the site of this research, the MASH Trust, in terms of services, clients and staff. These visits enabled me to be more familiar in the New Zealand health system, as well as the the nature of activities, functions, levels of employees and roles of these organisations. In addition, in these visits, I focused on the risk management system and process in these organisations. After that, an initial list of questions and guidelines was developed and then reviewed and assessed by my supervisors and myself.

To examine the validity of these questions in achieving the research's objectives, I recruited three pilot participants who were professionals and workers in the health field. These pilot respondents were from three different levels: top management, the managerial level and the staff level. After each pilot interview, I reviewed and reassessed questions considering the remarks of the pilot participant and the performance of the interview.

After that, three lists of questions were developed and finalised. Guidelines for interviews were designed in a form that helped the interviewer focus on the main topics of the research. The key topic was the meaning of the term 'risk' as understood by participants. During exploration of this topic, the interviewees were asked to support their perspectives by providing examples of their understanding of risk. This involved

identifying main types and sources of risk from their point of view. The second topic was related to initiatives and strategies of controlling and dealing with risk.

The third topic was related to how employees are prepared by the organisation, the MASH Trust, to deal with risk in their jobs. This enquiry was approached differently when the interviewee was not in a managerial position. In this case the interviewees were asked to talk about how they are prepared to deal with risk. This enquiry included investigating the main initiatives, training and programmes carried out for the MASH Trust's staff to increase employees' awareness and effectiveness in dealing with and controlling risk. In addition, the participants were invited to present their views on the existing initiatives and strategies, including training programmes, if current ones were not effective or adequate, or even if no such programmes existed.

After each interview, I assessed the questions according to their ambiguity to the interviewee. If I was feeling that some words in the questions, or the questions, were not clear or understandable, I made the needed alteration and considered this issue in the next interview. Indeed, the process of question assessment and revision was a continuous process during the field work.

Pilot Interviews

As mentioned in the previous section, three pilot interviews were carried out before the main research began. These interviews were of great benefit to the main research. The pilot interviews resulted in the examination and evaluation of the initial lists of questions, and provided the researcher with some practical experience and an opportunity to assess the interaction of participants with the proposed questions. Yin (2003) notes that a pilot study is a vital process before approaching the field or starting data collection.

The selected persons were volunteers and from different backgrounds and levels, but all worked in the health sector – one was a psychiatrist, the other a pharmacist and the third was a nurse. The participants were approached by the researcher, they agreed to participate, and the pilot interviews took place. All interviews were taped. Later, all participants were given a transcript of their interviews for any modification or comment. According to these interviews, the guideline questions were trialled, and reviewed, and

some alterations were made in the light of the participants' responses, as well as their suggestions and interactions with these questions. According to the main outcomes from these interviews, certain questions were altered, and others were added. Those questions that did not afford in-depth information, were unclear, or were not useful, were excluded.

Data Analysis

The data analysis process in this research is based on thematic analysis. By using the data collected from the interviews, analysis in this research was carried out to identify themes that arose from the data. This analysis was based on the phenomenological approach in analysing collected data and generating the themes of this research. The phenomenological strategy is an appropriate analytical approach for this research rather than other analytical strategies as it allows seeking and finding out the basic details about the phenomenon. Thorne (2000) notes that the phenomenological approach

Explicitly avoid[s] cross comparisons and instead orient[s] the researcher toward the depth and detail that can be appreciated only through an exhaustive, systematic, and reflective study of experiences as they are lived (p. 3).

Another advantage of using a phenomenological approach involved enabling the researcher to use inductive reasoning process where the data are used to generate the research themes and ideas. In this regard, Thorne (2000) sees that

Phenomenological approaches typically challenge the researcher to set aside or 'bracket' all such preconceptions so that they can work inductively with the data to generate entirely new descriptions and conceptualisations (p. 3).

Along with that, Patton (1990) outlines two strategies in data analysis process with which the researcher can begin: case analysis and cross-case analysis. Patton defines case analysis strategy as starting with the analysis of each participant's (or group's) answers as a separate case study, whereas, "beginning with cross-case analysis means grouping together answers from different people to common questions or analysing different perspectives on central issue" (1990, p. 376). However, both strategies are essential in analysing in-depth interviews.

The decision to start with either case or cross-case analysis is based on the main focus of the research; whether or not the primary focus is on the participants' variations or on the event under inquiry (Patton, 1990). For this research, case analysis came first, during which the responses of each set of participants were analysed. The aim of this study was to explore how the participants perceive risk, its types and sources and initiatives for managing it. Therefore, the initial focus was on examining and analysing this at each level of the participants. The second part of the analysis was carried out using the cross case analysis approach, where the responses of all three levels of participants were compared, analysed and discussed to identify the similarities and differences in viewpoints.

In terms of analysing qualitative data, two techniques are usually used by researchers: computer-based data analysis and manual data analysis. Many software programmes, such as the Ethnograph, NUD*IST, Atlas-ti, and NVIVO7, were developed to support qualitative data analysis (Babbie, 2001). Researchers, such as Babbie (2001), Fielding (2002) and Bryman (2004), highlight the advantages of using the computer software in qualitative research. They found that computer software can help in organising and tracking large qualitative data sets, speeding up the analysis process, and in coding and retrieving texts and transcripts. In contrast to these advantages, there are certain concerns of using software packages in qualitative research. These concerns are related to the fear from seizing and hi-jacking the analysis, and the fear from quantifying data without considering conceptual explanations (Babbie 2001; Fielding, 2002). In this research, while appreciating the advantages of using computer software packages in qualitative research, I used a manual analysis of data rather than a software package, due to the fact that the phenomenon under study was related to the examination of attitude, feelings and perceptions of the participants regarding risk. This required personal engagement in analysing data and an indepth investigation of the participants' responses.

Validity, Reliability and Triangulation

In qualitative research, validity and reliability are usually viewed in different and sometimes contradictory ways. As mentioned earlier in this chapter, some researchers, such as Cho and Trent (2006) and Gubrium and Holstein (1997), argue that validity and reliability are difficult to find in qualitative research, and claim these terms are related

to natural sciences rather than social research. However, researchers, such as Yin (2003) view these issues as essential to qualitative research. Research validity, sometimes called correctness, trustworthiness, credibility, conformability, or precision (Yin, 2003; Lewis & Ritchie, 2003; Patton, 1990), refers to “the extent to which the phenomenon under study is being accurately reflected, as perceived by the study population” (Lewis & Ritchie, 2003, p. 285). It involves three main types: internal validity, external validity and construct validity (Balnaves & Caputi, 2001; Yin, 2003).

Reliability, on the other hand, “is concerned with questions of stability and consistency” (Singleton & Straits, 2005, p. 91), and refers to whether or not research findings “would be repeated if another study, using the same or similar methods, was undertaken” (Lewis & Ritchie, 2003, p. 270). Some researchers, such as Stake (2000) and Gubrium and Holstein (1997), believe reliability is difficult to achieve in qualitative research. For example, Stake (2000) states that in qualitative research “no observations or interpretations are perfectly repeated... There is no single reality or conception of the social world to ascertain” (p. 444). Whereas, some other researchers, such as Lewis and Ritchie (2003), argue that “unless there is some belief that a finding would be repeated if another similar sample were studied... then there must be some doubt about the significance of the ‘phenomena’, as it identified in its original form” (p. 272).

On the other hand, there is also discussion about the role of triangulation in validating qualitative findings and evidence. For example, Ritchie (2003) argues that

There is much debate about whether the value of triangulation is to validate qualitative evidence or lies in extending understanding through the use of multiple perspectives or different types of ‘readings’, often termed as multiple method research. [Therefore] attempting to do so through the use of multiple sources of information is futile. It is argued on epistemological grounds, that all methods have specificity in terms of the type of data they yield and thus they are unlikely to generate perfectly concordant evidence” (pp. 44, 46).

Other researchers argue that triangulation plays a significant role in allowing “an investigator to address a broader range of historical, attitudinal, and behavioral issues” (Yin, 2003, p. 98). Furthermore, they state that using multiple perspectives or different types of methods extends understanding of the study as “more can be known about a phenomenon when the findings ... [are] generated by two or more methods” (Moran-

Ellis, Alexander, Cronin et al., 2006, p. 47). In addition, Denzin and Lincoln (2000, p. 5) maintain that “the use of multiple methods, or triangulation, reflects an attempt to secure an in-depth understanding of the phenomenon in question.” Yin (2003, p. 98) also notes that “any findings or conclusion in a case study is likely to be much more convincing and accurate if it is based on several different sources of information”.

In this research, in which multiple research methods and sources of data were used, the triangulation process was carried out through many procedures. Triangulation usually refers to the use of multiple methods or sources (Balnaves & Caputi, 2001). But, many researchers expand this concept to include other aspects. Denzin, as early as 1978 (cited in Hakim, 2000), and, more recently Yin (2003), argue that there are four types of triangulation: data; researcher; theory; and research methodology. Two types of triangulation were used in this study: data triangulation and methodological triangulation (Yin, 2003). These types of triangulation were carried out through:

- using multiple methods and sources of collecting data. The researcher collected data by three research methods: interviewing participants; observation; and documentation. By using multiple sources of data construct validity is attained, as Yin (2003) mentions. Yin (2003) claims that using more than one source of data “can help to deal with the problems of establishing the construct validity and reliability of the case study evidence.” (p. 97)
- recruiting different types and levels of participants in which all functions and services were covered. This procedure was also vital for the validity of the research. As there are many common issues between informants in the work and work environment, interviewing and listening to different levels of employees who work in the same type of service/home may strengthen the accuracy of responses. This also involved interviewing the same level of employees. The researcher interviewed at least three persons from each type of services/homes provided by the MASH Trust. This provided evidence about the degree of accuracy of data, especially in those questions that related to existing issues, such as training programmes.
- distributing a transcript of the interview to each participant for review and alteration. This procedure aimed to eliminate any error or mistake during the transcribing process; to make doubly sure the participants’ responses were exactly what they intended to say; and to review the answers in the absence of any potential bias from the researcher (i.e, the data was reliable).

SUMMARY

This chapter has introduced the research objectives, the research methodology and the subject selection procedures. The chapter has provided a theoretical perspective of qualitative research methodology and has clarified reasons for using a qualitative approach and a single case-study design as the chosen method for collecting data and examining the matter under research. Finally, the chapter has discussed sample selection, size and structure; validity, reliability and triangulation; and the process of the pilot interviews.

The next three chapters will examine results from the semi-structured interviews with the participants.

CHAPTER FIVE: RISK CONCEPT

INTRODUCTION

The aim of this research was to explore how the participants (employees of the MASH Trust) perceive risk and the effective approaches and initiatives for managing risk from their viewpoints. In this chapter, data from the in-depth semi-structured interviews collected from the analysed transcripts of the participants, along with the field notes and observational data are examined to demonstrate the perspective of the three groups of respondents (governance, managers, and the staff working directly with clients) regarding the concept of risk. These perspectives are analysed in three major sections: governance perspective, managerial-level perspective, and staff-level perspective.

GOVERNANCE PERSPECTIVE

There were different perspectives in the explanations of the term risk among the four respondents from governance, even though there were some common issues. The participants described risk from different angles: some were specific and described risk by its main types and sources, whereas others identified risk by its results and outcomes. One respondent believed there was no specific definition or explanation of the term risk – it is a broad term and hard to analyse. The healthcare sector is ...*a very risky business and ... risk is everywhere* (G2). This participant believed that risk is a complicated issue to be explained in a few words

It is very difficult to explain risk in healthcare, because in healthcare risk is everywhere. (G2)

Nevertheless, this did not mean there was no common sense or definition of risk among the participants. While most participants provided different explanations of the concept and meaning of risk, one aspect was mentioned by all – the negative dimension of risk.

Risk as an adverse impact

Although there were different perspectives of the term risk, all four participants viewed risk as something negative and problematic. Some talked explicitly about this issue and identified risk clearly as having an adverse impact. For example, one participant mentioned that *risk means that there is going to be an adverse reaction...* (G4).

Other participants, through their discussion of the term risk or its types and sources, talked spontaneously and implicitly about risk as something undesired or harmful, and the need therefore to work to prevent it. Participants not only emphasised the negative aspect of risk but also the fact that risk could not be avoided:

There are some risks that will occur no matter how hard you try to put systems in place to prevent them. (G2)

Thus the organisation, indeed, needed to be protected.

In the first instances protecting the organization from any potential risk... (G1)

The main negative dimension of risk is not its unfavourable outcomes, as a respondent mentioned, the main problem is that its occurrence was unexpected.

Risk is any event which has not been prepared for that if it actually occurs. It is something that is unexpected (G3)

Therefore, one problematical issue in risk is that risk cannot be controlled as it is difficult to be anticipated. From the viewpoint of the previous participant

It [risk] is something that is unexpected or could be avoided. The important thing is it is difficult to eliminate risk. It is a matter of managing and minimising. (G3)

The other problem, as another participant mentioned, was that *there are some risks that will occur no matter how hard you try to put systems in place to prevent them... it is a question of minimizing the risk (G2)*

In contrast, one participant believed that risk could be managed, and risk is a preventable adverse effect.

... It has to be an adverse reaction to a process that can be prevented. (G4)

Another participant thought risk could be defined by identifying its possible sources, which are understood by those working closely to the source: *Potential risks [are]: financial [and] legal risk, risk to the clients, risk to the staff (G1).*

In relation to the main types and sources of risk, there was agreement from all participants that types and sources of risk in the health and disability sector generally, and the MASH Trust in particular, are varied and diverse. One participant began describing these by affirming that *there are many facets of risk (G1)*. The participants described more than 33 types and sources of risk in the MASH Trust (See Appendix 8). In addition, even though there was similarity between the respondents about some types of risk, there were differences regarding the main sources of these risks.

According to one of the participants, risks in the MASH Trust could be categorised into two main types: clinical and organisational risk.

From a Board's perspective, risk are divided into two areas: One is clinical risk and the other is organizational risk. (G2)

Similarly, another participant organised all the types of risk into two groups: financial and publicity risks. From the perspective of this participant:

One of the main risks would be financial risk... The other one would be publicity, or bad publicity reported. (G4)

Finally, one of the participants argued that two different approaches would be needed to help classify the sources and types of risk: the first depended on whether the type of harm was financial or legal, the second depended on whether the affected party was the Board of Trustees, the staff or the clients:

Potential risk: financial [and] legal risk, risk to the clients, risk to the staff ... I have to look at risk management both towards the Board and to the clients and the staff who serve them. (G1)

Indeed, there was no specific characterisation of risk among the participants from governance. Every respondent had his/her own perspective in describing and classifying risk.

MANAGERIAL-LEVEL PERSPECTIVE

Through analysing the description of the fourteen participants from managerial levels of the term risk and their perspectives of its meaning, it was apparent that the participants had different viewpoints, though these differences were not absolute. There were two points on which all participants agreed: risk as a diverse and varied issue, and risk as a negative consequence. Some participants used these points to introduce their understanding of the term risk by presenting the varied sources of risk or the potential bad results of risk as a definition of risk. However, one participant thought risk was an issue that related to personal perception rather than something with a specific definition. According to this participant

If there is anything that I think is a risk to the organisation and inclusive of staff and clients, I will report it to the CEO. (M5)

Another participant thought risk could be recognized by identifying the affected area or party:

I guess identifying areas that could be problematic or cause disruption to our business or the people working in it. (M9)

Risk is Diverse

The first common issue among all participants was their viewpoint regarding the diversity of risk in the MASH Trust. There were evident differences between the participants about sources of this diversity. Some participants identified specific types of risk in their departments, others talked about the organisation as a whole. For example, one participant commented that the variety of risk is a distinctive feature of the department for which this participant is responsible:

Well, in my department risk is very wide as far as I can see. (M2)

However, some participants believed that risk is diverse anywhere and in all departments and services in the organisation: *Risk covers a wide range of things (M12).*

Another participant described sources and types of risk to confirm this characteristic:

There is a whole list of them (risks): there is client-related risks, staff-related risks, media, being able to run our business, like, running out of funds. (M5)

One participant pointed out that the MASH Trust has its own risk folder, which involves many types and sources of risk:

There are the main core risks in our risk folder...I would have to say that folder is full of all of them. Not having finances to run our business, media, relationships, staff, employment, clients' satisfaction, family/whanau satisfaction, and then the way in which we provide all our services is a risk. (M5)

These multiple sources of risk and this common view of the multiplicity of types of risk were not solely individual distinctive features of the MASH Trust; risk is a common characteristic in healthcare as a whole. According to another participant

There is always a light possibility for risk when you are working in Healthcare. (M11)

Risk as a Negative Consequence

All respondents agreed that whatever the risk or its sources and types, the result of risk is always unfavourable. They believed that risk has an adverse impact and an undesirable outcome. From the viewpoint of one of the participants, risk could be

Anything that could impact on ... the organisation's clients, staff, systems and anything that can impact on how they run smoothly... (M8)

Another participant confirmed that by saying

My understanding of risk to the organisation like ours is anything that potentially or can cause harm... Anything that has the potential to cause harm to the organisation or to the people within the organisation. (M7)

One of the participants believed that risk is something uncertain, as it may or may not happen, but at the end, if it occurs, it will affect the organisation's objectives negatively. This participant therefore considered that anything that affects these objectives is a risk:

... Risk is an event that may or may not happen that has affect on the objectives of the organisation. (M4)

Another participant agreed with that and identified risk as

a likelihood of an adverse event that can be managed or avoided. (M14)

However, in many instances the identification of the harm and negative impact of risk, from the viewpoint of a participant (M5), depends on the person who deals with these risks.

One of the participants used a human factor as an example to explain the negative impact of risk in some departments:

The term risk would encompass quite a wide range of topics such as risk to the person, I work in [...] so risk means [clients] harm to themselves or others and in a broader sense, risk to the organization. (M11)

All participants from managerial levels saw risk as a problematic issue that involves unfavourable outcomes to the organisation and its stakeholders. The main differences between these points of view were in determining the main causes of these harms or the main parties who would be affected. In this regard, one of the participants considered

risk evident, but that the problem lies with how to control and manage it:

My idea of risk is something that is always going to be evident but it is a matter of managing it down to its lowest possible sort of concerning level... There is all sorts of risk, I mean, it just depends on how you manage them at the end of the day. (M1)

Some participants were more specific: identifying the negative impact of risk by describing some types of unfavourable outcomes. For one of the participants, these negative impacts could involve the financial and reputation aspect of the organisation:

Anything that could happen that could cost an organisation either financially or with their reputation or lost time, that type of thing, anything really that could damage the image of the organisation. (M6)

Other participants believed the negative impact and harm of risk could involve not only the organisation, but all people in the organisation, such as workers and clients:

My understanding of risk to the organisation like ours is anything that potentially can cause harm...Anything that has the potential to cause harm to the organisation or to the people within the organisation. (M7)

Finally, regarding the perspective of some participants, risk in healthcare could refer to the human element. According to two participants, dealing with humans, whether these were staff or clients, could also represent a potential risk. One participant commented ... *There is always a risk when you are dealing with people (M4)*. The other participant pointed out *Risk is...anything to do with human beings (M1)*. This refers to the unpredictable behaviour of people.

There is a risk to an organisation because people aren't predictable and so forth... You have no idea what is going to occur after you have finished your sentence. (M1)

Although all participants agreed that risk is varied and has various types and sources, there were variations in the identification of the main types and sources of risk in the MASH Trust (See Appendix 9).

STAFF-LEVEL PERSPECTIVE

The main perception regarding risk among the sixteen staff level's participants was the negativity and the undesired outcome of risk. All participants agreed that risk is something unfavourable and a source of harm. This harm could be specific and related to human elements and factors or could be wider and affect the organisation and its operations as a whole. The main difference between the participants was in their explanations of the adverse impacts and unpleasant results of risk. In addition, although the participants showed some differences in their explanations of risk, the fundamental difference between them was in the expression and words they used regarding the negative impact of risk. Examples of these terms involved 'harm', 'danger', 'hazards', 'threats' and 'peril'. One participant explained this common perspective regarding risk as follows

Risk can mean many things... I guess there may be a lot of the worst thing about it. (S9)

Risk is Unfavourable

Although one of the participants commented that ... *risk has quite a few definitions (S-1)*, and in spite of the different definitions presented by the participants, it seemed that all participants were in agreement that risk is a hazardous source that involves trouble. As one participant pointed out, risk is

Anything that threatens what we are doing, anything that you perceive that puts you at risk of not being able to carry out your work. (S2)

Another participant used other words than 'threat' to identify the undesired outcome of risk:

Well, risk in the Healthcare Organization such as the MASH, we would consider like a danger or a peril, a hazard or exposure to danger or possible loss. That is what I would consider a risk. (S5)

From another perspective, this threat or hazard could include harm for people in the organisation:

For me...anything that involves risk ...would be hazard or could cause harm to clients or to staff. (S16)

Moreover, this threat and harm could extend beyond the human being to involve other issues, such as the environment, equipment and stress within work:

The term risk here can mean anything from a risk that can harm either clients or ourselves. So it may be a risk from the clients and risks that they pose to us or environmental risks related to our clients within the organization. (S3)

Another participant added

Risk of harm could be equipment, it could be ways of transferring people, it could be the environment, it could be stresses at home. (S14)

Identifying risk by its undesired potential outcomes prompted a participant to describe risk as something people try to avoid and keep away from:

It is something that you don't want to be happening, so you try to avoid the risk word before it happens in a situation or have plans in place so there is no risk. (S7)

However, the negative impact of risk is not standard or similar among all services or houses of the MASH Trust. One participant, who works in a mental health house, made a link between the potential hazards that might come from the clients in this type of houses and the degree of risk. From the viewpoint of this participant, risk becomes tough and involves different levels when clients have a mental disability:

The risk in mental health, the risk is quite hard because you are dealing with people that have mental health and the MASH have put something in place to ... The risk is on different levels, there is some management risk, there is staff risk and there is a risk of dealing with consumers and there is a risk of the environment. So that is how I look at it. (S4)

For another participant, who also works in a mental health house, there was a relationship between the degree of danger of risk and, thus potential harm, and whether working was during the day or on the night shift. This participant believes risk occurs less in night shifts because clients, as a main source of risk from the participants' viewpoint, are asleep:

There is less risk [in night shift]. Yes, there is less activity, because these guys are at the end of their day, so they are going to bed. (S2)

Another participant, however, believed that risk becomes higher when you work in houses that involve people with physical disabilities, as there are many types of equipment:

... Because of the equipment: there is a lot more risk with equipment, entrances and exits and bedrooms and workload. So I think there is a higher risk than just an average. Yeah, people with physical disabilities, I think there is a lot more requirements. (S14)

On the other hand, there was a participant, who agreed with the other participants regarding the negative aspects of risk, believed that risk could have a positive aspect. This positive aspect lies in the benefit clients might gain from the experience of taking risks and thus carrying responsibilities. According to this participant, risk is not purely negative, it could, also, involve opportunities.

Yeah, risk to my understanding of the positive and negative, I guess one other kind of risk, if I sort of looked at a couple so far, perhaps the business of safety. One other resource in terms of with the clients that part of supporting people can be enabling them to take some risks and risk. (S9)

However, although there might be an advantage, risk still meant undesired outcomes to all participants, especially in healthcare and in the MASH Trust's houses in particular, *where there are risks in every day living in this house or in any house (S7).*

Risk is Varied

In addition to the general perception of risk as any danger, hazard or loss, the other common perception of risk among the participants was the diversity and multiplicity of sources of risk in the MASH Trust. This variety prompted a participant to declare that *... there are probably thousands of them [sources of risk] (S8).* However, although all participants agreed that risk is an adverse impact, all of them, also, had different explanations and opinions of the types and sources of risk. They described these from

different angles. For example, one participant stated

Risk can mean many things. I guess off the top of my head ... you might have to think of the risk to the organization and I guess that can take a lot of forms... You would also think of risk in terms of safety to either staff or to the people who are our clients. So those things might be issues of safety. I guess there may be a lot of the worst thing about it. We have contracts; there is public perception, you know, like you might think of risk in terms of perhaps to the general public. I don't really mean necessarily in terms of safety, though that is one aspect, but possibly even in terms of how others may perceive the actions we are taking and whether they are considered risky... So I suppose those sort of three things come to mind, risk to the organization as business, to its contracts, all those sorts of things, risk in terms of safety and then also risk in terms of clients ... (S9)

In some instances, the participants relied on personal experience and on the form of disability of clients in houses, to identify the main types and sources of risk. For example, the previous participant did not mention risk of clients who might hurt staff because this participant did not expect exposure to this source of risk:

... I don't perceive so much of a risk in terms of the behaviours or the harm towards myself. I don't really experience much of that all... (S9)

Participants therefore had different perspectives on types of risk as well as variations regarding risk causes and sources (See Appendix 10).

SUMMARY

The meaning of the concept of risk from the perspective of the participants from all levels has been illustrated in this chapter. While the participants demonstrated commonalities about the negative feature of risk, the differences between participants in each group were useful in explaining and describing the meaning of undesired outcomes and negative impact of risk. However, there was a participant who pointed out that risk might involve opportunities, as well as undesired outcomes.

Two major themes have emerged from reviewing and analysing the data collected from the participants:

- Risk as an adverse impact;
- Types and sources of risk in healthcare and in the MASH Trust in particular are varied and diverse.

In the next two chapters, types and sources of risk will be presented as they were described by participants from all levels. These types and sources are organised into two main groups: organisational and financial risk and clinical risk. This classification, however, is not rigid, it is a tool to help organise and recognise the participants' perspectives.

GOVERNANCE PERSPECTIVE

Organisational Risks

Through their explanations of the meaning and types of risk, the governance participants tended to group risk types under certain umbrellas – one such was organisational risk. A member of the Board of Trustees mentioned that

From a Board's perspective, risks are divided into two areas: One is clinical risk and the other is organizational risk. (G2)

According to this participant, under the umbrella of organisational risk

[The] management of the finances is crucial. The recruitment and retention of good staff is crucial, starting from the CEO down, or can I even say the selection of astute Board Members is crucial. (G2)

Most participants agreed that sources of organisational risk were: risk of internal changes and restructuring; risk related to the Board of Trustees; risk of bad reputation; legal risk; and risk related to staff. In the following subsections, these types and sources of risk as described by the participants will be illustrated.

Internal changes and restructuring

Change usually involves both uncertainty and resistance. The restructuring process in the MASH Trust, which involved massive internal changes, was a potential risk from the viewpoint of one of the participants who emphasised that *any restructuring is a risk (G1)*.

During the field work in this research, particularly after the first couple of weeks, the MASH Trust underwent a huge restructuring process that involved fundamental changes (see Ch 2). As mentioned in Ch. 2, the main change in this process involved changes in the top management level when a new CEO was appointed to lead the organisation. Accordingly, some managers were promoted, some positions were eliminated, and other managers were downgraded or left the Trust. Other changes involved changes in the titles or job descriptions of some staff positions at the managerial level. The new situation at the MASH Trust as a result of these changes was summarised by one participant as follows

The need to manage a huge amount of change in MASH Trust because some of the key people, the Chief Executive, his PA, the Trust Services

Manager and Human Resources Manager had all left for different reasons, and so I had an organization that was headless, really, because the key people at the top had moved. (G1)

One of the concerns from the restructuring process, which involved new duties and responsibilities for some managers, was uncertainty regarding the ability of these managers to carry out their new roles. In this regard, the participant who mentioned that *any restructuring is a risk* went on to say *...it causes an uncertainty for the whole organization. Therefore, some of the managers that are in new roles are new... (G1)*. So this participant believed that time would be needed to establish whether restructuring worked.

This is a new system, we need to implement... ask me again in 3 months time, I will tell you how well it is going. (G1)

In this regard, after approximately 4 months, the researcher discussed with the participant (G1) the consequences of new changes. The participant was delighted with the outcomes and mentioned that they were above expectations.

Another source of risk due to this restructuring, as viewed by this participant, was the risk of people within the organisation bringing a claim against the organisation. This can be classified as a legal risk.

There was a potential risk to the organization of those people who were not successful in obtaining positions in the new structure taking a grievance. (G1)

In particular, G1 was concerned that the exit of some key and expert employees might create a gap in the organisation.

Risk related to the Board of Trustees

All participants from the governance body, including the CEO, believed there were some types and sources of risk that were specifically related to the Board of Trustees in the MASH Trust. The participants described these types and sources of risk from three different angles, derived from the position and the nature of the participants' work. These risks involved: working for a board of trustees; having a board of trustees; and being a member of the Board of Trustees.

Regarding the first source of these risks – the risk that may come from working for a Board of Trustees – one participant believed that dealing with and working with the Board of Trustees could be a potential risk. Boards of Trustees play a vital role in organisations. A misunderstanding by the chairperson or members of the board regarding the nature of their role in drawing up the general policies of the organisation may become a potential risk, and this may involve intervention of members of the Board of Trustees in management's work. One respondent believed this might represent a risk:

Working to a Board of Trustees: giving them a level of comfort in the management team here and need to keep them informed so that they don't get involved in daily hands-on management, because that can be a risk. (G1)

The second source of risk that was related to the Board of Trustees, as described by one of the participants, referred to the lack of a balanced board. According to this participant, the lack of a balanced and effective Board of Trustees represents a potential source of risk, especially in organisations such as the MASH Trust, where the business requires different backgrounds and involves different fields and aspects. As this participant pointed out, having a balanced board that reflects all these issues is crucial.

Well, the first is that if you don't have a balanced Board you have got a risk. In other words you have got to have people who have good financial skills, you have got to have people that understand clinical issues, you have got to have people who are able to network in the community, but as well as networking in the community, able to network nationally. (G2)

In addition, there is a potential risk related to being a member of the Board of Trustees. The governance body of the MASH Trust consists of the Board of Trustees and CEO. The Board of Trustees' responsibility is to create general policies and to make sure these policies are implemented and followed properly. This required adequate data, based on the quality of the information from the management to the Board. All participants from the Board of Trustees described a lack of sufficient information as one main risk. This lack could also affect the quality of decisions taken by the Board. One source of this risk might come from depending on others as a source of information.

One of the participants saw that

For me as a trustee there is some risk in so far as I am dependent on staff providing the information, that accurately reflects the true picture ... It actually puts risk management in a different light when you are a Trustee: because you are relying on the quality of the information that is on paper. (G3)

This risk became apparent, for these participants, because the communication channel between the Board of Trustees and the MASH Trust usually relied on one person – the CEO. For example, in terms of the risk management process in the MASH Trust, some participants explained

We are very, very dependent on the Chief Executive ... I rely on the Chief Executive a lot of the time to alert us to risk ... We do rely on her [CEO] to actually identify the risk in the first place... We are very, very dependent on the Chief Executive. (G3)

Another participant stressed:

[The] report that I do is based on the information that the CEO collects from her staff. (G4)

This information included data that are provided to the Board of Trustees and are related to risk identification in the MASH Trust. As one participant said *it is the Chief Executive identifying risk for us... (G3).*

However, as one respondent mentioned, in some cases the Board of Trustees may communicate with other staff in certain circumstances or in relation to certain reports, such as a financial report. In some instances this may lead to another source of risk by creating a conflict in identifying the accountability and responsibility. A participant described this issue as follows:

At Board meetings it is always the Chief Financial person who presents the financial report. But in terms of accountability I am very clear in my mind that it is not the Accountant that is accountable to the Board; it is the Chief Executive. (G3)

Nevertheless, regardless of the form of the relationship between governance and management or the quality of information that flows to the Board of Trustees, there is always room for clashes and arguments between management and the governing body. For example, a participant mentioned that:

I would have no problem with talking with a staff member. But there is always that tension between things operational and things governance.
(G3)

Reputation of the MASH Trust

One of the most important issues for any organisation is its reputation, and in many instances the success and survival of organisations are based mainly on their reputations. Furthermore, the reputation of the organisation is closely related to activities as a whole, to workers in the organisation, as well as to other stakeholders. Therefore, any harm that affects the reputation of the organisation has a direct negative impact on the organisation and its business and image, and thus represents a significant organisational risk.

In this regard, any step that was made or is intended to be made by the MASH Trust is aimed to maintain and grow its reputation. One of the participants, for example, described the link between the ability of the MASH Trust in recruiting good staff and its good reputation:

Our good reputation [means] that we have attracted good staff. (G1)

Most governance-level participants saw reputation as a significant issue, and any harm to the reputation of the MASH Trust represented a main threat and a potential risk. That is because any bad image may affect the general picture of the MASH Trust, and thus its existence as an organisation. One of the participants explained this:

For instance, we had a case where medication had not been given to a client for a week ... so there was risk to our reputation, there was risk to the client involved. (G4)

Furthermore, the progress and expansion of the MASH Trust as an organisation was linked to its good reputation among people in the community. According to one respondent:

There is one house we are opening in Paraparaumu; as the families have asked us to go in because they have not been happy with any of the other providers. So it is building on the MASH's good reputation to deliver good community services. (G1)

This reputation was not gained easily or quickly; it was developed over a long period of time. The history of the MASH Trust as a well-established organisation for the last 15 years was a major source of its good reputation and of the confidence others had in it:

We have been around for a long time – 15 years, so families know we are not a fly-by-night organization. (G1)

In addition, one of the participants pointed to the significant role of reputation in keeping the MASH Trust contracts with funders, thus maintaining the Trust's financial resources. This participant also believed that anything going wrong in any of the MASH Trust's services or houses would not only have negative impacts on its reputation but would also influence clients' decisions to turn to another organisation rather than the MASH Trust.

If something happened in one of our homes that gave us bad press, that would have a risk further down the line so that contracts could be withdrawn or future contracts could be denied or the clients would not see us as being a lead provider of services and would go elsewhere. (G4)

Therefore, all participants agreed that any damage to this reputation could lead to an uncomfortable situation and would negatively influence the business of the Trust. This prompted one of the participants to consider a bad reputation as the other major risk to the MASH Trust, as both reputation and finance have direct influence on the continuation of the business of the organisation.

The other one [risk] would be publicity or bad publicity reported... I think if we have the finances right and the reputation is right and the reputation by implication means that we will have the structures within the organization that minimises the possibility of reputation being put at risk. (G4)

Legal risks

Another form of organisational risk as identified by two participants was the legal risk. These participants talked about legal and statutory risks explicitly and simply. One participant, as mentioned earlier considered *potential financial and legal risk (G1)* as one of two main types of risk in the MASH Trust.

Four different sources of legal risk were identified by these two participants: legal risk related to staff and their unions; legal risk from clients or their families; legal accountability from a failure to meet funders' contracts; and legal risk linked with the community and the surrounding environment. In some instances, these participants described legal risks in connection with their explanations of other types of risk; in other words, as an outcome of other risks, such as the legal procedures of breaching contract conditions with funders or staff.

The first type of legal risk, as mentioned by one of the participants, was related to staff and their work unions. Dealing with staff who belong to unions requires continuous liaison with their unions. In many instances, employees follow their unions and unions represent the desires of their members (the workers). Therefore a lack of communication and negotiation channels with unions was perceived as one of the potential risks in the MASH Trust. Furthermore, this type of risk might lead to other types of risk such as legal and statutory actions against the organisation. For that reason, it was important from the perspective of one of the participants to

Make sure complying with staff contractual contracts and the need to negotiate with their unions: to reduce the possibility of them having a grievance against the organization. (G1)

If the organisation does not meet the conditions of the employees' contracts, sanctions might be imposed on the organisation. These sanctions could include legal actions by the employees or their unions against the MASH Trust:

As far as staff are concerned I need to make sure that we comply with their contractual contracts that we need to negotiate with their unions or individuals. So I need to make sure that I have in place sound human resource practices so that not only do I look after them because they are a valuable resource but I reduce the possibility of them having a

grievance against the organization. (G1)

This may lead also to other types of risk, such as financial and bad reputation risks. The previous participant added... *and I guess bring a case that could cost the organization dearly financially and in reputation (G1).*

The second source of legal risk might come from clients or their families. This could take the form of suing the MASH Trust as, for example, a case of staff error that might hurt clients. The other form of this source of risk could be clients who had legal problems before they enrolled at the MASH Trust. One of the participants stated that:

We know who are clients are, we know which part of the country they are going to live in but we don't begin the discussions with the neighbours in an area until Housing NZ and the Ministry of Health have done what they need to do. (G1)

On the other hand, legal accountability as a result of not meeting the funders' contracts was viewed by one participant as a potential legal risk to the organisation. In addition to potential financial risk from a failure to meet funders' conventions or contracts, such as losing contracts, funders might take other procedures rather than stop their contracts. Legal action is one of these procedures. One participant pointed to this as a significant problem and commented that

We are very dependent on ... high value contracts, and if anything went wrong with any of those in terms of the outputs, the outcomes, managing quality, delivering the service as per the contract, we would be in serious problems. I see that as high risk as well. (G3)

Finally, as the MASH Trust is a community-based services organisation, one potential source of legal risk, according to one participant, could come from the surrounding community. The MASH Trust services include mainly housing the clients and engaging them with the surrounding community. Members of the surrounding environment might have doubts about dealing with people with intellectual or mental disabilities. They might also be concerned that people with disabilities were living next door. In some instances, this concern might become more critical should the neighbours decide to go to the court to sue the organisation. The participant, who viewed this as a potential

source of risk, stated that

I am in a court process at the moment that I am involved with Housing NZ in the court process, with some residents of a local suburb who are concerned about a house opening in their area. (G1)

As the participants described earlier, sources of legal risk are varied and can be related to many other types and sources. Managing these risks is an essential early step before any activity. One participant gave an example of this strategy:

The legal system has made sure that any protection orders or court orders that are in place before the clients are adjusted so that they can move. (G1)

Staff-related Risk

Healthcare in general depends on the efforts of its staff, and the MASH Trust is no exception. Therefore, the participants from governance pointed to a wide variety of types of risk related to the human factor in the MASH Trust. While these risks, from some points of view, might come from the staff, other risks might represent sources of risk to the staff. Sources of risk that could come from staff involved: risk of strike; risk of staff leaving the organisation; risk of grievance and legal complaints from staff against the organisation; and risk of staff to clients. Some of these risks, such as grievance from staff against the MASH Trust and leaving the organisation, were presented in previous subsections in this chapter.

One source of risk that could come from staff is risk toward clients. As the MASH Trust depends on its staff to deliver services, in many instances those staff represent the first line of connection and communication with the clients and their families. Daily care and support services are carried out by those staff, whether they are support workers or clinicians. Three participants commented on this. One participant mentioned that *there is a lot of risk around professional clinical practice (G3)*. Lack of competent staff could form a potential risk and might result in harming clients. This could be intentional, where staff mistreat or abuse the client, or unintentional, due to lack of competency or by accident. It was therefore very important, as the third participant said, to *make sure that they [the clients] have well skilled staff who know their boundaries, who are well supported (G1)*.

However, the harm to clients is not usually a result of staff or others. In some instances, as mentioned by one participant, clients may become a potential source of risk to themselves or to other clients:

In spite of taking every step in an observation process somebody [some clients] may commit suicide. (G2)

On the other hand, there were some sources of risk that could come from the organisation and damage staff, as one of the participants mentioned. According to this participant, any factor that may influence the performance of staff negatively is a potential source of risk. For example lack of job security and the failure of the organisation to provide a safe work environment was seen by this participant (G1) in the context of senior management:

It is important for me that each of the members of my senior management team feels safe in the working environment. (G1)

Financial Risk

All four participants from governance mentioned that financial risk is a major risk for the MASH Trust. Even though the risk of bad reputation was viewed by all governance participants as a potential source of risk, some of them did not describe it as a major risk. One participant stated that *financial risk is a big one (G3)*. Another participant emphasised this by saying that *one of the main risks would be financial risk (G4)*. While another respondent considered that *financial restraints are imperative... (G2)*. Furthermore, the participant (G1), who had earlier identified risk by its main types, considered financial risk as one of the two main types of risk in the MASH trust; the other risk was legal risk.

However, in spite of this uniformity in viewing financial risk as a major risk in the MASH Trust, there were different perspectives regarding the main sources of this type of risk. According to the respondents, there were four different potential sources of financial risk to the MASH Trust: risk of losing contracts; risk of depending on a small number of contracts; lack of sufficient reserves in the bank; and lack of a good (quality) financial management system. In the following subsections, these sources will be examined and illustrated as they were perceived by the participants.

Losing contracts

The MASH Trust is an NGO that relies on contracting funding. Not surprisingly, all participants pointed out that losing contracts is the main potential source of financial risk, even though the main funders of the MASH Trust are governmental agencies. According to one of the participants,

Financial risk involves being able to achieve and maintain our contracts with sources of funding, for example the local District Health Board or from the Ministry of Health and hopefully ACC. (G2)

This prompted another participant to consider that one main objective of the MASH Trust is to maintain the relationship with the funders:

One of the main risks would be financial risk; that the company is able to keep on trading satisfactorily to allow the clients to receive a service and to maintain a security of employment for the staff but also to maintain the creditability with the funders who provide us with the necessary finance to survive. (G4)

One of the participants added that

Keep our contracts: need to manage the relationship with the funder, make sure that they feel that we are the provider that they can call on ... (G1)

Risk of depending on a small number of contracts

Concern about losing contracts made one participant view the current financial situation of the MASH Trust, which depended on a few funders, as a potential source of risk. Having few funders would maximise the risk, as losing any contract would mean losing a major source of funding. This participant believed that

There is risk around quality in maintaining contracts: We are very dependent on a small number of large, high value contracts and if anything went wrong with any of those in terms of the outputs, the outcomes, managing quality, delivering the service as per the contract we would be in serious problems. I see that as high risk as well. (G3)

Moreover, this issue made this participant mention another potential source of financial risk – the need for sufficient finance in the bank.

Lack of sufficient reserves in the bank

Lack of reserve money in the bank to avoid any unexpected financial hazards, such as losing some contracts, was considered by the previous participant as a potential risk because the existing financial circumstances of the MASH Trust are basically based on a few funders. This was obviously apparent when this participant pointed that

One of the issues that I raised was around our reserves, because over the last few years our reserves have diminished. Basically money in the bank, so that if we lost two of our big contracts and we had to close the business that we would be able to trade, we would be able to meet our obligations of redundancy for staff and trade until we were able to close down. So we need a level of reserve... (G3)

Lack of a good (quality) financial management system

As financial risk may be related to the mismanagement of finance, two participants believed that one potential source of financial risk could be internal, and viewed lack of effective management system of finance as a potential risk to the financial position of the MASH Trust. One of these participants emphasised the ...*Need to make sure that we have got good systems within the organization to manage the finances we have (G1).*

The other participant, however, described overspending as one form of the lack of effective financial management, as this would affect the delivery of services and the business of the MASH Trust as a whole. This participant explained this by saying that

Once you have got the money you have to make sure that there are good systems in place to ensure that there is not overspending. Yet all of the clients receive everything that they are entitled to and that the service that they get is the best that they can possibly get. (G2)

One participant, who described financial risk as a major part of the organisational risk because it affects the organisation as a whole, considered that

...from an organizational risk: management of the finances is crucial.
(G2)

Clinical Risk

The Mash Trust core business involves, among other social and support services, providing clinical services to clients. Two governance participants argued that some types of risk are related to the clinical side and practice of the MASH Trust. One participant found that *there is a lot of risk around professional clinical practice (G3)*, while the other went further, considering that the main types of risk in the MASH Trust, as mentioned earlier, are categorised by two main groups – the clinical and organisational.

From a Board's perspective, risk are divided into two areas: One is clinical risk... (G2)

Clinical risk, as described by these two participants, related mainly to the clinicians' performances and the clinical jobs and services at the MASH Trust. This type of risk, as explained by these participants, involved four sources: the nature of the MASH Trust business; a lack of competent clinicians; a lack of required professional certificates; and faults in medication and in dealing with clients. For example, regarding the first source of the clinical risk, one participant believed that the nature of the MASH Trust business, which requires working with people with disabilities, was a potential source of risk. The special needs and conditions of this type of clients involve potential risk from the clinical perspective. This was stated clearly by a participant who said that

Always if you are with people with a disability, whether it is physical, mental or intellectual, from a clinical point of view, things can go wrong.
(G2)

MANAGERIAL-LEVEL PERSPECTIVE

Organisational Risks

Some participants from managerial levels described risk as something that could affect the organisation as a whole. These participants identified general types and sources of risk at the organisation level. For example, one participant said that

I guess risk covers a wide range of things ... there is risk around legal stuff, around like the Occupational Health and Safety staff or Human Resource type issues risk, what else, we have financial, we have contractual, we have legal stuff. (M12)

Another participant added:

Risk, it could be financial risk, it could be risk to clients, it could be risk to staff in their contractual obligations. (M2)

Other participants, however, talked specifically of types and sources of risk in their particular departments or specialisation. Two participants mentioned that their main concern focuses on their own departments rather than other departments; and this focus included risk. One participant stated *that I guess I don't focus on some of the other areas as much... (M2)*. Another participant confirmed that

I know my little area ...My whole focus is [...]. My perspective may not take into account the Finance Department. (M1)

However, although risk's sources and types are varied, some participants described these sources and types as a collection. For example, one participant mentioned that

My view of risk to the MASH as an organisation, I mean there are all sorts, I mean there is a staff member you know abusing or hurting a client, you have also got adverse news... (M1)

The main sources of organisational risk, as described by the participants, were: risk of media and bad reputation; risk from internal and external environment; risk related to clients; risk related to staff; and risk related to the management system.

Risk of bad reputation, media and publicity

Reputation is an issue that could influence and be affected by any event or practice in the organisation. The organisation's reputation relies strongly on what events within the organisation the media examines and how the media and the public perceive and explain these events. Nine participants (from the fourteen managerial levels participants) talked about these sources of risk. The difference between them was in identifying the cause of this source of risk. The main causes of bad reputation risk involved the MASH Trust staff, the media, the management of services, and the clients.

One of the participants described the following situation to indicate the influence of staff behaviour on the MASH Trust's reputation:

A staff member might breach the code of rights in the way they speak to or deal with a client and the client may lay a complaint, and if it is deemed to be a breach of the code of rights then the MASH's reputation is at risk. (M4)

This risk, according to this participant, might affect the whole business of the MASH Trust...*and also possibly the right for the MASH to continue working in this area (M4).*

Another participant pointed out that:

With any organisation once you show that your staff is striking, the 'automatic' people watching the news or reading the newspaper would think that we are an unfair employer. (M1)

Another participant considered lack of effective management of services as one source of bad reputation:

Mismanagement from our services...That is a very high risk to our reputation and to contractual obligations, audits, everything like that. That is a serious risk. (M2)

Moreover, from the viewpoint of one participant, in some instances clients may represent a threat to the organisation's reputation:

The client became unwell, acted out, harmed another person, killed another person, then obviously it is risk to the organization as far as ... reputation. (M11)

Media concern and its impact on the organisation's reputation and thus its business, contracts and existence, was considered by one participant as one of the two major sources in the MASH Trust:

They would be two big ones [risks]. Two very big ones. Because if our finances are not there, we can't run the business. And media could impact on whether we get business. (M5)

One participant believed that the CEO should manage the risk of bad reputation and the involvement of the media

So if something happens within our organisation that we didn't want the general public to know, if it could be detrimental to our business, so we have a process in that only certain people, like the CEO is allowed to speak to the media. (M5)

However, as the reputation of the organisation is a common issue that interferes with all activities and people in the organisation, managing or solving any problem or settling any shortcoming could lead to maintaining the organisation's reputation.

Risk from internal and external environment

In any organisation there are two environments – internal and external. One participant talked in detail about potential risks related to the internal environment at the MASH Trust. This participant focused on the internal houses of the MASH Trust rather than on other issues. According to this participant, the internal environment was divided into inside and outside environments. Risks that might come from inside houses involved risk of faulty electrical equipments and health issues, whereas, outside risks involved things such as gardens. These risks were explained in connection with their impacts on the clients.

Whether it is in their home environment to do with health and safety issues or, you know, even equipment in the home, outside environment, gardening and that type of thing. Anything that is going to put anybody at a risk... Inside the home environment it may be electrical equipment that is faulty. Yeah, or something that is not working properly that could put somebody at risk. As far as the clients are concerned it may be an individual that has put somebody at risk, it may be a health concern... that type of thing. (M10)

Three other participants believed the main source of risk could come from the external environment. These participants viewed the attitude of people who live in the surrounding environment, in other words community, as the main source of the external environment's risk. This related to the perception of the community regarding living near people with disabilities. One of these participants stated that:

We are looking at putting in a new intellectual disability house in a flash area in Palmerston. Those people take the view that they shouldn't have those houses in their areas ...Most people will go – ah no, they should be out in the community with everyone. And then you go actually that is really good because we have bought the house next door and we are moving in and then they go “no, no, no, not next door to me”. So they are all for people being out there, just not next to them. We have people going to the newspapers saying, ah, we don't have these people, and they are all colours and they are all unsafe and violent people, when most of the time they are not. (M1)

Another participant added:

In Healthcare organizations, you are starting with client risk, there is also with just general health things and with dealing with mental health consumers as well, the perceived risk by communities as well, or people with a mental illness...the risk of public perception, like poor perception of what we do, all the people that we work with and I guess feeding it to the stigma of working with people with disabilities, if the communities not aware of actually what we are doing and whom we are working with and what we do to safe guard a perceived risk to the public. (M9)

However, other types and sources of risk were viewed by the participants as potential harms that might affect the clients. These sources and types will be presented in the next subsection.

Client-related risk

When they talked about client-related risk, the managerial level participants described two types of risk: risk to client and risk from client. In some instances, some sources intersected with staff-related risks whether from staff to clients or from clients to staff.

Regarding the first type of risk, risk to clients, most participants identified three sources of risk: environmental risk (presented in the previous subsection); risk from staff to clients; and risk from clients to other clients or to themselves.

For those sources of risk that hurt clients and came from staff, seven participants described the following four forms: lack of sufficient numbers of staff to provide services; risk to client as a result of being given wrong medication; lack of qualified staff; and staff maltreating clients.

One participant mentioned that lack of staff to provide services and take care of clients due to strikes or resignation from working represents a serious problem.

You have also got the fact that our clients, obviously we provide a 24 hour, 7 day week service because we need to provide a 24 hour, 7 day a week. If we were to lose a large chunk of staff it would adversely impact on our clients. (M1)

According to five other participants, giving wrong medications is the main source of risk to clients. One participant mentioned that

For staff working with clients, one thing that they come across every day is medications... If we look at medications, the risk is that every client has medications and the staff need to know how to support them to take them safely... There are a reasonable amount of medication errors, which we don't want. (M5)

Another participant connected this issue with staff skills of staff and whether or not staff were well trained.

I guess what other sorts are there, like dealing with medications ...Like in a generally untrained workforce in that we have people who take medications and we support people to take medications and that is part of our responsibility to ensure that the staff who are doing that have the skills to actually do that safely. (M12)

Another participant added:

We could have a staff member who through a medication error puts her client into intensive care. (M1)

From the viewpoint of another participant, clients could be harmed by the failure of staff to maintain clients' files.

We haven't got their [staff] clients' files accurate with documentation. (M5)

However, from the perspective of two participants, staff might deliberately harm clients:

With staff you can have risk of things like burn-out, inappropriate relationships, inappropriate service provision, again like they can also provide services that are inappropriate to clients need. (M8)

In addition:

The main risk in the organisation, you could come from a client point of view of a serious harm to a client... (M2)

This risk due to staff malpractice could cause another type of risk to the organisation: risk of legal actions. One participant explained this as follows:

I guess when you are looking after people specifically you carry a risk around the care or support that you are providing for that person. If that is not done correctly you are leaving yourself open to be litigated against in terms of whether you have provided the right standard of care for that person or that you have done them harm... I guess in healthcare we talk about the duty of care, we have a duty to provide care and the necessities of life for people and if we don't do things that we are supposed to do or we do things that we are not supposed to do we can create situations where we are putting a client at risk or a patient at risk and we leave ourselves open to certain areas of the Crimes Act around our requirement to provide a certain level of care to people, I guess. So that is the legal stuff. (M12)

On the other hand, in some instances some clients might become a potential source of risk and could hurt themselves or could cause harm to others, including other clients. Ten participants talked explicitly about this issue. One mentioned that:

So with a client there is a risk... I suppose the risk of self-harm... the risk of suicide. (M8)

In terms of the hurting of some clients by other clients, another participant pointed out that:

The client became unwell, acted out, harmed another person, killed another person... (M11)

As mentioned earlier, this harm from clients could also impact negatively on the organisation itself and its reputation. This participant added... *then obviously it is risk to the organization as far as contracts, reputation, etc. (M11).*

In this regard, two participants referred to the type of disability to explain risk of clients to others. One participant explained:

[In] dual diagnosis it [risk] is multiple. Obviously there is risks if some persons become unwell, for them to hurt themselves, for them to kill themselves and to hurt other people, a risk of relapse as far as their addiction issues go, there is a risk of vulnerability, there is a risk of physical harm as far as their addiction goes, harm to their systems; there is a risk of being involved in the juridical systems because of their behaviour doing illegal things to obtain drugs and the risk to harm to the staff... (M11)

The other participant said that:

Mental health problems: it's a source of risk. Some medical or physical restraint, community danger, harm, suicidal forensic, and we put probably more on here rather than less. (M5)

Staff-related risk

Sources of risk related to staff in the MASH Trust are multiple and have different reasons and causes. Most participants from managerial levels indicated one or more of these sources and causes. Some participants pointed to the risk that might come from

clients and hurt staff, others talked about the work system, job security, and stress. However, other participants explained staff-related risk from a different angle, arguing that such risks might come from staff and hurt others such as clients, the organisation and its reputation, or even themselves.

For the first group, four participants believed that there is always a risk that affects staff. One participant believed that the one major cause of this source of risk is the risk of clients to staff. This is especially noticeable in the MASH Trust, where staff deal with people who have disabilities. According to this participant

One of the biggest risks for staff, perceived by staff, might be that they might get thumped, or hit by a client, or tapped by a client. (M4)

According to another opinion this also involved lifting and moving clients:

... Risk of injury from the clients challenging behaviour or injury as a result of moving, transportation of people, especially if they are in a wheelchair. (M13)

Other sources of risk, which were considered quite significant by three participants, included stress and work overload. A participant stated that

Some of the risk around fatigue, like stress and fatigue has become quite a big one in the workplace of late...like around people working too longer hours, or being put in situations where they are not well equipped to do the job... (M12)

But according to this participant, staff themselves could be the reason behind this risk through accepting extra working hours for money.

So sometimes staff are willing to put themselves at risk and work longer hours than what they should because they get more money. (M12)

However, stress and workload could be the result of another reason – shortage in staff:

If you are short staffed what tends to happen, the staff that are working work excess hours and the risk around that the stress and fatigue. (M7)

Another source of risk that represented a threat to staff is lack of job security. This source of risk increased after the restructuring process. Although there were positive results to restructuring, some senior staff found themselves outside the organisation.

[Although] certain positions were identified as being 'surplus to requirements' that we felt that we would be able to handle it without that particular role being explicitly in our organisation... That restructuring there is elements of risk... I mean we have lost a couple of long-term staff recently due to a restructuring... (M1)

From the viewpoint of this participant *any time a staff member leaves there is an element of risk. There is that organisational knowledge going with them... (M1)*. However, this turnover of staff resulting from the restructuring process created a doubt in one participant who was concerned about keeping her/his current job or position:

There could be some risks involved in disestablishing position... afterwards; there was a risk that it would no longer be a job that I was interested in... (M6)

Furthermore, although staff members could be victims of clients' violence, at the same time they themselves could form a potential threat to clients.

like in Mental Health and Intellectual Disability we do carry some risk around harm that clients may specifically do to staff, around violence and any psychological type harm that staff may get from working with Mental Health clients I guess there is quite a high risk area around that but I guess it is more initially around harm that staff can do to clients. (M12)

Another participant went further, saying both clients and staff could represent risk to each other and could even be a potential source of risk to the organisation and its reputation:

Because of the field that we work in within mental health and intellectual disability there is a risk there of clients perhaps injuring staff and also, I suppose, it could go the other way, there is the risk there of staff

overreacting with clients in a difficult situation, and then once again that comes back to our reputation, a risk to our reputation, a risk to health and safety of both sides, the staff and clients. (M2)

In some instances staff became a significant source of risk. Some of these instances as described as follows: failure of staff to follow and implement the organisation's policies and procedures; unpredictable behaviour of staff; and risk of strike or leaving the organisation.

Regarding risk from staff who neglect following the policies and procedures and do not commit to the organisation's philosophy, one participant stated that

They [staff] may not, the risk there for me is that, they may not follow the MASH philosophy, they may not follow our values and beliefs ... that's a risk that we need to manage, to ensure that staff are following the MASH philosophy, the MASH way, the way we do things. (M8)

In terms of unpredictable behaviour of staff, one manager believed that in some instances in which employees might be disciplined, they could behave in unexpected way:

The risk is that... when you deal with say a disciplinary situation you have no idea what is going to occur after you have finished your sentence. So once people come into the equation with anything it becomes very unpredictable and that is where I see the risk in this organisation. (M1)

Finally, three participants viewed employees' strikes as a potential risk that might cause a shortage in working staff, increase the work load and stress on other staff, and thus have significant negative impact on the provided services as a whole. One participant mentioned that

The other thing that I have just been involved in is negotiations with the Unions. We have just been doing a renewal of all the Union contracts. They have not been signed off yet and the risk there is that we could have a strike; therefore it would affect the running of all our services. (M2)

Risk related to management

In their explanations regarding types and sources of risk, most managerial-level participants described different sources of risk related to the management system and its policies, procedures and practices. The participants talked specifically about the following issues: training scheduled inappropriately for new staff; lack of a specific process of dealing with risk; lack of updated software for an effective information system; lack of competent management; lack of a deputy manager; and the risk of breaching accreditation or certification standards.

Regarding the lack of training, one participant was concerned about the manner that the MASH Trust sometimes followed when employing new staff. Those staff who had no previous experience in the MASH Trust's work did not receive training at a proper time. According to this participant this is a major risk:

we have people coming into the organization off the street, start in a house on day one without any training, and because the orientation programme isn't till 2 weeks later, they are going for 2 weeks in a house without any training and so that is quite a risk, I believe. (M12)

This participant referred to the nature of the MASH Trust as an NGO that does not have the financial capability to recruit well-trained staff.

In this sort of organization we are working with quite an untrained workforce to the max point, you know, in the non-government organisation. We don't have a high level of trained staff like registered nurses, so we are dealing with support workers who, to the most part, have limited or no training, so I guess the risk of people doing harm to clients is higher if we don't manage that properly. (M12)

Four participants agreed with this participant regarding the risk of lack of training and trained staff. One of these participants stated that:

I have ... houses which we have to staff 24 hours a day 7 days a week. If I don't have good or reasonable levels of staffing, that has a huge impact and again can become a risk to clients if you have staff coming in who have been brought in quickly, haven't received the necessary training, aren't aware of what they should be doing within their job and that can cause potential risk to the clients that are utilising our service. (M7)

Moreover, one of these participants claimed that even when staff did receive training, in some instances this training might be inadequate. This could be due to lack of measures of staff competency and needs:

Things like that staff are not adequately trained, that we haven't met standards, that people are being taught things that are incorrect, people's competency aren't being measured... (M6)

In terms of lack of specific processes for dealing with risk, one participant mentioned that lack of specific procedures to coordinate efforts of staff in minimising risk could lead to losing the control over this risk.

I think that the only time risk can really get out of control is when it comes from nowhere and then people are running around trying to minimize or manage it but not in a co-ordinated fashion like you would beforehand. You know, systematically going through things. (M1)

The lack of updated software was seen by a participant as a deficit in management's system that could lead to ineffective information system and thus negatively affect the quality of information.

The information that was coming out of it was not useful and it wasn't timely either...12 to 15 months ago the Board didn't know what their true financial position was because the information that they were getting was not telling them anything. (M3)

Relating to the performance of managers or those on the governing body, a participant pointed out that some managers are not qualified to manage the organisation properly. This participant also criticised the performance of the Board of Trustees – in some instances the Board could have an organisational philosophy that the managers might think was incorrect.

There is a risk that we employ a management team that isn't able to manage the organisation appropriately, that we have a Board that is steering us in a direction that we don't need to be going. (M8)

Another source of risk related to the management system was described by a participant who believed that the lack of a deputy manager's system in the MASH Trust could affect the running of the business. There would be a lack of another person who could succeed the current manager or at least substitute for this manager during permanent or temporary leave.

That is a risk to this organisation at this stage that I am pretty much the only person who can do the job that I can do. (M1)

Finally, from the viewpoint of on participant, should the organisation not properly follow accreditation standards, or breached them, this could also represent a potential source of risk. This participant believed that *at risk would be the organisation breaching an accreditation or certification standard, we are at risk of that (M4).*

Financial Risk

All fourteen participants from managerial levels mentioned financial risk. The participants expressed their concern from this type of risk as any financial matter could affect their work, directly or indirectly. For example, one participant believed that *risks are lack of cash, loss profit and loss of contracts (M-3)*. Another added that financial risk is the key risk within the MASH Trust. This participant stated that:

I think the biggest risk in this organisation is the financial viability. (M2)

Two other participants also considered financial risk a major risk for the Trust; but while one participant believed that risk from media was an equally major risk, the other viewed failure to meet standards as the other main risk beside financial risk. According to the first participant

They would be two big ones. Two very big ones – because if our finances are not there, we can't run the business. And media ... (M5)

The other participant mentioned that

It one type of risk that is not meeting the standards... financial risk is another one. Those are probably for me the two main ones. (M4)

From the viewpoint of another participant, financial risk is not only a major source of risk in the MASH Trust or other healthcare organisations, it is a common risk in all

organisations:

Risk covers ... financial risk which is the same in any organization not just the Healthcare... (M12)

However, sources of financial risk are diverse, and participants described several sources: losing contracts; relying on an external source of funds; changes in governmental legislations; political changes; failure of meeting growth in the organisation; bad management of finance; extra overtime payments; and lack of reserves in the bank.

One main source of financial risk that was acknowledged by most participants was risk of losing contracts. This is apparently a major risk because the MASH Trust depends mainly on external sources of funds. One participant was concerned about depending on external stakeholders in service delivery, and pointed out that *I am dependent on a lot of other stakeholders outside ... which potentially put this operation at risk (M12)*. This issue prompted three participants to raise a new source of risk related closely to losing contracts – the failure to meet contract standards and requirements.

Well, we have service contracts; we have contract requirements that we need to meet, so there is a risk that we are in breach of our contract requirements... The risks are that we become an organisation that isn't providing quality services, so we are not deemed to be a preferred provider. (M8)

Even though failure to meet contract conditions could be from the responsibility of people in the organisation, the potentiality to lose contracts is still feasible:

Financial risk: not having enough money. Well, like things people do, like I said before, there are things that people do or don't do in the workplace that can create situations that might, for instance, put your contract at jeopardy, which is a financial risk to the organization. (M12)

This made the risk of losing contracts present at all times, because it is relevant to many variables and unforeseen events. A participant said

The change to our contracts could be a risk too, you know, something might occur and they decide that the MASH can no longer have the contact or contracts ... (M7)

Another potential source of financial risk related to external funding sources was the risk due to changes in government policy, which also includes changes in current governments and thus changes in general policies and legislations. The main funders of the MASH Trust are governmental organisations such as New Zealand Work and Income and the MOH. One participant believed that any changes in the financial or contracting policies of the government might negatively affect the MASH Trust's finances:

The change to our contracts could be a risk too, you know something might occur and they decide that the MASH can no longer have the contact or contracts ... (M7)

However, other governmental legislation also could have a direct influence on the MASH Trust. One participant suggested this could involve legislation regarding wages and paid holidays.

It could be in regards to financial risk and that could be infected by a change in legislation. You know, for example, the holiday acts when that came in and the increase in the staff wanting time and a half, that had the potential to create a risk for the organisation and did we have enough money available to cover that with that legislation being passed. (M7)

This is a major risk for the MASH Trust because for the Trust wages represent 75% of general expenses.

Because we are paid by the Government, we are always paid a month in arrears. So we have to fund Accounts Receivable essentially because we have to pay for all 75% of our costs on wages... otherwise nobody would work for us... There is a risk that we will have no cash to pay wages as we grow. (M3)

This could also have unfavourable consequences on developing services and thus on the MASH Trust's growth and development.

Other risk, I guess, is around having very little money to develop a service... (M12)

Given the inevitable growth in expenditure for the MASH Trust, as well as the Trust's reliance on external funders who usually pay on a monthly basis, developed another source of risk: a lack of sufficient reserves in the bank to face any unanticipated matter. One participant stated that:

Because of our financial situation as a Trust, we don't have huge reserves of money. (M12)

In some instances, financial risk could be due to factors within the organisation, such as lack of sufficient staff and lack of effective management of finance. In the case of staff shortage, other staff would be asked to work extra time to cover this shortage; this means extra payments since overtime, in general, is paid higher.

Even financially, too, because often when those situations [shortage in staff] occur you get into overtime, which of course costs more money than if, you pay someone the normal hourly rate. (M7)

Two participants highlighted the importance of managing finance effectively; or this too could be another source of risk. One participant stated that

if the structures and things are not into place, to manage the finances properly, then there is risk... (M9).

Clinical Risk

Five participants believed that clinical risk in the MASH Trust usually came from two sources: infection and wrong medication.

Four participants believed that both clients and staff are subject to risk of infection, for example

I think that staff and customers can both be a risk. We can be at risk for infection bringing it in, as clients can be for medication errors, staff can make the mistake equally as well as clients. I think it is very well balanced, the risk. We are equally at risk for lots of things. (M5)

The other source of clinical risk is related closely to staff practice. Failure to give medication on time or giving wrong medication was viewed by ten participants as a major source of clinical risk. One participant declared

I am having a lot of casual staff making medication errors, now that is potential risk to the client and to the organisation. (M7)

This participant referred this source of risk to lack of trained staff:

For the clients ... if we don't have trained staff, then the potential is that they could be given the wrong medication and through that process it could cause serious harm. (M7)

Another participant mentioned a previous case as an example of the degree of harm that may result from giving wrong medication:

We could have a staff member who through a medication error puts her client into intensive care. (M1)

STAFF-LEVEL PERSPECTIVE

Organisational Risks

Although all sixteen participants from the staff level described types and sources of risk and their impact on the organisation and its staff and functions, none used the term 'organisational risk' to identify these types and sources of risk. Instead, the participants directly described the following four types of risk: client-related risk; staff-related risk; management-related risk; and risk from the environment. However, the participants used to talk about environmental risk through describing the other three types.

Client-related risk

All participants from the staff level identified client-related risk as one of the major risks in their work, and described many sources and causes. Four participants, however, considered this risk the major one. Furthermore, one of these four participants believed the main difference between the MASH Trust and other places in terms of risk was the importance of client-related risk:

If you took the clients out of the picture the risks are the same as for anyone, anytime, anywhere. (S5)

Another participant agreed:

It is the client risk that is the risk that we have as support workers. (S10)

Whether this type of risk could come from clients or could harm clients, the main issue here was that the main risk is related to clients.

The main risks I am looking at are the ones that are associated with the guys, with the clients... (S5)

Participants also described four forms of risk that could come from clients. These were related to the harmed parties, whether they were the clients themselves, other clients, staff, the property and environment. For the first form, four participants clearly described the potential risks that might come from clients to them:

Risk can be in terms with clients when they are acting out, clients can also be unable to look after themselves and understand the safety factors of living in a house. For instance, you have a client who is elderly, she is quite senile and she will wake up in the night and wonder down to the

kitchen and she will put the pots on to cook and she will fall asleep and the next thing you have a fire. (S1)

In some instances, this form of risk was connected with some bad habits of clients. One participant, who works in a mobile team that deals with clients living in their homes with supervision from the MASH Trust, found that smoking inside homes is an example of this form of risk.

... In their homes; the classic ones are things are not very clean. I guess others you can count are things like smoking, there is a few pipes of smoke and if you go there and, I guess you can ask them not to smoke but their home is a smoke environment sometimes. I just saw somebody for the first time last week and it was just a room in a hostel and he is a smoker and it was just a hazy room and I opened a window but I came away and I just smelled of tobacco smoke... So it is one of the generic risks that are identified. (S9)

This participant also provided another example: *I guess another one [risk] might be if somebody went missing (S9)*. Harm to self might also include not taking prescribed medication.

The other risk that clients have is not recognising their medication, why they take it, how often it must be taken. (S1)

In addition to self harm, clients could represent a potential source of risk to other clients. One participant pointed out that

There is always the classic kind of one of, I guess, of harm from a person and that may be either against a staff or another person or against themselves. (S9)

In this regard, through my personal participation in a social gathering of the MASH Trust staff and clients (see Ch. 4), I became aware of the concern of support workers from any unexpected or unforeseen behaviour or disorder of clients. Although the attendants were almost all employees and clients of the MASH Trust and all of them engaged in the party's activities, it was noticeable that the support workers had another role, rather entertained themselves. Indeed, they always used to keep one eye on their

clients, and in many instances, they offered to help them in doing some business, such as serving drinks. This gave an explanation why the participants from the staff level demonstrated their concern and described clients-related risk as the major risks in the MASH Trust.

Other sources of risk include from staff to clients, and, in some instances, from clients to staff. In terms of the risk from staff to clients, three participants saw that staff might mistreat the clients or deal with them improperly: *For clients the risk may be from a staff member (S11)*, for example, whether deliberately or unintentionally, staff could give clients wrong medication, as two participants believed. One participant mentioned, *often incidents that are reported are to do with medication and risk around that (S9)*. The other participant added

Medication, that can be a risk here, because we administer the medication and so we need to check and make sure that the medication has come properly from the chemist and we give the right person's medicine to the right person and at the right time. (S16)

However, in some instances, clients and staff could hurt each other and become a potential source of risk toward each other. According to a participant, both staff and clients could hurt each other emotionally or physiologically.

Others are the risk of assault, risk of emotional or physiological kind of abuse from other people ... Oh, it could be from the client, it could be from staff, and there is also kind of, yes, in this place it is more from clients... (S12)

One participant gave the following example to highlight how clients could become a source of risk to staff, especially when the client becomes un-well.

For staff it may be if a client becomes mentally unwell and paranoid perhaps and latches out at you physically. (S12)

Indirectly, lifting of clients by staff, for example, could be a potential risk that might hurt the staff, as a participant mentioned.

We have a risky one with a physical man that lives in the house, I mean if we didn't have a hoist we would have a risk of lifting him and hurting our backs. (S7)

Risk from clients, also, could involve damage to the place or property. In this regard, one of the participants commented that

I would imagine, either perhaps injury to a person or another person or damage to property perhaps. (S9)

Finally, one main source of the client-related risk comes from the internal or external environment. Most participants talked about environmental risks and gave examples and explanations for its types and forms. Regarding the risk of internal environment, eight participants described the tiles and slippery floor, electrical equipment, broken surfaces on driveways, and access to dangerous items, such as poisons, as examples of this form of risk. Although these issues, such as slippery floors, could also be a risk to staff, the participants linked these risks rather with clients

For clients, well I mean if there is water on the floor anywhere, that is a risk and if a client who is depending on a walking stick to support themselves, we have to make sure that, if anything is spilt at all, it has got to be immediately wiped so it eliminates risk. (S16)

Another participant added:

Wet floors in the house: Yes, the kitchen floor especially can be a health risk. To me that is a risk because when it is wet it is really slippery. (S15)

Other examples of potential risk from the internal house environment, included furniture, electrical cords, and wrinkly mats:

Things spilt on floors and not wiped up, mats – you know, wrinkly mats, risky cords – vacuum cleaner cords, clutter with the furniture. (S8)

One participant considered hallways and doors dangerous, as well as keeping objects in unsafe places:

the environment risk are things like...making sure the hallways, doorways are kept clear and things are not going to fall and drop on you foot, or you get poked in the eyes with something. It is just common sense types of stuff. Objects that may cause you some sort of physical harm are minimised so that any physical harm is minimised in that way. (S13)

Another participant added that

Maybe hazardous material that may be accessible to some of the clients in the house like poison or a poisonous plant that may need to be removed, something that may fall down and injure somebody or a hole left uncovered, anything that is obvious that provides a hazard that could cause somebody injury. (S5)

In terms of the other source of environmental risks, three participants believed that the external environment is a potential source of risk on clients. This is the risk of car accidents. For example, one of the participants mentioned that

There is always a risk of car accidents. I have had one of those with client, yeah, that was a bit scary. A boy racer took us out, flying out of the driveway; I had clients in the backseat... (S1)

However, in many instances, sources of risk due to internal and external environmental factors are related to the nature of clients in the MASH Trust.

Risk can be in terms with clients when they are acting out, clients can also be unable to look after themselves and understand the safety factors of living in a house. (S1)

This issue (the nature of clients of the MASH Trust), prompted one participant to describe risk from public perception as a potential source of risk that could affect the organisation and its clients:

There is public perception, you know, like you might think of risk in terms of perhaps to the general public. I don't really mean necessarily in terms of safety, though that is one aspect, but possible even in terms of how others may perceive the actions we are taking ... (S9)

Staff-related risk

The second type of risk described by most staff-level participants was the risk that could come from staff or could hurt staff. While the previous subsection illustrated risk from staff to clients and from clients to staff, other sources of staff-related risk involved risk to staff from stress and workload, lack of proper equipments and tools, and lack of training. Staff absence and failure to follow the organisation's policies and procedures are two sources of risk that might come from staff. The last source of risk could come from management.

Regarding the first source of staff-related risk, six participants believed that stress and workload are significant sources of risk to staff and might involve hazards such as lack of attention. One participant stated that

Stress that is a risk, the risk of my ability to cope, that is a risk, and the stress of the job, the risk of not being able to competently work, you know because of stress ... (S11)

This stress is not necessary related to the workload, as another participant mentioned: *Working too many hours: Long shifts could be a risk to staff and to clients (S14)*. It could be due to personal or environmental factors, as added by the previous participant

...because of other influences, other factors of environmental, you know, like stress on me, like, because I haven't got any money, because it is Christmas time, or anything like that. (S11)

Another participant saw stress as coming from dealing with people with disabilities, where the possibility of misunderstanding is greater, which could lead to other forms of risk such as losing one's job.

I guess there are risks, like if the client, perhaps, if we say something wrong to them and they take it the wrong way, we have a risk of losing

our job out of it or getting into trouble over something that is misunderstood. There are quite a few risks involved, in fact, especially with people who are mentally unwell because they often don't comprehend things the same way others would. (S3)

In addition, one participant believed that the job itself, which requires caring of and dealing with people with mental and intellectual disabilities, could help increase stress on staff. This participant explained this issue as follows:

That is one of the biggest risks I think in this area. People – you can come into this job and you can be sane and whole but after about a year, 2 years, some people burn out. Working with people like this is very draining, it is not physically demanding but it is very mentally demanding, so there is another risk for you. Mental health breakdown – and it happens. You would be surprised at how many staff are actually taking anti-depressants. (S1)

Stress and workload might be increased by the staff themselves, as another participant highlighted: *Yeah, and look at the people who are constantly absent (S-1)*. This would increase the workload of other staff, which would mean additional duties. Moreover, although they are absent, these staff may create another source of risk through arguments with their supervisors if supervisors want to know reasons for non-attendance:

... There have been a couple of occasions in which staff have actually, they have a pattern of absenteeism, or ringing in sick on the weekends and so when you question that person they get very angry, and how dare you question me, I am telling you I am ringing in sick, and the next thing you have this situation evolve and you have to be quite firm and say well I am sorry but I am asking you to stay on the job, I can't replace you and unless you can tell me there is a real emergency why you need to go home or you can't come to work, whichever it is. (S1)

A participant described the lack of safety tools as another source of risk that might hurt staff: *Risks for us [staff] not having the correct gloves; aprons and protective wear (S8)*.

However, in some instances, staff themselves could become a potential source of risk when they mistreated clients, as mentioned earlier, or when they neglected to follow policies and procedures or even do not know them, which was mentioned by two participants. In this regard, one participant, who works as home coordinator, stated that:

There are risks involved with staff that are working in my team who don't follow policies and it comes back to me if an action has been requested and it hasn't taken place. (S1)

Also, in some instances, neglect by staff of simple procedures could lead to potential risk:

It might even be as simple as conducting a fire drill properly. If the stats don't go into the manager at the right time to the right person and this particular procedure hasn't been taken care of, there is a risk ... (S1)

Another participant described the inability to follow policies as a lack of communication.

Lack of communication would be a risk... Ensuring that the right people know the procedures that have been put in place. (S14)

Another form of risk was the risk of losing contracts due to staff malpractice. According to a participant, failure in following procedures and thus breaching the funders' standards in job performance might cost the organisation a loss of contracts:

in terms of Contracts to obligations that the MASH is required to do certain things by its contracts with the District Health Board and so it must either be seen or have procedures in place to ... to ensure that the staff are acting in a way that minimises any risk or any possibility that they might breach the contract. (S9)

In connection with staff-related risk, a lack of trained staff due to the recruitment of untrained employees is a risk that is closely related to staff but for which staff do not carry the responsibility. Three participants talked of this and gave different explanations of their concern. One participant, who considered hiring untrained employees the biggest risk in the work field, referred to the time needed to train the newcomers:

... bringing staff in untrained, this is the biggest risk to me because I have to spend a lot of time training them...When new staff comes in it depends on their background. As you come in as a person with no mental health background, it is quite risky. (S4)

This participant also viewed this risk from a different angle:

Yes, a lack of training of people to be available. And a lot of stress on ground floor comes from lack of supervision. If they have a fortnightly supervision or even a monthly supervision you see the people. When they come to work, they specifically they are not trained. They bring their stress from home and that is why it is complicated. (S4)

Another participant believed that trained staff are less risky than those who are not:

The amount of training a person has had would certainly have some bearing on that as well. If a person is unskilled and doesn't have great communication skills then they will probably be at greater risk than a person who has had training... I think a lot of it is about the levels of training and being prepared and that seems to reflect a lot on where the incidents occur and how often they occur if we have got people in the house that haven't had that much training, and they are not that well trained then will have obviously a higher incidence of incident reporting and so on. So that seems to be a pattern. (S12)

Management-related risk

As mentioned earlier, although lack of trained staff could be viewed as a source of staff-related risk, the main cause of this source of risk is management practice. This could be, as three staff level participants mentioned, a type of risk from the management toward staff and clients. Other forms of risk described by four participants related to the management: improper policies; lack of communication with staff; lack of trust of staff; job security; and lack of trained management. Most of these forms of risk were related to staff.

One participant saw lack of appropriate policies, especially in terms of providing care and services to clients, as a means exposing staff to risk. This participant disagreed with two other participants, who blamed staff for not following the management policies, as in some instances the problem was in the policy rather than in the staff. This participant pointed out:

So if management brought out a policy that would jeopardise the people that you are caring for then you are at risk because you are not going to be able to help those people to be cared for properly. (S2)

The second source of risk related to management was the lack of communication between management and staff in houses. According to one participant, 'management risk' is due to the gap between low-level staff and the management, even though the business of the MASH Trust depends mainly on staff in houses:

I feel that they are not close enough to the ground floor, because the business is done on the ground floor of all the houses and I think the MASH puts some in place at the very distance and the MASH has put something in place and what they do now is they put team leaders. That's the management risk. (S4)

Another participant agreed, and also believed that the management created some positions in houses, such as lead support workers, to put boundaries between them as staff and the management. This participant argued that such a procedure looked to find somebody to blame in case of problems, thus transferring accountability. Even for those lead support workers, there was no clear job description. This participant felt very strongly about the situation:

It is like being a mushroom... Mushrooms grow in the dark, they grow in damp places and they need manure, well that is what this organization does. Keeps you in the dark, dumps stuff on you and expect you to grow. No, it doesn't work – we are not mushrooms. We need air, we need light, we need understanding, and if you are not getting that, what is the use? For an organization to function... everybody has to have a clear perception of where it is going, what it wants to do and how it is going to be done. Okay. I will give you an example of how they show they don't

understand that. About 3 years ago because management had no one to blame in the house because there was no recognised person running the house, whoever was here ran it. Right, they decided to invent the LSWs [lead support workers]... Three years ago they weren't there, but they are there to get the blame. Anything that goes wrong in the house... [LSW] cops it. What they did was they had a meeting for everybody that worked in the MASH. We are going to have LSWs – right; these people are really going to be important to the organization. What are they going to do – ah, we haven't worked that out yet. What responsibility are they going to have – ah, we haven't worked that out yet. And how are they going to help the organization – well, we haven't worked that out yet. They didn't know. Suddenly you have got LSWs that didn't know what they were supposed to be doing and it developed and of course when it is working properly, the LSWs have a lot of say about what happens and then they suddenly realise – ah well, we don't want that, we don't want to be questioned, we don't want to be challenged, we don't want it to be improved, how can we get rid of them, so the next thing is – ah, suddenly they are going to have team leaders. Now they are loading the team leaders with that much work, they can't do their job. Do they know what risk is – no – they are doing things waiting to see what is going to happen? Can you see what I am saying? (S2)

This participant also felt strongly about the restructuring process of the new management. This process, which mainly affected staff at the managerial levels (as was mentioned in the previous chapter), created a feeling of job insecurity among other levels of staff. This participant likened this lack of job security to the laying off of employees:

Everything that they [the management] do, they don't see it impacting on people below them because they don't care. This is what we are going to do. I mean to say, they have got a new CEO here ... a few months ago [this CEO] looked at the organization and decided the structure needed to be changed. One [The CEO] waited for one person that ... wanted to get rid of to be on holiday and fired them. The other person who was

responsible for getting us accredited to the Health Board and certified so that we got our funding, ah, she wasn't needed anymore, so get rid of her. Nobody knew they went. Now how risky is that, but that is what we are going to do. (S2)

Another gap between the management and the staff who work in houses was seen as the result of the management's lack of trust of these staff. One form of this lack of trust, according to one participant, concerns complaints:

A couple of times they [other staff] have actually started yelling and screaming at me and then they have complained about me to the manager and I have had to turn around and justify myself, write everything down that was said, almost wishing I had a tape recorder so I could actually show the manager, this is what the conversation actually involved. Because again there is that risk and who believes who, it is one persons word against the other... So I figure, hey, you put me in this position, you need to trust me that I can do a professional job. (S1)

Finally, there was a participant who believed that the managers should be trained to be familiar with the nature of the MASH Trust's business and atmosphere. Lack of such training could be a risk as many managers came from hospitals and brought with them the hospitals' work environment and systems, which did not fit with the MASH Trust business:

I think the management in the MASH, everything is in place but I think that the lack in management, lack of management training. I mean, you look at all the managers, they are all clinicians and they bring a lot of hospital systems into the system whereas not appropriate for our, it doesn't fit in. (S4)

Another participant agreed with this perspective but had a different explanation:

You and I know we don't cross the road without looking. Why do we know that – because cars could run us over, we could get badly hurt, we could die? Does a child know that – no. What happens to a child – it has to be taught – go to the footpath, look both ways, work out how fast the car is coming, what is the danger and then cross the road. If we

teach a child right, it will never get run over on a road because it knows the risk. Now I know the risk of running an organization like this but I am only a worker. Management say they know but they are like the child that has never been taught to cross the road and will do things that not only jeopardise them, but jeopardise the people that are with them. (S2)

Clinical Risk

While a few staff-level participants talked about clinical risk, only two participants described risk of infection as a potential clinical risk in the MASH Trust. These participants identified this source of risk during their discussions of the mechanisms for controlling risk in the MASH Trust, such as the role of the infection committee or the procedures to minimise the risk of infection. For example, one of these two participants stated that

With infection we tend not to, well not so much touch things, but you wouldn't accept food or drink is the most classic one. (S9)

However, the participants did not describe the risk of giving wrong medication as a source of clinical risk; rather they linked this with the staff-related risk due to malpractice or client-related risk.

SUMMARY

This chapter has examined types and sources of risk from the perspective of each group of participants. These types and sources were organised into three sets: organisational risks; financial risk; and clinical risk. This chapter has discussed the views of the staff-level participants only on organisational and clinical risks, as they did not mention financial risk in their explanations of types of risk.

In the next chapter will discuss initiatives and strategies to deal with and control risk as described by the participants, and will include the role of training in risk management.

**CHAPTER SEVEN: THE MANAGEMENT OF RISK
RESPONSIBILITY; INITIATIVES; ROLE OF TRAINING**

INTRODUCTION

The third objective of this research is to examine the participants' perceptions regarding issues and ways of managing risk, including training. This chapter will analyse the participants' perspectives regarding responsibility and accountability for managing risk, initiatives and strategies for controlling risk, and the role of training in risk management. The chapter is structured in three sections according to these three issues.

RISK RESPONSIBILITY AND ACCOUNTABILITY

In terms of the responsibility and the accountability of managing risk at the MASH Trust, the participants from governance and managerial levels demonstrated different opinions. These differences were related to the participants' perspectives regarding who should be responsible and accountable for managing risk at the MASH Trust. For the staff-level participants, they had not been asked about the responsibility and accountability of managing risk, rather they had been asked to describe how they were prepared to control risk and who was responsible. Therefore, the staff-level participants did not discuss these two issues.

Governance Perspective

The four participants from governance had two different perspectives about who was responsible and who should carry the accountability. In the first point of view, risk was considered a common issue, thus the responsibility of managing risk was viewed as everybody's responsibility, and the minimisation of risk was a part of everybody's job. The other viewpoint believed that there should be a particular person or group of persons who should carry the responsibility of managing and controlling risk. These two viewpoints will be illustrated below.

Three participants held the first viewpoint, that risk was the responsibility of everybody who works at the MASH Trust. This was explained implicitly by one participant, who stressed that *in healthcare risk is everywhere... [And] risk is paramount (G2)*. Managing risk is therefore a part of everybody's duty, and *every single person in this organization is responsible for risk (G1)*.

Furthermore, narrowing the responsibility for supervising and managing risk to one person might form another source of risk. One key position eliminated in the restructuring process in the MASH Trust was that of the Risk and Quality Coordinator. Although participant (G1) described losing some senior managers as a potential risk, this participant believed that cancelling this position led to the avoidance of other organisational risks, for example, the dependency on one person to manage risk ignored the principle that risk is everyone's responsibility:

In the previous structure we had one person who oversaw the risk management register and that same person was also our quality

manager. Because there was a designated person, it was very easy for me to think ‘oh well, that is her responsibility not mine’. (G1)

Another participant believed that:

Risk is a subject that should be identified to all the participants within the organization; therefore, there should be some ownership of those at all those levels. (G4).

Beyond that, this participant stated:

I am not convinced that we need a management person whose sole responsibility is looking at risk. (G4)

However, although the majority of participants mentioned that controlling risk lies in the awareness and responsibility of everyone, other views differentiated between the responsibility of controlling risk as a common issue and the general responsibility of managing risk as a part of the management system.

It was apparent that the view that controlling risk was a common responsibility was derived from the nature of risk, as “it is present everywhere”. This perspective distinguished between the responsibility of controlling risk as a core part of staff duties, and the responsibility of managing risk as a managerial liability that should be the responsibility of a specific person or persons. Five different opinions were held by the participants:

- risk is the responsibility of the CEO;
- risk is a common responsibility of both the CEO and the managers;
- risk is the responsibility of all managers and supervisors;
- risk should be the responsibility of a specific staff member;
- there should be a specific person for each specific type or types of risk.

Two participants believed that the responsibility of managing risk should lie with the CEO. These participants relied on the nature of the relationship between the CEO and the Board of Trustees, as according to this relationship, the CEO is responsible for all issues in the organisation including the risk management issue. One participant said,

We have a CEO that is prepared to alert the Board at any time of any potential risk (G2).

The other participant, who stated that *I am not convinced that we need a management person whose sole responsibility is looking at risk*, still believed that the CEO should be the one to carry more responsibilities than others in terms of managing risk:

I would see it as part of the CEO's responsibility to ensure that the managers are made aware. (G4)

However, this participant commented that, in addition to the CEO, other staff in the managerial level carried part of this responsibility:

My understanding is that the senior managers, as part of their staff meetings, have spent time talking about risk... (G3)

Another participant assigned this responsibility to managers only, as they are required to follow and carry out those policies related to managing risk in the MASH Trust:

I make sure that policies related to minimizing risk are followed and implemented effectively by the managers. (G2)

On the other hand, although one of the restructuring outcomes in the MASH Trust was the deletion of the Risk and Quality Manager position, as the new management's philosophy considered controlling risk a common issue and an essential part of staff duties, one member of the Board of Trustees still thought that this position was significant. This participant believed there should be a certain person at managerial level responsible for the risk management profile. From the viewpoint of this participant, this position might not be immediately necessary but would be in the future, due to the potential growth in the Trust:

I am not convinced that we need a management person whose sole responsibility is looking at risk. That may change ... As the MASH grows and I think if you look at the budgets and the 5-year plan, we could probably double in size in the next 3 or 4 years. That may change considerably and it may then be a bit unwieldy and we may have to review whether we need a Risk Management Coordinator or Specialist at that point of time. But certainly now that we have gone through the process of getting it all up and getting it all going, I think we are right now but let's not be blind to what we may have to do in the future according to the size of the company. (G4)

This participant added:

I believe the position of Quality and Risk Coordinator was desperately needed in the MASH's growth as an organization. (G4)

In connection with the new changes and restructuring in the MASH Trust, the new approach of the management in dealing with the risk management process as a widespread task had two dimensions. The first dimension involved the responsibility of every employee to minimise risk in his or her work, and this included staff who work in the houses. The other dimension included appointing particular persons to be responsible for particular types of risk beside their basic duties and responsibilities. One respondent pointed out:

So we have a person in charge of privacy, overseeing privacy issue, infection control and that person is a nurse ...Health and safety is our HR person. We have got a nurse looking at restraint... So in addition to your own service area you have got an area you are responsible for. (G1)

However, regardless of the responsibility of managing risk in the MASH Trust, and although some participants believed the risk management process in the MASH Trust started with the head of the organisation, two participants believed this process began among the junior levels of staff, that is, it begins in the houses. One of these two participants stated that *the risk management process now – is being driven from house meetings (G1)*. Whereas, the other participant mentioned that:

We have... put it [the risk management process] out into the areas like the homes and the day facilities where the risk happens. (G4)

In contrast to the large number of perspectives about the responsibility of managing risk, there were only two viewpoints on the accountability of managing risk in the MASH Trust: one specified the accountability of managing risk in the person of CEO, the other involved the managers, beside the CEO, in this accountability.

All participants were very specific in identifying the CEO as the person who should carry this accountability; this included the CEO herself. This referred to the responsibility of the CEO on the whole organisation.

Other participants emphasised this perspective and stated that:

In terms of accountability I am very clear in my mind that it is not the Accountant that is accountable to the Board; it is the Chief Executive. (G3)

And

I would see it as part of CEO's responsibility to ensure that the managers are made aware. (G4)

Nevertheless, two participants believed the managers were also accountable for managing risk. One participant mentioned that

I really appreciate that the CEO is expecting all managers to take accountability for the quality and risk in their sections. (G2)

This accountability of the managers came through their responsibility to implement the organisation's policies.

We have made the managers more accountable and responsible for the implementation of our philosophies and our policies. (G4)

Managerial-Level Perspective

For the participants from managerial levels, there were also different perspectives on the responsibility and accountability for managing risk. One participant believed that responsibility for managing risk should start from the top management level. This participant specified that the CEO and the Board should carry this responsibility:

In managing risk – to me it works in different layers, so in managing risk it starts with the Board, the CEO, the senior managers and then it flows to the team leaders, the nurses and so forth, depending on their job description. (M5)

This participant believed that responsibility then should spread to involve all managers:

The managers have the most responsibility to make sure the systems are in place. That is why we are employed in the positions we are because we should be able to know what we should have in place. (M5)

Another participant added that *each manager is actually responsible or accountable for their own risks that they manage (M4)*. This also involved the team leaders.

I teach the staff what to do and we will do the workshops for it. The responsibility on a daily basis is for the team leaders to monitor it. (M5)

In contrast, one participant believed that the risk management process should start from the bottom and move to the top; in other words it is the responsibility of all staff, starting from the MASH Trust's houses.

We have a coordinator in each home, they will identify any risks to me and then I deal with it to help support them to deal with it and we do the relevant paperwork which will go through to our Palmerston North office. (M9)

Two other participants believed that responsibility of controlling risk is common among all staff.

I think everybody plays a part in risk management because it is not a one-person thing. I think in an organization it takes the whole organization to be aware what risks there... I don't think one person alone can manage that. (M9)

Another participant, who agreed with this perspective, saw that the type of risk determines who is specifically responsible for managing it.

I guess it depends on what it is but certainly it is owned by the whole team I guess. If there is a certain risk identified then we would be looking at taking that risk to whatever team, whether it be the senior management team or whether it be the team with people I work with in my department, and discussing that and how we best manage it. (M12)

This participant (M12) claimed that people habitually like to engage in managing risk, and argued, *I think generally people are fairly willing, in my experience, to participate in managing risk (M12)*.

In terms of accountability for managing risk, one participant claimed that while this liability rests ultimately with the CEO; other managers also carry some degree of

accountability of managing risk in their departments:

The CEO ultimately is accountable [for managing risk], but each manager manages their own risk and those are identified...Each manager is actually responsible or accountable for their own risks that they manage. (M4)

MANAGING ORGANISATIONAL, FINANCIAL AND CLINICAL RISKS

Governance Perspective

Managing organisational risks

In terms of controlling and managing the different types and sources of organisational risk, governance participants described the following procedures, initiatives and strategies: an effective reporting and information system; an effective quality system; the correct following of pre-set standards/policies and procedures; negotiating with the community; procedures for handling staff-related risks such as negotiating with labour unions; and an effective recruitment process.

In relation to the first procedure, one of the roles associated with managing and controlling risk involves taking appropriate decisions. This depends mainly on the information system. To minimise risk effectively, accurate and reliable information must be provided. This is especially important for those staff who rely on other staff as their information source, such as the governing body. Therefore, most of these governance participants believed that having an effective reporting and information system is one way to control the risk of lack of sufficient information. This risk, which was viewed by the participants from the Board of Trustees as a potential source of risk, is described by one of trustees as follows

It actually puts risk management in a different light when you are a trustee: because you are relying on the quality of the information that is on paper. (G3)

Another participant added

And that report that I do is based on the information that the CEO collects from her staff (G4).

Developing effective reporting systems in the MASH Trust was described by one participant as essential for managing risk efficiently.

We are developing reporting templates to enable managers to manage risk effectively. They will all have a consistent form for their minutes which will have any risk issues, quality initiatives that they want to bring up. (G1)

Two participants viewed the incidence report as a main source of data in the risk management process. Even though some participants mentioned the importance of meetings in managing risk, incidence reports were viewed as an integral part of these meetings:

The risk management process ... starts off at individual house meetings, where incidents and risks quality initiatives are brought on the table. (G1)

Another participant considered the incidence report as both a measurement tool and an indicator of risk and managing risk in the organisation. The lack of incidence reports, as this participant concluded, might indicate whether all things were carried out properly or whether there is a deficiency in information flow.

By having no incidences reported would be one indicator that policies and processes are implemented properly, but of course that indicator may indicate that everybody is not telling us a damn thing and keeping us quiet. (G4)

As described in Ch. 2, the Mash Trust's way in managing risk depends on the staff and their manager in each department/service. These risks that were considered critical risks (given mark 21 or more) were reported to the Financial and Risk Committee. A participant described this procedure as follows:

We have got a risk analysis format: I think it is about 21+ or 20+ that must be brought to my attention [FARM Committee]. (G4)

The performance of this committee depended basically on the reports that were presented to it:

The Finance and Risk Management Committee meets monthly and there is a report that is presented to that committee and to the Board meeting. A report prepared by the Chief Executive that identifies risk events in the previous month and how they have been managed and what the outcomes has been. (G3)

In addition to the Risk Analysis Format, the risk management process at the MASH Trust involves preparing another type of database, the Risk Management Worksheet. Each worksheet includes detailed information about the category of the risk, its level, whether it is acceptable or needs to be managed, a management action plan, and risk assessment after the application of this plan.

The second initiative for managing some sources of organisational risks was through an effective quality system. As mentioned earlier, some participants considered risk a quality issue, believing that the risk management system is a part of the quality system. Accordingly, effective management of risk may come from an effective quality system. In this regard, one participant said that:

We need to demonstrate that risk management is actually a quality issue and not a disciplinary issue emphasised a good quality framework within the MASH. (G1)

This participant gave an example of the relationship between maintaining the quality of provided services and minimising the risk of losing contracts, thus managing the financial risk:

We adopt good practice, best practice, then the funders have confidence in all and contracts to us. (G1)

Another participant saw that:

If you have effective quality process in place you are avoiding most risks. (G2)

As quality is a comprehensive issue, and the availability of effective quality systems will have positive effects on the whole activity of the organisation, including the risk management process, the Trust created a Quality Council. Two participants considered the Quality Council an initiative towards controlling risk. According to one of these participants:

There is a Quality Council, it is just being introduced and I sit on that and so I am aware of the key performance indicators and whether they have been met. (G2)

This council, which involves all managers and holds a meeting on a monthly basis, reinforces the responsibility of managers through accountability and control over them:

With the new Quality Council, each of us is responsible for our own areas; we discuss them on a monthly basis at the senior management team...The managers, who have had actions required of them from our last surveillance audit, are getting reminder. So while the whole senior management team is contributing to it, one of them is the watchdog, making sure that it happens, challenging them at a senior management team and if she can't get what she wants, then come into me and I will make it a performance issue if it needs to. (G1)

Regarding the third initiative, all participants believed that proper following of pre-set standards/policies and procedures by the MASH Trust management and staff would eliminate or control some potential risks. The MASH Trust has its own policies and procedures regarding safety and dealing with risky situations. Making sure that staff follow these policies and procedures correctly was viewed by all participants as one way of managing and controlling risk effectively in the MASH Trust.

We have the philosophy and policies. They have been built up over years of what have been the incidences or areas of concern. They have been regularly reviewed each 12 months. (G4)

Another participant mentioned:

There is a robust set of policies which staff are required to adhere to. (G3)

The MASH Trust is also subject to many quality and accreditation standards that cover the organisation as a whole.

As accreditation covers the whole organization, there are key indicators in each area of the organization. (G1)

Through meeting these standards, as one participant described it, the MASH Trust could control and minimise the potentiality of many risks:

There are two ways to make sure that the risk management process is going in its correct way in the MASH: first there is Quality Health Standards, then there is Health and Disability Sector Standards. (G2)

In this regard, one participant believed that one way to manage clinical risk could be by following the pre-sitting professional legislation:

In terms of professional practice, the legislation and the boundaries of clinical practice actually help the MASH minimise their risk. (G3)

In addition, staff must have certain professional qualifications before they work in the MASH, for example, a first aid certificate.

There are some professional qualifications that you need to have to work in the MASH, like a first aid certificate. (G1)

Acquiring these pre-set qualifications in addition to other essential skills such as dealing with clients, were measured and considered in earlier stages of recruitment, such as when checking a candidate's curriculum vitae or during employment interviews.

I guess it is a CV and interview and looking at how they interact with the clients. (G1)

The external auditing of the MASH Trust by some funders and health authorities was also viewed as a risk management tool. Therefore, as *the local DHB [which] undertakes an audit on a regular basis (G4)* and as the MASH Trust is *audited at regular intervals (G3)*, taking these external auditing prerequisites into consideration could control risk and improve quality.

In terms of managing risks that might come from the surrounding community, one participant believed that negotiation with the community could minimise this source of risk. As the MASH Trust is a community-based organisation and their support facilities include engaging the clients with community, there was always concern about the negative feeling of the community when dealing with those the MASH Trust clients who have intellectual or mental disabilities.

The MASH Trust therefore chose to negotiate and communicate with the surrounding community type of possible negative reaction and to avoid any other potential consequences such as legal actions. This participant gave an example to explain this strategy when pointing out that before

Opening the next group of houses [in Hawke's Bay], [the MASH Trust

is] starting to plan now about how we engage with the community and the decision makers in the Hawke's Bay before the MASH Trust gets there to try and minimise the adverse public reaction. (G1)

Finally, the participants described a handful of procedures and methods that are implemented by the MASH Trust to control and handle any potential risks that are related to staff. Some of these procedures related to the recruitment and staffing process and others to the existing staff and their unions. However, there were some initiatives intended to control some potential risk that are related to staff and at the same time worked to eliminate some other sources of risk, such as legal ones.

With the recruitment process, two participants focused on the significance of employing well-skilled staff to avoid or control potential risks. As healthcare delivery depends on staff effort, the proficiency of these staff plays a major role in the quality of provided services. Moreover, this role is involved with other issues such as reputation and contracts with funders. Having well-skilled staff was therefore viewed as one of the techniques that the MASH Trust applied to minimise some potential risks. One participant, for example, mentioned:

Our good reputation that we have attracted good staff. (G1)

Also, *hav[ing] well skilled staff who know their boundaries, who are well supported (G1)* might reduce the potentiality of other risks such as those which related to the clients.

Therefore, the MASH Trust was careful to recruit and retain competent staff from all levels as the participant (G2) stated earlier.

On the other hand, one participant found that, in some instances, when managing staff it is not enough to control certain types of risk linked with them, for example, negotiating with their unions. In this area potential risks may appear (see p.94). One participant (G1) explained a set of procedures the Trust followed in dealing with and in minimising this type of risk, such as respecting staff contracts and notifying employees about their rights.

For dealing with and minimising risk: you make sure you have a very

good process and that people are informed ever step along the way of their rights...mak[ing] sure that people had very clear job descriptions. (G1)

Therefore, during the MASH restructuring process employment law was considered in every action and step.

Good strategy had to be put in place before we started so we knew what we were going to be doing every step along the way to comply with employment law. (G1)

In terms of risk that might come as a consequence of the departure of some senior staff, especially those in managerial positions, one participant confirmed the need for a succession plan. This participant viewed this strategy as an effective mechanism to deal with the absence of managers, whether temporary, such as on annual or emergency leaves, or permanently. According to this participant, the MASH Trust should develop and implement a plan to manage any gap at managerial level that might occur due to the absence, leave or resignation of a senior manager.

We are looking at succession planning. I mean, a huge risk here is that you have a very large pool of expertise and one person, and if they left the organization what would we do now. My operations manager, highly skilled, knows the organization extremely well; whenever he goes on leave he has a cell phone, so he is on call. Soon he is going on holiday for 5 weeks and for the first time he will have a manager stepping up to take his role, so it is a bit of succession planning. Letting go for some people it is very difficult, especially when they are passionate about what they are doing. (G1)

Managing financial risk

Through their explanations of potential financial risks, the participants from the governance body described a number of initiatives and procedures to minimise these risks or mitigate their adverse impacts. One of these initiatives was a good working relationship with funders; another was an effective internal financial control system. As financial risk was viewed by all participants as a major risk, they saw maintaining the

sources of funds as one way for controlling and minimising this type of risk. The effective way to do that, according to all respondents, was through meeting funders' expectations and sustaining their contracts and pre-setting conditions. This would lead, as one participant put it, *to maintain the creditability with the funders who provide us with the necessary finance to survive (G4)*. Another participant stressed that to

Keep our contracts, [we] need to manage the relationship with the funder, make sure that they feel that we are the provider that they can call on if they have a problem that they have no concerns and they continue funding us and have no problem with the services we are delivering. (G1)

One participant believed that minimising the financial risk could be achieved through other means, for example, through expansion, as opening new branches could mean more funds.

It is the MASH's intention to expand because you need a critical mass to be financially viable. (G1)

However, building good relations with funders was not seen as the only way to manage financial risk. Other effective techniques and procedures were described by two participants, for example, controlling overspending by having a good monetary and quality system, finding other sources of funds, and expanding the number of funders. According to one of these participants

You have to make sure that the quality systems are in place to continue to maintain that funding. Once you have got the money you have to make sure that there are good systems in place to ensure that there is not overspending. (G2)

Also, by setting specific standards for spending money, argued by one participant, the Trust could manage the potential financial risk by avoiding unnecessary expenses:

Giving staff information and setting clear boundaries for them: They now know they are all accountable for not spending money that they shouldn't be spending. (G1)

Most participants suggested some initiatives for controlling financial risks. Most potential financial risks were referred by the participants to external sources, as the

MASH Trust depends mainly on the external funders, which weakened the Trust's ability to control these financial sources. However, three participants believed the financial risk could be minimised by establishing an effective financial management system. Controlling overspending and developing a reserve bank account were viewed as potential positive outcomes of this system. For example, one participant mentioned that:

We need a level of reserve. I was concerned about my responsibility as a Trustee knowing that if we lost a big contract tomorrow, we would be in serious financial problems. (G3)

Managing clinical risk

In terms of managing the sources of clinical risk, one participant considered obtaining certain qualifications, especially those required for practicing the job, could be a measurement of the proficiency of the clinician. Lack of required certificates and professional qualifications, and the failure of clinicians to obtain the required certificates or meet professional standards were described by this participant as potential sources of clinical risk:

In terms of clinical risk there is a, I mean, the compliance requirements particularly for registered nurses and for registered nurse where there are certain standards of practice. Do all registered nurses have an annual practicing certificate? (G3)

In some cases, as this participant mentioned, this source of risk may become critical and could have legal sides *if nurses didn't have an annual practicing certificate and then, for example, gave somebody the wrong medication (G3)*. This participant therefore viewed these professional standards as a helpful tool for minimising this type of risk.

In terms of professional practice the legislation and the boundaries of clinical practice actually help the MASH minimise their risk. (G3)

Recruiting and obtaining good clinicians was also considered an effective approach for controlling and minimising clinical risk. One participant, who believed that lack of qualified clinicians was crucial and might create unfavourable situations, stated that:

one way to control risk could be through having good clinicians. So if you haven't got good clinicians that can make good decision, you have got problems. [...] It is necessary from a clinical point of view, to make sure that you have got a nucleus of professional staff that can lead and guide caregivers. (G2)

Managerial-Level Perspective

Managing organisational risks

Participants from managerial levels had different points of view and described various strategies for managing organisational risk. However, one of the participants summarised most of these strategies and methods by stating that

We have policies and procedures to define how we manage those. We have quality systems to manage those sorts of things. But within all of the big headings, like for clients or staff or business, within there is lots of other little things in place to manage the risk, so we have infection prevention and control committees, we have health and safety committees, we have restraint minimize and safe practice, we have quality, we have staff meetings, we have client meetings, we have whanau meetings, we have ethic committees, we have committees for everything and that is all part of how we manage our risk and then we have training, staff development and that is another way of managing the risks. (M5)

Therefore, there was no one particular way to control organisational risk – this might include committees, policies and procedures, meetings and training.

Such strategies and methods, as explained by participants, involved the following general approaches: the MASH Trust policies and procedures; specialised committees; benchmarking; reporting; meetings; and effective communication between staff and their managers. In addition, while some participants described strategies for managing staff-related risk and clients-related risk, others highlighted auditing and pre-setting plans as part of these strategies.

From the viewpoint of nine participants, understanding and implementing the MASH Trust policies and procedures is the best way for dealing with risk effectively:

We have risk procedures throughout our policy and procedures... I think the policy and procedures cover a hell of a lot of the risks and if staff read those policies and procedures that should be minimising a lot of risk because it has got the procedures there. (M2)

Another participant added:

Probably the main way we minimize risk is by having good robust policies and procedures and those are all about meeting standards and for staff to have a clear guideline about what they are to do or not to... Policy and procedure, I still say, is still our biggest mechanism. (M4)

From the viewpoint of one participant, the Trust has *very in-depth policies and procedures around risk management (M10)*. These policies and procedures are well known not only by staff but also by clients, as another participant observed:

I think that ... staff know that there are processes in place to support them. That the clients know that we have process in place to manage risks. (M5)

Beside these policies and procedures, *there are a set of standards... And then [there is] a system of process by which the standards should be met. That I guess is how we manage most of the risks (M4)*.

On the other hand, four participants described another way for managing risk, this time through committees. One participant described some of these committees as follows:

There is a Health and Safety Committee which has the risk management component in it... At the moment, the whole committee restructure is under review but to date we have had an Occupational Health and Safety Committee and we have also had an Infection Control Committee... The Restraint Committee that is another one... (M12)

Another participant described the mechanism of working within the Health and Safety Committee:

The Health and Safety Committee is a good example of that. Now, through that committee we have the hazard identification forms, we

have, if there has been a particular incident that has been of harm to a staff person or a client, they also come into those health and safety forms and at the time, I mean, each time I receive a hazard ID, I look at what the hazard is, I look okay can it be minimised, what is the potential risk to the house, to the team, to the organisation and I try and minimise it as best I can. (M7)

Three other participants highlighted the role of the Financial and Risk Management Committee, which they believed to be the key committee in terms of managing risk in the MASH Trust. This committee, from the perspective of these participants, had the main responsibility for generating policies to control risk:

We have risk management, which is part of the Board of Trustees... and as an operational manager or as a portfolio manager as I am, I report all risk to them and it is good because what happens is when I report that risk, I report how I am managing it. They have a look at it and see if they can find any sort of areas that I might not have seen. Because they are pretty well experienced. (M1)

However, some participants believed that whatever the way of managing risk, this process should start by identifying potential risks. For example, one participant commented that:

The only one on risk management is the one we do when we write up all the risks of the organisation and what they are and what degree of risk they are and what we are doing about it. (M5)

Another added

Identify it. I will identify it first of all, so we have some systems that when clients enter services there is a risk register so things are looked at there and there is a hazard identification and stuff like that. (M8)

One approach in the MASH Trust involves identifying the potential risk of each client as *every client has a risk register written about them (M15). In addition, there is a hazardous ID register in each home which identifies all the risks... (M13)*. However, for effective results, identifying potential risks should be done carefully and

unhurriedly:

It is by slowly identifying it... it becomes a small risk that can be managed. (M1)

Two other participants believed that the risk management process should be proactive rather than reactive. One of these participants claimed that *historically I think we have been in a reactive mode rather than a proactive mode regarding risk management (M9)*, the other participant believed that:

Being proactive and prevention is better than the ambulance at the end of the cliff...a big minimisation for me is dealing with that as it is happening rather than waiting until it goes bad and it is too late then and you are running around with you head sort of chopped off. (M7)

In addition, three participants described two more initiatives for managing risk: benchmarking and reporting. Two participants believed that benefits flowed from looking at how other organisations manage risk, as this provides a good opportunity to benefit from their experiences:

We benchmark with other organisation to look at best practice and that is to assist with us minimizing risk, learning from others experiences... (M5)

And:

I do bench marking with other organisations to have a look at what they consider to be, and spend quite a bit of time researching other training that is being offered by other organisations. (M6)

Some participants argued that incident reports have a significant role in managing risk. For example, one participant stated that:

There is an incident reporting process to look at with reduction, there is audits done to look at minimisation of risk in risk management... (M9)

Monthly reports, which involved many issues including risk management, were also mentioned:

I report monthly to the CEO and part of my report monthly is Risk Management in key areas for the parts of things that I manage, so you

know that might be finance, that might be staff, it might be client issues, medications, just those sorts of things so I need to identify every month whether that risk is maintained and okay as it is or does it need. (M9)

Other initiatives and approaches of controlling some sources of organisational risk related to staff and clients, for example, engaging staff and clients in the risk management process.

Most participants believed that meetings and effective communication between managers and staff are significant in preparing staff to deal with risk. However, two participants believed that managing some sources of risk require preparing and educating clients as well as staff. One of these two participants gave the following example: *the clients have one-to-one education with the staff – that is how we minimize their risk for infection, for example (M5)*. This also could include clients' families: *We have client meetings; we have whanau [family] meetings (M5)*.

In this regard, one participant believed that enabling clients to take responsibility is more beneficial, although it involves risk, than controlling their lives:

It is beneficial that people take self-responsibility and some negative things may occur, but what is more negative is to take control of their lives and give them no choices. (M14)

In terms of preparing staff to deal effectively with potential risks, regular meetings between staff and managers were seen by seven participants as an effective strategy. For example, one participant explained that:

I meet with staff on a monthly basis, and so if there are any issues going on like you know the people that you are working with, you know if there is something not quite right. (M8)

Therefore, although these meetings, in general, discussed a variety of topics, risk issues were a permanent part of each meeting:

I would say there aren't specifically meetings about risk although there is a component of each meeting. (M14)

In some instances, these meetings, which are conducted on a monthly basis, involved discussing specific sources of risk:

They [the managers] have their staff meetings and at those meetings they identify on their agenda, specific items that they must have there for risk and that are Infection Prevention, Health and Safety, client information, they look at each client. (M5)

Another participant added:

We also have a weekly team meeting which has not only a clinical path but a general business perhaps reporting through management of incidents for which there is a documenting system for. It is a venue to raise concerns, managing risks. (M14)

In addition, these meetings represent an opportunity to discuss and exchange ideas about incidents.

All our meetings have a place for discussing incidents or near misses and things like that...I think there is also the staff health and safety component that is brought up in every meeting as well to give people an opportunity to voice things. (M9)

Five participants indicated effective communication as one way for managing risk. This strategy is important, in the opinion of one participant, because it encourages staff to participate and therefore to benefit from experience from those in the field:

The managers have the most responsibility to make sure the systems are in place... But that doesn't mean that the staff don't know either because their experiences operationally, they come up with new ones and they bring them to us and say this has happened or this could be a risk, so then we have a responsibility to access it and work with them ...So that is the bonus is that the staff come forward and we have quality coordinators in the process we currently have, where they can formally come forward and present an initiative to manage a risk or an improvement. (M5)

For this purpose, the MASH Trust used the open-door policy to encourage staff to communicate with their managers:

There is an open door policy, if it [risk] is not identified and we haven't already gone through. (M8)

However, three participants believed an effective communication strategy also involved the managers communicating and coordinating between each other. In this regard, one of these participants stated that

I also have support available with other managers where I can go to and say "This situation has happened today, this is what I have done, is that okay?" And an example of that is that I might go to the HR Manager, if it is a specific staff-related issue and say "Look this has occurred today, this is what I have done, can you advise me is there anything else I need to do at this time, or is it okay". (M7)

Regarding managing the staff-related risk, some participants saw negotiations with unions and a good staffing process as two methods to control sources of risk that might come from staff. Two participants believed that controlling stress and providing a safe working environment are both needed to protect staff.

In terms of dealing with the risk of strikes, two participants mentioned that the MASH Trust had formed a contingency plan to handle these types of matters. One participant mentioned that

We have got contingency plans around, so we have a back up plan and we know how many members in this Union could go on strike and we have a contingency plan of using managers and non-Union staff to step into the breach if we have to. So before going into the risky situation, we have got a contingency plan backing us up. (M2)

This plan is not only efficient when facing potential risks from strikes, such as a shortage in staff, but it will also empower the organisation in its negotiation with unions, as the following participant believed.

How we went about minimising it was we first identified the members of that

Union, and then identified, because we have different houses, we identified the houses that would be impacted and a few of the houses weren't going to be impacted at all. So then what we needed to look at was okay, which houses are going to be really impacted and then we would look at bringing staff in from elsewhere. One of our contingency was that we would bring up staff from Wellington to manage the houses in Palmerston if need be... We went into negotiations with a confident stand point that – okay if there was a strike, we feel comfortable that we were going to be fine, that the clients weren't going to be adversely affected and that we would be able to continue on and be able to do our job as an organisation therefore rendering their strike ineffectual. (M1)

Another source of organisational risk that might result from staff was related to their proficiency. Minimising this source of risk, in the view of one participant, could be through having a good recruitment and staffing process:

...other initiatives would be things like insuring that staff are qualified, that you are employing people with qualifications doing like screening of people before they come in... (M6)

On the other hand, two participants found that, in some instances, staff themselves could be subject to some types of risk, so they too should be protected, for example, from risk of stress and risk of an unsafe work environment. One participant emphasised the necessity of a safe working environment by saying that *to the staff it is health and safety within the workplace, and I need to ensure that a safe working place is provided... (M7)*. In addition, this participant believed that work overload, and thus stress, should also be minimised.

I monitor the hours that people have worked to ensure that if they have worked over 80 hours and know that they are not reporting any concerns around stress and fatigue, and if they are I attempt to meet with them to look at how I can support and continue to minimise that stress. (M7)

The other participant added:

Minimise stress by ensuring people have breaks and holidays and know who to contact if they are having issues, provide counselling services... (M9)

Finally, in terms of managing sources of organisational risk, five participants mentioned two strategies: auditing and pre-setting plans. Two participants believed that external auditing is an effective way to assess organisational performance and find any shortcoming that might represent potential risk. Such an audit could be a part of the certification and accreditation system.

We have external auditors come in and they look at our processes and they tell us if we are measuring up. (M4)

In some instances, this is an essential requirement to ensure continuation of funding.

We are now required to go through certification and things like that and that is sort of the government managing their risk giving us money and are we doing the job. (M9)

One of these participants indicated another type of auditing – internal auditing within the Trust.

We have something called a monitoring schedule, so there is a lot of audits being done during the year. (M4)

Regarding the pre-setting plans for controlling risk, three participants described plans forest up to deal with sources of organisational risk. All these plans were concerned with controlling risk from clients:

All clients have support plans which spells out clearly their identified needs and what staff need to be aware of and what staff need to do.... In each client's folder they have risk register which identifies all the risks for the particular person... I mean, support plans for the clients cover all their needs. When a staff first comes to the house, it is not probably realistic to expect them to know everything... As long as they know where to access the support plan, where to access the information, then when something crops up they can go to that support plan and find out what they need to know. It [support plan] could be around person's mobility, their health condition, their challenging behaviours, a multitude. (M13)

Managing financial risk

Three specific strategies to manage financial risk were described by three participants from managerial levels: insurance, an effective financial system, and maintaining contracts through good quality services.

One participant mentioned that to minimise any extra expenses from unexpected events or unanticipated costs, the MASH Trust went externally to obtain insurance:

We have insurance too, so any disasters, whether they are natural disasters or malicious damage anything like that, yeah it probably covers most of it. (M3)

However, this participant agreed with the other participant who believed that *having strong financial management in the organisation (M4)* is necessary for dealing with and controlling different financial risks. According to the first participant (M-3), effective information and software systems were steps towards an efficient financial system.

We have moved to a different accounting software and we have got a lot more reporting and a lot more information, which has highlighted a number of things for us along the way which we have addressed and that have made a difference. (M3)

One participant believed that in general the quality of services provided is a key to maintaining the contracts with the funders. Dissatisfaction over quality can lead to complaints from clients or their families and thus affect the continuity of contracts.

We need to ensure that we do provide a quality service... because at the end of the day they are our contracts, and if we are providing a quality service, and an example will be, a service user or a family member can make a complaint, that complaint could be forwarded to the people that provide our money and they can ... stop our contact. (M7)

Managing clinical risk

As mentioned in Chapter Six, five managerial-level participants described two sources of clinical risk: infection and wrong medication. One participant believed that training and educating staff is needed to manage these. This participant mentioned that the MASH Trust had begun to conduct workshops, in addition to work books and manuals, to minimise any risk of wrong medications.

To minimize that risk [of wrong medication], we have started doing another workshop, 2 and half hours learning module for staff, and it is a work book that they work through and they have to learn all of what is in there... (M5)

Another participant viewed regular reviewing and assessment of the clients as a mechanism to manage clinical risk.

The clinical risk management is through monthly review of each client ... (M14)

Yet another participant believed that to control the risk of infection, the MASH Trust carried out two steps: the first through educating clients, the other one through forming specialised committees such as the infection committee:

The clients have one to one education with the staff – that is how we minimize their risk for infection, for example. (M5)

And:

We have infection prevention and control committees, we have health and safety committees, we have restraint minimize and safe practice... we have ethic committees, we have committees for everything and that is all part of how we manage our risk. (M5)

Staff-Level Perspective

At the staff-level, the participants were asked about how well they were prepared for managing risk, rather than describing initiatives for managing risk (due to the nature of their job as subordinates who follow procedures, policies, and instructions given by their managers, rather than make decisions or set procedures themselves). However, the staff-level participants, in many instances, pointed to some initiatives for managing organisational and clinical risks.

Staff preparation for controlling organisational risks

Through their explanations regarding the mechanism of preparing them to deal with and minimise organisational risks, the staff-level participants described seven initiatives the Trust follows to prepare employees to control risk: set specific policies and plans; risk and hazard identification; procedures to deal with environmental risks, client-related risk and staff-related risk; committees; meetings; preparing incident reports; and training (see pp. 171–191). However, in some instances, they admitted that they might rely on personal experience to control risk. In general, no one particular method or initiative was specifically mentioned separately as best by any participant; all participants described more than one mechanism as the way they were prepared to deal with risk:

We always have 24-hour access to an on-call RN who we call if the situation became out of our control. Probably through training, through experience, I have worked in this field for a while, and through following the policies and procedures. (S12)

Another participant stated *that we have ways of combating stress... we also have for hazardous in dangers we have hazard ID forms ... (S11)*

One participant, however, believed that the most important aspect of managing risk is to have a vision and systematic process. According to this participant, for an effective risk management process:

One – you have to have a vision. Two – you have to know where you are going. Three – you want people with you. Four – you consult but you have to have the vision or the dream of what you are going to accomplish. Right, you have to believe in it. If you don't believe in it no

one else will, but if you believe in it you can help people believe in it.
(S2)

Regarding the role of the MASH Trust's policies in guiding staff to control risk, four participants believed that the pre-set policies, processes and procedures give staff direction to deal with and minimise risk properly. This includes the process of hazard identification. For example, one participant mentioned that:

There are sort of process in place where there is a hazard ID up on the wall and there is a value statement and every week at the house meeting, the clients are told what to do in an emergency, how to evacuate in a fire, what to do if there is an earthquake... (S1)

Another participant pointed to the pre-set plans of management for dealing with risk. These plans, as they were described by this participant, involve specific procedures and steps for each particular risk.

We have management plans in place and each file has a management plan. That would be the first tier, if it is going to put people at risk, serious risk and it is considered serious risk then we will involve other agencies such as crisis intervention and all those like crisis assessment, Mental Health Emergency team. Anyway, who ever it is down at the hospital, if we believe that that is needed then we will call upon those agencies, otherwise we will just basically listen and if they have got a problem then they will talk about it and then we can help them with that. If we can help them with that then that will seek more... If we get a plan and they can see daylight at the end of it, and they can see some hope, then generally things will settle. If they have been using alcohol and drugs and are a bit unsettled and they get dangerous then just get them off to the cells. Remove them from the house. (S12)

Two other participants explained that staff are prepared to control risk in their work by identifying risk and then carrying out the specific plan to minimise it. One of these participants stated that for minimising risk, staff usually:

Identify and report it... I think it is something that we are all aware and you know if we see anything we straightaway report it if we think it is a risk, either to the clients or us... If you see something that you don't think is safe you do something about it, you minimise it and report it and get onto it (S8).

Four participants believed that their own experience and skills were a major method of minimising risk. This became especially important for one participant when management did not take proper steps.

... I have been through 2 days where we were identifying problems that were putting the staff through the whole of the MASH – was making them at risk. For 2 days we sorted all the problems out then it was a report about that size, management dropped it in the wastepaper basket. They would not implement anything in it – that in itself was a risk for me. (S2)

This participant believed that relying on personal experience is the best way to handle risk.

The only time you are at risk is when you can't control, but I have always been able to control, or if I see danger then I remove myself from it. My experience tells me if something needs to be done I can get something done. Go do it – that is how you limit the risk... (S2)

Another participant added that:

For the last 3 years that I have been here I have managed it quite well. I think I am more than adequately ready to manage risk... experience has probably taught me what to look for and what not to look for and know how to deal with the situation before it gets too late and stuff like that. Yes, and my conflict resolution skills are probably quite good, well, they are good. (S12)

A third participant also believed that experience is most significant in identifying and thus managing risk; it is difficult to identify all potential risks merely from interviewing clients because clients, usually, did not talk about the details in these interviews.

I have been here for 10 years now. I can deal with them now ... This is the job, you are going to be looking after people in the community, you do this, this and this, you make sure they take their medication, have a good meal and a warm bed to sleep in but they didn't tell you at the interview of the risks that were involved. (S1)

Nine participants identified other initiatives for dealing with particular sources of risk from the internal and external environment, from infection, and from risk related to clients and staff.

Regarding controlling risk from the environment, one participant mentioned that the MASH Trust has its own procedures to check certain potential sources of risk inside houses. This participant mentioned checking the fire drill regularly, which involved preparing staff to follow the safety procedures to minimise potential damages in case of fire.

The environment, the MASH is doing very well with its environment. We have a lot of systems put in place, like ... the fire drill, we have a beautiful system for fire drill, every 2 months we have a fire drill and people who do the system they come and check your alarm as well. The thing to do is to stay and work the exit and make sure there is no stuff in the way. (S4)

Another participant explained one procedure staff are required to follow to minimise the risk from external environmental factors:

Well, there is always a risk that someone will walk onto the road, I guess, but you have to manage it by holding their hands. (S6)

One participant mentioned that one way staff control environmental risk, whether internal or external, was through regular checking and on-time reporting of any abnormal situation.

...With your environmental one, you have to just doing checks and keeping an eye out for things and as soon as you notice something reporting it to someone before it becomes a hazard, before someone is going to get hurt. (S3)

Another participant agreed and added that:

... Like if we had workers here, labourers or people coming in to do alterations in the house, we would have to keep an eye out just to make sure that there is no cords across the doorways or ladders left anywhere and in the kitchen for us as staff we have to be careful not to leave knives lying around or anything, that is. (S16)

In terms of minimising sources of risk related to clients, seven participants described the following strategies and steps: communicating properly with clients; maintaining and updating clients' files; watching abnormal signs of clients; and taking safety procedures to avoid any harm from clients.

According to the first strategy, one participant believed people *are quite open and communicate to you very well (S7)*. This step, as another participant believed, is needed because staff in general do not have enough information regarding the client's situation from their families or from previous health organisations the client attended.

The main problem we have with managing risk is the information that we receive when we are getting a new client. Often we don't get a lot of information from their previous caregiver or the hospital and we have to go and access them all the time to find out information. (S11)

Therefore, another procedure staff follow to minimise potential risk of clients involved maintaining and updating their files.

We have to do a form for any client that comes in, we have to gather information together for a report about their risks and it covers, like

physical, risk to themselves and on other people. (S10)

Among these client-related files is the hazard identification form, which is prepared on a regular basis and when a new client comes to the house.

...The hazard ID... We check that every month and if we get a new person to come in or if a person leaves we have to change that. The risk register, we fill that out and every 6 months we review it and we have to work through it and if we have any causes for concern we have a nurse on staff that we talk to... I do for my own client list. (S11)

Regular watching of clients and prompt reading any abnormal signs, as mentioned by four participants, is one main procedure to control potential sources of risk from clients toward themselves, other clients, staff or property.

Right, it is mainly, we know what we are doing and we can keep an eye on the clients. We can manage risk in their area but you have to really be onto it, just monitoring the situation constantly. (S3)

Another participant added that *it is about noticing behaviour changes. (S13)*

In addition, two participants mentioned that, in some instances, staff could avoid risks from client behaviour by being careful and positioning themselves so they can get away if the client tries to hurt them. One participant from the mobile team, whose job required visiting clients in their homes, mentioned that:

You make sure someone else is there or you position yourself so you are close to the door so you can get out. (S10)

The other participant agreed and gave the following example:

Well, for us, we have one client who has seizures and during the course of the seizure we mustn't intervene. We have to make sure he is safe and move anything away but if we don't advise other staff members or be wise ourselves and we get too close we are likely to get a punch in the face or something else. (S16)

Beside the procedures that staff carry out to protect themselves from clients, two participants highlighted another two strategies for dealing with two other sources of staff risk: risk from the organisation and risk from other staff. Regarding the risk from the organisation, one participant believed that labour and professional unions represent a real protection to staff from any disappointing situation or unfair procedure from the management. This participant commented that:

The protection normally comes from the Union. Like the NZNO, which is a nurses union, they have a legal fund, should you run into trouble then they will defend you. So, no, I have never felt that, never seen that because in New Zealand you can go outside the organization and you can get legal representation that the government provides for nothing, to fight your battles for you. (S2)

Furthermore, the role of unions, so another participant believed, goes beyond legal protection to involve aspects such as providing training to their members.

I have also got training as a Union delegate on managing risk in terms of staff employment and employment safety. (S1)

Another participant talked of dealing with another form of risk, risk from clashing with other staff.

I make sure that I document everything. I make sure that if I am talking to somebody and it is a fairly delicate thing I might have another person as my witness; incidents report and if I have to write up a big conversation, I will actually write it up on my computer and actually email it to the manager whilst it is fresh in my mind. (S1)

However, the MASH Trust also provided programmes and services to help employees to minimise sources of risk that might hurt them, such as risk of stress.

And there is clinical supervision, people can access clinical supervision if they are really feeling stressed out, if they are feeling unsafe, if they feel that their own mental health is at risk. (S1)

On the other hand and in terms of dealing with risk in general, three participants talked of the role of committees and quality council in controlling risk. According to one participant, in the case of any risk, staff ... *would go through the health and safety committee (S12)*. Another participant added

Well, I belong to the Health & Safety Committee, so I go to that every month and any hazard ideas are identified or any incident reports are discussed and we find ways to deal with it. (S1)

The third participant pointed to the Quality Council as an initiative that provided an opportunity to staff to participate.

I think ... the CEO has put something in place from her newsletter, things like quality council processes, so we can participate, so staff have more participation. (S2)

Another two main initiatives and methods for preparing the staff in houses to control and minimise risk were meetings and incident reports. Meetings were viewed by seven participants as one main mechanism in the MASH Trust to educate the staff to deal with potential risks; incident reports were described by all participants as an approach for controlling risk.

All seven participants highlighted one or more advantage of meetings as opportunities for discussion of potential sources of risk and how to deal with these risks, whether between the manager and the staff or between the staff themselves:

I have picked up a lot from just the team environment and learning things from your team members as you, like because we will meet regularly, we will meet once a week and you know that within that meeting there is a schedule on one of those, to focus on infection and occupational safety. That is two parts of our meeting, so issues are always coming up. So if one person has got an issue you discuss it and you might not have had to deal with that but you have learnt something from that... (S9)

This participant considered meetings as a useful form of training:

*And so that would be the other way, other than any particular training.
(S9)*

Another participant agreed and described meetings as ongoing training.

*In house we have ongoing training in terms of getting staff meetings.
(S12)*

Another attribute of staff meetings lies in their regularity, which helps in following up and discussing issues.

... We have it [meeting] weekly and I find that that is good and I find that is good because it means we can keep short accounts with any issues that are coming up or need attention... We just have an overview of each of the clients and if any issues have arisen. Anything that we find is a hazard or risk or a problem anyway, that goes down, we discuss that in the meeting and make a decision on what options we need to do to eliminate or to resolve or minimise. (S16)

Staff meetings, therefore, whether between staff or with their supervisors, are one of the Trust's mechanisms that prepares its staff to deal with and manage risk.

We have a staff meeting every 2 weeks where we can tell our house coordinator of any risks and she deals with it from there. She passes it onto the team leader. (S6)

The other main mechanism for managing risk in the MASH Trust, mentioned by all participants, is the incident report. This form of reporting helps prepare staff for controlling risk by providing them with the opportunity to report their perspectives and receive feedback from their supervisors:

We have an incident reporting system where we have to fill in detail on one of our forms about any incident or perceived risk and so, yes, that gets discussed by everyone and we get feed back from that from our team leaders. (S5)

Another participant added:

There is an incident report that we fill out for a variety of things that you would always indicate the risk situations. (S12)

This type of reporting is usually formal and has a specific standard form.

It is one standard form [incident reports] but you just fill out what the risk was, what the incident was, etc. (S1)

These reports go through particular communication channels and procedures.

Incident reports go to, from here they will be discussed, at our level, at a team meeting with our team leaders and managers see them and then they go through to the operations manager for him as well. (S12)

Another participant added

We have proper forms to fill out and forms to fax off to management and they have to respond within a certain time. (S14)

As one of the participants mentioned, these reports are an integral part of the risk management process.

If we find something that is a risk, we have to fill it out and it goes through the procedure ... there is a risk management and we actually go through that. (S15)

Two participants had other comments on incident reports. The first participant believed that the reports were prepared only if there was a risk, in other words, the reports are reactive rather than proactive. According to this participant:

Reports are only once there has been a near miss or once something has happened. (S3)

The other participant pointed out that incident reports are not always considered by the management, therefore, preparing this report depends on an individual's personal

feeling about whether or not these reports would be neglected by the management.

We have an incident form; I will do it only on the understanding that they [the management] will do something about it. When they no longer will do something about it, I don't report it... Yes, you are wasting your time. (S2)

Managing clinical risk

As mentioned earlier, two staff-level participants raised the subject of infection as a clinical risk. One of these participants described two steps set up by the MASH Trust to deal with this source of risk: the first took the form of precautions, and the other involved supplying hygiene tools and equipment. This participant stated:

With infection we tend not to, well, not so much touch things, but you wouldn't accept food or drink is the most classic one. If somebody offers you a drink, you decline politely, or food you do the same. That is just a standard precaution that you presume or you assume that there is something could be infectious. Whether the place is clean or not it is just a standard factor. The other one is we have a sort of a hand wash that we carry around in our cars, so the procedure calls for after each visit you would wash you hands and move onto your next one. I can't say that I always do that, but I would do it if I feel like I have been in a particularly unhygienic and unclean home. (S9)

TRAINING AND THE MANAGEMENT OF RISK

Governance Perspective

In addition to the initiatives described earlier, training and educational programmes for managing risk were viewed as a major initiative and technique for effective management of risk. This was apparent when the participants mentioned the role of staff in the risk management process, as the awareness of staff and their effectiveness in performing their jobs and dealing with risk in their work are crucial in minimising and controlling most risks.

Any training or educational programme, as was mentioned by two participants, is a means for minimising risk. This perspective built on the participants' beliefs that in general training aims to improve the competency of trainees. Therefore, any improvement in the proficiency of staff must lead to controlling some potential risks, although training programmes were not categorized as risk management programmes.

There is an overall education programme because risk is paramount. And it is not always labelled risk. (G2)

Some compulsory training was therefore required by all staff in the MASH Trust, and one participant mentioned that:

We have some programmes that are compulsory for all staff. So the MASH way orientation and that includes issues around Health and Safety, client rights, what the values are, how we interact with clients, the boundary between being professionally involved with the client rather than personally involved...There are core skills which again is compulsory. (G1)

The common issue between all these programmes, as mentioned by one participant, was that they were *tailored to the service we are providing (G1)*.

However, some training and educational programmes were compulsory but for particular employees.

For some of our services there are other courses that are compulsory. There are things like use of self as a therapeutic tool, which is a formal course. For our drug and alcohol service there are formal courses that we know are best practice, which are compulsory. (G1)

On the other hand, other training programmes were designed for some staff and were not obligatory because *some employees are very prepared and very competent in dealing with risk; others need some support and training (G1)*. Deciding who should go to the non-compulsory training and educational programmes is based on assessment of the staff by their managers. Here one participant mentioned that:

Assessing the skill of the people that they are working with, it depends on the perception of in-charge person or team leaders. (G1)

Training was viewed as a required procedure and a continuous process. Events are dynamic and changes can occur on a daily basis, therefore people who were initially considered well skilled might become obsolete in the future. Changes might also come from the employees' turnover. One of the participants stated that:

I think we have to keep on constantly looking, because things change on a daily basis when you are working with individuals, and the mix of people can change too. (G1)

Whatever the organisation did in terms of training and other educational programmes, said this participant, there was usually room and need for other training programmes.

I don't think we will ever have the right courses to totally manage risk because we are dealing with human beings. (G1)

While acknowledging the importance of training in the risk management process, these two participants mentioned that training and educational programmes for managing risk in the MASH Trust usually come under different labels. From their viewpoint, any procedure or action that might improve quality and control risk might involve training. Any improvements in staff job-related skills aimed to enhance performance and to reduce and minimising risk. Outcomes of any training, therefore, potentially involve managing risk. One of the participants mentioned that:

It isn't specifically risk management but the outcome is managing risk both for the clients and the staff. (G1)

The other participant explained this as the following:

It is all part of the overall education programme because risk is paramount. And it is not always labelled risk. Just managing, learning

how to manage a person with mental illness, you are not going to label that risk but it is part of the education programme, because it is totally pervasive of everything in risk. (G2)

Although these programmes were *designed to deal with risk and make sure that people are safe in their working environment*, as one of these participants said, *but we don't really call it risk management (G1)*.

Another reason these programmes are not called risk management programmes involved the nature and attitude of people. Titles such as Risk Management or Controlling Risk were unfavourable terms from the staff viewpoint. This was highlighted clearly by one of the participants who concluded that:

If I said to someone working in a house, "You need to come to a risk management course," they think why, but if I said "You need to do a course on managing challenging behaviour," they think "yes," because I am dealing with all clients with challenging behaviour...It is intended to managing the risk of having a client with a challenging behaviour, but it isn't specifically called Risk Management (G1)

On the other hand, training might involve other forms, for example, regular meetings and communication between managers and their staff. Meetings between managers and their subordinates to discuss risk issues were viewed as a risk management initiative to train employees to deal effectively with risk. This becomes especially significant as:

The risk management process now is being driven from house meetings. So it starts off at individual house meetings, where incidents and risks quality initiatives are brought on the table and will be fed up through the process to the senior management team and the Board and the quality council. (G1)

One of the participants mentioned that as a result of this:

The senior managers, as part of their staff meetings, have spent time talking about risk: what it is, what the implications are, how it is to be managed, how it is to be minimised. (G3)

However, in spite of the existing training and educational programmes for controlling risk in the MASH Trust, one of the participants believed other initiatives and training programmes were needed. These initiatives involved improving the current training programmes, instituting new ones, and creating new plans and mechanisms, such as training-needs analysis and training-evaluation systems, to develop the training process.

The need for constant training and educational programmes is significant. Because changes are non-stop issues and some changes may occur on a daily basis, training is viewed as a perpetual requirement. These changes could be related to employee turnover or due to developments in the organisation and its services – an issue explained by this participant as the following:

I think we have to keep on constantly looking because things change on a daily basis when you are working with individuals and the mix of people can change too. (G1)

In some instances, training should be designed and to enable staff to deal with the new situations that take place.

So I guess as each situation arises we think ‘well how could we have done that better and is there something we can train people in’. (G1)

Therefore, this participant believed that it is difficult to find perfect or exact training for managing risk as the main input of the MASH Trust is a human being:

I don’t think we will ever have the right courses to totally manage risk because we are dealing with human beings. (G1)

On the other hand, most of the current training and educational programmes in the MASH Trust focused on and were designed for employees who were not at managerial level. There were apparent gaps in this area. One main initiative needed in the MASH Trust, as this participant stated, was training programmes for managers.

What I think has been lacking in the MASH for a while is training development of the managers. We focused a lot on the staff and the people who are delivering the ‘hands on’ but I don’t think we have nurtured them and met all our managers greatly. (G1)

In addition to that, and for an advanced training process, a training-needs analysis should be carried out before any training plan or programme got under way. Such an analysis, in the opinion of this participant, is a crucial for identifying required and necessary trainings. Also according to this participant, to meet the real needs of staff from training, the analysis should be done in light of the performance objectives and required developments of staff and managers:

The mechanisms, I guess, are looking at again the performance objectives that we negotiate with our managers and our staff, so that we are looking at their personal and professional development. I want to do a training-needs analysis of this organization in due course... Through training needs analysis we not only look at the courses that we currently that we have but the gap and what do we do best to fulfill that gap. (G1)

This process should start at the managerial level and extend to involve all other staff:

The senior management team will be talking about what training we need to have as a senior management team before it starts spreading through the rest of the organization. (G1)

Training could be carried out by internal trainers from the MASH Trust staff or from the outside, depending on the training, skills and experience of current staff.

Now of course some of the training that we need in here, we have got some highly skilled people within the organization that could do that training and on the sight one to one trainer or run a group session. For others we need to bring in expertise and we constantly reviewing the skill gaps that we have and we need to bring in specialist expertises. (G1)

This participant believed that one of the required trainings should be a training programme on quality and risk management for managers.

I mean, the first training for us as a group will be around the issue of quality and risk management because we all think of it as different things ... What I think has been lacking in the MASH for a while is training development of the managers. We focused a lot on the staff and the people who are delivering the 'hands on' but I don't think we have nurtured them and met all our managers greatly. (G1)

In addition to a training-needs analysis to identify required trainings, training programmes should be evaluated in terms of their results and achieved objectives. An assessment process should be carried out to examine the benefits that have been gained by trainees at the end of training. This issue was viewed by one participant as a challenge.

One of the challenges for us is evaluating learning outcomes. Because I could sit all day in a course and not get anything from it, but be able to tick the right boxes. So we are constantly looking at how do we judge that at the end of this course you have actually learned something? So it is learning outcomes and measuring those that the training and development Human Resource Manager is constantly looking at. (G1)

Managerial-Level Perspective

The role of training to minimise risk was viewed by managerial-level participants as significant and crucial. It is the main method, from the perspective of one respondent, for controlling risk.

The way that we minimise that risk or manage that risk is through training. (M1)

Three participants agreed that training is a cornerstone in managing risk, through illustrating the main following advantages of training: improving the quality of service delivery through improving staff's skills and mitigating the legal liability of the organisation from complaints or legal actions. For example, one participant mentioned that

We have a particular duty to make sure that our staff have the training and skills tools to do there job, and if we don't do that then obviously we are leaving ourselves open to litigation from staff if they get hurt from whether it be from a patient or whether it be falling over on a path or whatever injury... (M12)

Such training also included benefits to clients, as one of the participants pointed out:

We have to respect the client's rights and if we don't train the staff how to do that accordingly, they might think they can hold people or do things to people to force them to do something... It is about reducing the

possibility of staff using inappropriate process to support clients and the ones that they are trained to do that we have a process in place, so they do it within correct lines of responsibility and they are trained to do it properly so they don't cause harm. (M5)

Training becomes especially important in the case of new staff.

I think, especially new staff need to be orientated properly to prevent the risk of injury to people or unsafe practice... (M10)

In accordance with the significant role of training in minimising risk, five participants believed that training should be carried out on a regular basis. However, some training programmes in the MASH Trust that are related to core skills already occur regularly.

Very yearly basis for all staff ... Core skills which talks about Health and Safety, Human Rights Acts and bits and pieces, every staff member must attend at least every 12 months, so they constantly getting the updates as to what is expected. (M1)

Training could be internal and given by qualified staff who have been trained to train others, or it could be external through ...work[ing] with training agencies, like Massey, UCOL, [and] Polytechs (M5). However, regardless of the source of training, the important issue here, as highlighted by one participant, is the quality of training, the training system and the competency of trainers.

I ensure that the training that we offer is facilitated by people that are qualified to provide that training, I ensure that the training is meeting standards and that it is evidence based, I ensure that we have a system to record who has done training so that we know which of the employees haven't done training and we can track them and get them in for the training that is compulsory. (M6)

In some instances, both internal and external training are used, depending on the availability of qualified trainers within the organisation:

We use a mixture. I do some of it, I do Violent Crisis Intervention but because I am trained a certified instructor to do that but other areas we use outside agencies to provide specialist training. (M12)

In terms of the responsibility for training, one participant mentioned that this was carried in the past by the Development Manager. After eliminating this position, the responsibility became multiple and involved many departments and managers:

Well, to date it has been the Training and Development Manager but we now we don't have a Training and Development Manager, that portfolio has come under the Human Resources Manager who has a Training and Development Officer who works for them and at the moment we are doing a training review, which I am part of, which we are looking at the whole training picture for the MASH and looking at how we best manage some of those decisions ... Vocational Services manager, the Human Resources Manager, the Training and Development Officer and ... the Client Services Manager, Mental Health, we are the core group and we have involved support workers, lead support workers and others outside of the group as necessary to consult. (M12)

However, the managers still carry another sort of responsibility as they, usually, nominate staff for training:

It is up to each manager to bring who they want to the training. (M4)

Training includes different forms and types. Participants described three types of training carried out by the Trust: induction programmes; specific training for particular staff; and specific training programmes for particular types of risk.

According to the first type of training in the MASH Trust, most participants believed an induction programme is a type of training that includes teaching new staff core skills such as safety and health and taking them around to visit work places.

So when a person is employed, they have induction programmes, and they also go out to every sight that they may be working at, and they have another site specific induction orientation... (M5)

Induction programmes also involved:

... Part of the orientation programme is to educate people in the policy and procedure manuals, make them aware of where they are, how they

work, what the steps are to follow through for this. We have a very in-depth education programme, continual education for staff around the MASH way, core skills, around hazard ID, safe practice and that is all part of the programme for new staff. (M10)

Regarding training programmes for particular staff, one participant believed that most training in the MASH Trust was directed towards those staff who deal directly with clients rather than other staff at senior levels.

To be honest, most of our training, our induction, is on orientation because it is directed towards the support workers, lead support workers so, yeah like, our the MASH way and core skills is mostly directed towards them because they are the bulk of the staff. (M1)

Two participants indicated there was some training directed to managers. One form of this training, according to one participant, consisted of workshops for discussing issues related to risk.

The managers do a risk workshop and we look at all the risks and we do sheets what are the risks and how will we manage them; what's the likelihood of them occurring, those sort of things. (M5)

The other participant believed that these workshops for training managers were actually exercises.

It was a risk exercise of all the managers at the time. It was about 18 months ago... It wasn't a training programme – no, it was an exercise to look at our risks; yes, to identify our risks and then put them through the matrix to see which ones were the ones that were most serious. (M6)

On the other hand, certain training programmes set up to fit with the particular needs of each department or service. One participant mentioned that *I channel my staff to the trainings at the MASH but then we also organise our specific training as well (M11)*.

Other programmes were designed to meet the special needs of particular types of disabilities.

There is quite a range of health needs that people with intellectual disability with very high needs, intellectually disability bring to their place of activity, we have people with nasal-gastric feeding and all sorts of other issues which, like we have to make sure that staff are able to and are trained and able to work with people like that. (M12)

However, one participant did mention that in some instances ad hoc training was given to particular staff who might present a singular potential source of risk, not present for other staff, whether this risk was to themselves or to others.

If there is a staff person I feel is at risk, to himself or others, then I will put in place, for instance, regular training sessions with myself, catch-ups one-to-ones and also when I am seeing the behaviour out there, taking them aside and saying, “You know this is what I saw, this is what is wrong with that behaviour and how you did that, and this is what you can do in the future”. (M11)

Although the participants indicated the term risk and managing risk during describing training and educational programmes, most participants stated that in general there was no specific training designed specifically to deal with risk. It is a common goal of any training to minimising risk through educating employees and improving their skills, but these programmes, in general, were not labelled risk management programmes. One participant mentioned that:

All my training that I provide is about managing risk. But there isn't a training that says this session is on risk management. But all of our packages are within the package about how to minimize risk. (M5)

Another participant added:

We don't, like, label the programme a Risk Management Programme, but by giving people multiple skills, I feel like we are training them to handle risky situations. (M11)

As another participant mentioned:

They [training programmes] are probably not identified as risk management but that would be their underlying reason... I mean it is

managed, it comes from various sessions, but there is not one particular session that is risk management. (M13)

One participant believed that some training programmes were designed particularly for managing risk, although they carried different labels:

The Occupational Health and Safety one is very focused on managing risk. You know, they follow a specific process around identifying risk and then isolating it or minimising it or getting rid of it, eliminating, isolating or minimising risk. So that is a very clear process about minimising risk, the Occupational Health and Safety one. (M12)

Participants described two forms for training and preparing staff to deal with risk – these were workshops and meetings. One participant believed that the main form of training in the MASH Trust is conducted through workshops. This participant said that, *mainly all [trainings are] workshops. I do one myself – medication education and training for the staff and they sit a little test after that and they do a manual (M10)*. Another participant agreed and described some practices in these workshops regarding managing risk.

We have had the workshop more than once because we need to look at those risks, and the workshop was about training us to know how to identify risks, how to complete the appropriate paperwork and also brainstorm whether our current risks that we have identified are appropriate still or there is new ones, all that type of things. (M5)

In terms of training through meetings, one participant stated that meetings between managers and staff, and between staff themselves as well, are a form of training to staff.

By training sessions and in especially if we identify a risk at a particular site or sites that the information goes out to staff meetings and it is discussed at staff meetings. (M2)

Another participant saw this as including managers' meetings:

For me as a manager, my knowledge or my training would come through... management meetings where you have the opportunity to report in your area of business. (M7)

However, three participants maintained that those staff who already hold certificates and degrees, such as nurses, should have received training as a part of their study:

Part of the training that we expect people to do is to come with a certificate; like support workers, we ask if they have a National Certificate in Mental Health. We would expect that the training provider have met their requirements... and of course in some of those there is risk and risk management and why and all those sorts of things as well. (M9)

Another participant added that:

We have certain requirements in our job descriptions and contracts that people are required to do certain training, like First Aid training and that sort of stuff, and other training around human services, certificates and stuff. So we have a level of expectation of our staff going and doing stuff but we also have a requirement. (M12)

Four participants mentioned some types of tests used in the MASH Trust as indicators to measure the effectiveness of training and its benefits to staff. These measures involved verbal and written tests, practical tests and incidences.

Regarding verbal tests, one participant said that:

... so that is how we manage that risk, is that we train them, we give them a workshop, they practice with someone else for many weeks and then we do a – it is not an exam – but some verbal. (M5).

This participant also talked about written tests.

There are two pages of questions they have to answer 100% correctly before they are allowed to give medication to clients without having to have another staff member with them. (M5)

Another participant mentioned that:

I come out and stand by the staff and they show me how they do the procedure. (M10)

However, one participant believed that assessing training outcomes should be carried out through out the whole year; this could be done through monitoring incidents.

The test to me is throughout the year, are we have problems with that or

not? If we are not having problems then the training must be working well. (M4)

Finally, most participants believed that beside the existing programmes, other sorts of training are still needed, especially, as one participant pointed out, as training is a continuous process.

I think they [training programmes] are never enough. I think, like, it is better than what it was but it is never enough. There is always more you can do, I think. (M12)

Another participant believed that the current programmes are not effective enough and should be further developed.

I think a lot of our training you get the same faces appearing and they are not learning anything, it is basically that they are there to have a day off work, it gets them out of the house, they get to come here and get given morning tea, and that sort of thing. (M1)

From another perspective, this involves the induction and the orientation process.

I think we can do the orientation process better and a lot of these things are systems that we are actually currently looking at putting in place anyway. (M11)

In addition, another participant believed there should be specific training on risk.

In fact there needs to be training around the risk, what is risk, what do we as an organisation deem risk to be, what are the areas that we deem to be of importance, that have an impact on. It is like risk is everywhere, but it is what we as an organisation deem to be, this is the stuff we want to work on. You can't have staff, yeah. I think there needs to be a, like, a best practice or policy, really clear guidelines as to this is step 1, step 2, step 3, and step 4. (M8)

Two participants suggested two strategies for supporting and improving training: forming a specific training committee and the need to provide particular funds from the

government and other funders specifically intended to support such training. According to one of those participants *it may be that we set up a committee to look at some of those [Training] (M12)*. This participant added:

We don't have huge amounts of money to pay for this training... I guess, it has either got to be a matter of the Government or the Funding Agencies putting more money into the contract so that we can better afford providing some of those trainings, or the Funders or the Government providing that funding outside, you know, to provide staff the training. (M12)

Staff-Level Perspective

All staff-level participants agreed that training was a central mechanism in preparing them to deal with and control risk in the MASH Trust, and all of them described different forms and types of training, as well as their contributions and benefits. In addition, the participants described problems related to existing training. However, eight participants had comments for improving the current training programmes and process.

Concerning benefits of training, one participant believed that training is a source of knowledge.

It [training] gives you basic stability of how to follow the procedure to eliminate the risks. So, yeah, I think it gives you the knowledge. (S14)

Another participant pointed to the role of training in personal development and in increasing awareness, by which it helps managing risk.

Anything that I do in terms of personal development for me is about managing risk because it creates a greater level of awareness so it is not just going and doing a course and coming back and saying, ah I have to do this now because it doesn't work like that. (S13)

Three participants highlighted the importance of training, especially for new staff. According to one participant:

When you are a new staff member that doesn't know anything about this industry, it [training] is good... (S14)

The participants described many types and forms of training in the MASH Trust: compulsory and voluntary training; formal and informal training; internal and external training; orientation programmes; specific training programmes for particular issues; and workshops. In addition, as mentioned earlier, some participants described staff meetings as a form of training. However, six participants pointed out that these training programmes and forms were usually not labelled risk management programmes. For example, one of the participants stated that *...it is not actually called a Risk Management Programme. (S1)*

Regarding types and forms of training, the participants described different forms of training based on the following aspects: whether training is compulsory or optional; formal or informal; internal or external; and specific or general training.

One participant mentioned that while certain training is optional, and staff have the choice to attend this training or not, other training is compulsory.

We are given the option if we wish to go to the training. Some of it is compulsory and some of it is optional but I sort of thought, yes, that would be good to have an understanding around that. (S16)

Another participant gave an example of compulsory training for all staff in the MASH Trust: this is core skills' training, called the MASH Trust way. According to this participant, *in core skills you have to do it every year (S14).*

Training is usually formal and involves a specific agenda, but one participant mentioned that in some instances training could also be informal and verbal. Trust training could be internal and carried by one of its staff or it could be external, either accessed outside the MASH Trust or provided inside the MASH Trust but, carried out by external trainers.

Sometimes they are from out of the MASH and sometimes they are from within the organization. (S16)

However, although one participant said that *we haven't really been offered any external training down here (S3)*, other participants described an external training that they attended:

They are external training, it is called blue print and one of those is on risk. Yeah, and it was a general discussion of risk and I guess some of the ethics and the ins and outs of it... (S9)

In this regard, two participants believed that external training has advantages over internal training. One participant explicitly stated that:

I think I would much rather it was external in an organization such as the MASH. It keeps the onus off. Yeah, I probably have a couple of reasons for that. I mean, if you had staff within the MASH doing it, then you are seen as being some sort of expert and I don't know whether the 'within the organization', I don't know whether that is a good thing. I think it is better having other agencies run those courses. (S13)

Another participant agreed and described the particular types of training that should be held by specialised agencies, such as fire safety training; for other training, such as the training of new staff about organisation policy, it is better to be internal.

... If you are going to get together a whole group of new people, that is okay for a person internally to say we do this, this and this, the policy is that, that and that, and that gives them a basic understanding of what is expected of them in the roll. But for things like risk management, fire safety, and in medication delivery, all of those things you need specialists to come in... (S1)

This participant supported this opinion by mentioning some benefits that could accrue from external training:

...and you know, if staff go away with a certificate they feel like they have achieved something. Yes, and they are more likely to listen. (S1)

Another form of external training involved training that is pre-requested for gaining certificates. One participant pointed out:

I was also doing a study certificate in mental health and part of it, there was a component that was about risk management and hazardous and harm and I had to do the courses and get the certificates to pass that as well. (S11)

On the other hand, the participants described particular training programmes that had been provided and were directed toward specific topics such as *non-violent crisis intervention courses (S5)*. Another participant mentioned *the training of the risk register ... as part of ... medication training (S3)*.

The main form of training in the MASH Trust, as most participants stated, is through workshops. For example, one of the participants commented that:

They have workshops on managing challenging behaviours. We have lots and lots of workshops, understanding the elderly, managing challenging behaviours, physical one... (S1)

Another participant added:

You have workshops on different subjects that you go to that help you give the understanding of what to do about what you see. (S2)

Other participants considered meetings as another main form of training.

Three participants described three problems in the existing training in the MASH Trust: incompetent trainers; lack of listening skills; and lack of follow-up. In describing the first shortcoming, one of the participants pointed out

Number 1: the people that are hired by MASH as our trainers, one of them ... doesn't have that capacity to command an audience and people get bored and you can actually see people yawning and different staff will come back and say "God, that was boring". (S1)

This participant believed that lack of well-skilled trainers could lead to another problem – lack of listening and attention by trainees.

So if you have got people that are not listening, people are bored and their minds are out there, they are not actually absorbing the information anyway. So what a waste of time? (S1)

This participant suggested the following solution for this problem:

They need to bring in outside people ... [who are] very experienced and [know] exactly how to get everybody's attention. (S1)

Another participant agreed and suggested another solution:

The only thing I really did wonder about ... training - listening skills. I do wonder if that would be actually good to have a specific course on how to listen. (S16)

A third participant believed that lack of follow-up and assessment of workshops and after-training is a real problem.

You have workshops on different subjects that you go to, that help you, give the understanding of what to do about what you see, but there is no follow up to see how this works. (S2)

Five participants believed that other initiatives were needed to improve the quality of current training and, as a result, the awareness of staff. In this regard, one participant believed that developing training programmes is a typical procedure that is needed from time to time.

You can always improve on programmes, can't you? You are not going to use a programme for 10 years and not do anything about it, now are you? So there is always times are changing and you do improve on ways of learning... I think that further training that I have done through MASH has been good. Yeah, but there is always, you know you can always improve on something can't you. It is not just black and white. (S7)

Another participant agreed and added:

Well, I suppose you can never just sit back and say you know everything. You know there is always room for improvement. I believe there is always new training coming on board and we should be open to it. (S11)

One form of training that is needed, as one participant believed, was training for personal development. This participant believed that this training is important because people are influenced by others.

I think personal development, really, and I know that it may seem a little bit odd but personal development, because if you have a greater insight into your own behaviours then you can certainly develop the same insight to others; and if you understand other people then you are more likely to take a slightly healthier approach. My experience is being that people generally can escalate a situation just through body language or just from what they say, and a greater insight into your own behaviours will help you to maybe just understand and that in term helps de-escalate the situation. So, yeah, if they would run more courses, I would like to see more personal development. (S12)

From this participant's viewpoint, more training on managing client-related risk is also needed:

However, other courses should be available... Probably in managing risk of clients, when clients are unwell. (S12)

Another participant suggested procedures to improve the risk management process involved assessment of managers' performance and the building of an effective communication system with the staff in houses. This participant explained these procedures as follows:

... if I had the power, and I have often thought about it, and I would get hold of MASH, the first thing I would do is look at what each manager is doing and how well they are doing it. Having been on the bottom you

know how it impacts on you, so you don't have to worry about not knowing between there and there – you know. Then what I would do, I would communicate with the people that run the houses, get them together, tell me what the problem is, acknowledge it is a problem, ask them what they want done with it. Take all that on board, then talk to the managers and ask them for their idea of what the problems are, look at that, then you would select people that were impartial, that would not be afraid to tell you what needs to be done. Then you would roll it using the best ideas, you would understand whether it was practical or not, so it is not a pipe-dream, and you would try and look down the road to see what problems you could identify... So all the times you are weeding people out that are not going to make it work. You are getting rid of that risk. You are fostering, you are encouraging growth, and from what I see it would work. It would work but you would not set yourself up to take the glory for it, you would make sure those people that did all the hard work, that made it work, would be the ones that would get the pat on the back, because they are making you look good at any rate. (S2)

SUMMARY

This chapter has examined the participants' perspectives on organisational, financial and clinical risks. Following their descriptions of types and sources of risk, the participants described initiatives and strategies to manage and deal with these different types and sources.

Participants from all levels discussed the role of training in risk management and were in agreement that training had a significant role in improving employees' awareness and skills in dealing with and controlling risk. The participants mentioned the benefits of training, and described different types and forms. Some participants also proposed steps and procedures for improving the current training programmes in the MASH Trust.

CHAPTER EIGHT: DISCUSSION

RISK CONCEPT, TYPES & SOURCES

INTRODUCTION

This research has four main objectives (see p. 32): to identify areas of risk in an NGO that provides long-term services to people with mental, intellectual and physical disabilities; to examine the perception of risk of staff working in this organisation; to identify issues and ways of managing risk including, training; and to postulate a model that demonstrates a relationship between the perception of risk, training, and the minimisation of risk in one long-term mental, intellectual and physical disability facility.

In this chapter the first and second objectives are examined. Discussion will focus on the areas of risk described in Chapters Five and Six: the concept of risk and types and sources of risk as viewed by the participants. This will involve a comparison with the literature. The third objective will be discussed in the second part of the discussion, in Chapter Nine.

RISK AS AN UNFAVOURABLE OUTCOME

The participants presented and discussed different meanings of risk, but retained their main view of risk as unfavourable. There was an almost universal view among the respondents at all levels that risk and its associated outcomes are undesirable. Terms such as ‘danger’, ‘peril’, ‘hazard’, ‘problematic issue’, ‘damage’, ‘harm’, ‘adverse event’ and ‘threat’, were used habitually by the participants when they talked about risk or discussed issues that were related to risk. From their perspective, risk means loss, and wherever risk presents, it should be avoided or controlled. All definitions and explanations of risk from the viewpoint of the participants carried this meaning of the concept of risk. One participant summarised this universal perspective by describing risk as follows

It is something that you don't want to be happening... (S7)

Although this view was common, the participants had different definitions of the concept of risk. The main difference between the participants was in their explanations and clarifications of these adverse consequences of risk. For example, one managerial-level participant viewed financial risk as a major source of risk in the MASH Trust, whereas a staff-level participant described client-related risk as the major type of risk. The effect of risk, the affected parties, or the degree of damage, were other dissimilarities between the participants in this area.

However, among all the participants, only one who worked with clients talked about the opportunities in taking risks. This participant (S9), who still believed that risk is undesired and negative, pointed out that the taking of risks, particularly by clients, may improve the ability to assume responsibility for themselves. Except in this instance, none of the participants mentioned or highlighted any opportunity or positive aspect of risk. They viewed risk as an undesired event and described one aspect of risk only; thus, the universal attitude toward risk among the participants was the connection between risk and the possibility of loss and unfavourable outcomes.

This commonality among participants in describing risk as an unpleasant issue is also reflected in the literature. Many researchers, such as Waring and Glendon (1998), view

and identify risk as a harmful issue that lacks opportunities. In addition, researchers, such as Vlek and Sallen (1980, cited in Trimpop, 1994), note that, in many instances, risk is characterised and referred to as loss. Even for the single case where a participant pointed to an opportunity in taking risk, this participant linked risk with loss. In this regard, Conrow (2003) notes that:

While some people argue that risk includes both opportunities and losses, there is rarely if ever an opportunity without the possibility of loss, while there often is the chance of loss without opportunity (p. 47).

Adams (1995) and Jackson and Scott (1999) support this finding and highlight that people, habitually, deal with risk as something negative without considering opportunities. This situation is regarded by Furedi (2002) as the culture of 'fear from risk'. Furedi notes that when employees view risk as something purely negative, the culture of fear from risk becomes a dominant culture among them, thus risk will be avoided without benefiting from any opportunities from the taking of risk.

In contrast to the participants, researchers, such as Nader (2002), Mehr and Hedges (1974) and Rejda (2005), argue that risk could involve opportunities, and not only negative consequences. Nader explains that there are two types of risk: pure risk and speculative risk. According to Nader (2002), pure risk is "any risk which can only result in a loss or no loss, but can never generate any gains to the party at risk" (p. 88), whereas, "speculative risk... is a term applied to describe all risky situations that, in addition to carrying the possibilities of loss, also carry the possibility of gain to the party at risk" (p. 99).

In the MASH Trust, as the participants' responses demonstrated, employees deal with risk as something purely negative, the consequences of such perception may contradict the MASH Trust's philosophy and objectives, and affect the core function of the organisation. The nature of the MASH Trust business requires not only dealing with risk, but also taking risks for the associated opportunities. Failure to do this involves many negative consequences on the Trust and its clients and operations. Furedi (2002) considers the domination of a culture of fear from risk as a threat to the organisation, and its operations. Adams (1995) and Beck (1999) believe that the fear culture of risk should be balanced by another dimension – the culture of risk-taking rewards.

The risk management process is viewed by many researchers, such as Trimpop (1994) and Botterill and Mazur (2004), as a decision making, or problem solving, process in which alternatives, and the decision to avoid or take risk, should be evaluated in terms of loss/gain analysis or cost/benefit analysis. In other words, dealing with risk should be based on balancing between expected rewards and potential losses from taking or avoiding risk (Adams, 1995).

It was noticed from the participants' responses that all of them, regardless of their positions, had similar viewpoints regarding the negativity of risk. This included the participants from the governance level, who usually established policies, and senior managers, who are the executive decision makers in the organisation. For the only participant who mentioned benefits from taking risk, this participant was from the staff level. This means any procedure to modify the fear culture of risk in the MASH Trust should start from the top level, and include senior managers, who have the main influence on the entire organisation. Lack of balance in perceiving risk may lead whether to overestimate or underestimate risk, thus ignoring opportunities or neglecting potential adverse consequences in dealing with risk (Lyttkens 1987; McKeown et al., 1999).

Part of the rehabilitation process is to support people with disabilities through engaging them in the wider community and to teach and train them to perform daily activities, such as cooking and cleaning. In its definition of disability and handicap, the World Health Organisation identifies disability as limitations in activity, and identifies handicap as restrictions in participation (WHO, 2002). Minimising those limitations that affect performing activities, and improving the participation of the clients with the community, are both essential for achieving the rehabilitation process's objectives. These functions are key issues for community-based organisations (such as the MASH Trust) for the continuing progress of these organisations. However, these functions and activities could not be achieved without taking the risk of giving clients the opportunity for engagement with the community and the opportunity to practice their daily activities independently, as such activities and functions involve a high degree of risk, whether from patients, due to the nature of their disabilities, or from the community and the internal and external environment. This is especially important in the MASH Trust, in which most clients are people with mental or intellectual disabilities.

However, as it is apparent that the culture of the MASH Trust is fear from risk, this may result in losing the opportunity of engaging the clients with the community, and the opportunity of preparing them to live independently. The core business of the MASH Trust requires a balanced culture of risk that regards risk as something which involves opportunities, as well as undesired consequences. Lack of such a culture means irrational dealing with risk that may lead to a lack of innovation, and thus an ineffective rehabilitation process.

THE UNCERTAINITY ELEMENT OF RISK

All participants were in agreement regarding the uncertainty factor of risk. Participants frequently used terms such as ‘potential’, ‘could happen’, ‘likelihood’ and ‘possibility’, when identifying risk. There was a general realization among all of them that risk, in spite of its unfavourable results, differs from hazard and harm. Risk, from their viewpoint, is the likelihood that harm will occur rather than the harm itself. One participant expressed this viewpoint by mentioning that:

My understanding of risk... is anything that has the potential to cause harm to the organisation or to the people within the organisation. (M7)

Although in instances where the participants used terms such as peril and hazard interchangeably with risk, they mentioned explicitly that risk is something different from these two terms. This difference relies on the uncertainty element. For example, one participant mentioned that:

... We have incident reports which are for misses, near misses and actual incidents if something happened and if we find an environmental hazard that is a risk we have a separate reporting system for that. (S3)

Some participants viewed uncertainty as being closely associated with the MASH Trust’s business, where people are the key part of business. Thus, dealing with people made the uncertainty greater and, therefore, risk more likely.

There is a risk to an organisation because people aren’t predictable and so forth... You have no idea what is going to occur after you have finished your sentence. (M1)

This commonality in perspectives among the participants in connecting risk with uncertainty, fits with what researchers, such as Vaughan and Vaughan (1999), Rejda (2005) and Beck (1999), believe regarding risk and uncertainty, and also in their differentiation between risk, peril and hazards, in terms of this relationship. In the literature the uncertainty element of risk is universal in all definitions of risk, and the frequent use of expressions such as ‘probability’ by the participants in their explanations of the term shows agreement among the participants’ perspectives and researchers’ explanations (i.e., Adams, 1995; Trieschmann, Hoyt & Sommer, 2005).

The uncertainty element in the MASH Trust was linked, by many participants, with the nature of the MASH Trust’s clients. For the participants, especially those who work in houses, dealing with people with mental and intellectual disabilities, involves a high degree of uncertainty, as it is difficult to anticipate their behaviour or know when they are going to be mentally disordered. This is a main source of stress from the viewpoint of the participants from the staff level, who worked with mentally and intellectually ill clients. Similar to what the participants mentioned, Vaughan and Vaughan (2001) agree about the relationship between unpredictability and risk, and underline the following:

The term ‘uncertainty’ is often used in connection with the term ‘risk’...The most widely held meaning of uncertainty refers to a state of mind characterised by doubt, based on a lack of knowledge about what will or will not happen in the future (2001, p. 5).

On the other hand and in contrast to the debate between researchers about the subjectivity and objectivity of risk according to the uncertainty element (i.e., Rejda, 2005; Sharder-Frechette, 1990), none of the participants pointed to this issue or to such classifications. For the participants, although they mentioned that risk is something uncertain, they were not aware of characterising risk according to a conceptual basis, such as classifying risk into perceived and actual risk or factual and hypothetical risk. The participants were concerned more in classifying risk according to the affected party from risk and/or types and sources of loss or harm.

RISK IS VARIED AND DIVERSE

The emphasis on the diversity and multiplicity of types and sources of risk in the healthcare sector in general, and in the MASH Trust in particular, were consistent among all participants. The participants expressed their views explicitly and implicitly on the variety of risk and its various sources. All participants implicitly illustrated at least two or more types or sources of risk in their explanations.

The participants used to describe some types and sources of risk, or people who might be affected by risk, to explain and support their perspectives regarding risk as an adverse impact. There were remarkable differences between participants in the particular types and sources of risk, or particular party or parties affected. In general, the participants described varied types and sources of risk according to their particular viewpoints and levels in the Trust. As an example, one participant stated that:

Risk can mean many things. I guess off the top of my head, sort of, you have got the risk, you might have to think of the risk to the organization ... You would also think of risk in terms of safety to either staff or to the people who are our clients. So those things might be issues of safety... I guess there may be a lot of the worst thing about it. We have contracts; there is public perception, you know, like you might think of risk in terms of perhaps to the general public... (S9)

Adams (1995) points to this diversity in types and sources of risk and to links between this multiplicity and perception, and states that “risk comes in many forms...The list is as long as there are adjectives to apply to behaviour in the face of uncertainty” (p. 21). These differences in perspectives between the participants were a result of their relying on their perceptions in describing risk. Chicken (1996) draws attention to this issue through emphasising the importance of understanding people’s perceptions in order to understand their awareness, feelings and behaviour toward risk.

For many participants risk was not only varied but was present at all times: “*there is always a risk ...There is a risk for everything*” (S11). Another participant added “*there are risks in every day living in this house or in any house*” (S7). Nakayachi (1998),

Culp (2001) and Ansell and Wharton (1992) support this viewpoint and point out that 'zero risk' is an impossible situation in real life, and stress the presence of risk in any action or behaviour, as well as the multiplicity of types and sources of risk.

Multiplicity of Types and Sources of Risk

Although all participants agreed that risk is a common feature of their work and it involves many types and comes from several sources, differences in perspective occurred frequently. These involved classifying and categorising types and sources of risk and identifying which sources of risk are major or more significant than others (See Table II). Aries (2004) and Kouabenan (1998) point to these differences in the meaning of diversity and refer to this as a result of differences in perceptions between employees, as they are different in their beliefs and contexts. This gives an explanation why the participants introduced different explanations of causes, sources and potential results of risk.

These differences in explanations of risk have been noted and highlighted by many researchers. Trimpop (1994) and Funch (1995), for example, point out that individuals are distinctive in feeling and attitude, and in the way they perceive things; thus different people have different perceptions about the identical situation. Researchers, such as Adams (1995) and Beck (1999), return differences in perspectives to differences in the work context. They deem that context, among other components of perception, has a key impact on the way that people perceive things. Moreover, with respect to the context, the same person may perceive the same thing differently in different context or situation (Vlek & Stallen, 1981, as cited in Trimpop, 1994). In addition, as all participants were part of the MASH Trust, some aspects of their contexts were common. This provides an explanation why some responses from the participants were similar.

The participants from governance described those sources of risk that affect the entire organisation and its business. As demonstrated (table II), the participants mentioned financial, legal and bad reputation risks as major threats to the organisation. These participants organised most types and sources of risk under two categories: organisational risk and clinical risk, and, in some instance, organisational and financial risks. Another classification of risk among the participants from this group focused on

whether or not risk could be managed or avoided, and whether clients and/or staff were affected.

The important thing is it is difficult to eliminate risk. It is a matter of managing and minimising. (G3)

These classifications of types and sources of risk among the participants from the governance level were close to the classifications of another group of participants – the participants from managerial levels, who described many types and sources of risk that affected the entire organisation. One of the managers identified risk as

Anything that could happen that could cost an organisation either financially or with their reputation or lost time, that type of thing, anything really that could damage the image of the organisation. (M6)

Another similarity between these two groups was the categorisation of types of risk according to whether or not these types could be controlled:

My idea of risk is something that is always going to be evident but it is a matter of managing it down to its lowest possible sort of concerning level... There are all sorts of risk; I mean it just depends on how you manage them at the end of the day. (M1)

Table II: The significant of types and sources of risk from the participants viewpoints*

| Themes | Sub-themes | Governance | Managerial levels | Staff-level |
|---------------------|---|------------|-------------------|-------------|
| Organisational Risk | | | | |
| | Client-related risk | | Major risk | Major risk |
| | Staff-related risk | | | Major risk |
| | Management-related risk | | Major risk | Major risk |
| | Environment-related risk | | Major risk | |
| | Legal risk | Major risk | | |
| | Risk of bad reputation and risk from media | Major risk | Major risk | |
| Clinical risk | | | | |
| | Risk from infection | | | Major risk |
| | Risk of giving wrong medication | | Major risk | |
| | Risk from lack of competent clinicians | Major risk | | |
| Financial risk | | | | |
| | Risk related to the funders | Major risk | | |
| | Risk from depending on a small number of contracts | Major risk | Major risk | |
| | Risk from lack of sufficient reserve in the bank | Major risk | | |
| | Risk from lack of effective financial management system | Major risk | | |
| | Political changes | | Major risk | |

* (For more details, refer Appendices 8, 9, & 10)

Notwithstanding these similarities among the participants from these two groups, the managerial-level participants, in many instances, relied on their own departments or services when describing other sources and types of risk. As an illustration, one managerial-level participant mentioned that

You know, I don't know the clinical side of this organisation. I know my little area ... My whole focus is [...]. My perspective may not take into account the Finance Department... (M1)

In addition, the managerial-level participants focused, in general, on the affected parties and described, in addition to the organisation, other parties that might be affected negatively by risk such as staff and clients. Aries (2004) points to the differences between top management and departmental managers in terms of perception, although both groups are within the management structure, when she states that “even within management, a distinction can be drawn between senior administrators and departmental heads” (p. 179).

Parallel perspectives of many issues among participants from governance and managerial levels were not shared with the views of participants from the staff level. The staff-level participants presented major differences in their explanations about the multiplicity of risk (refer Table II). The first difference was in describing different types and sources of risk, the second was in their categorisations of these types and sources. The focus of these participants was on their workplaces (the houses) rather than on the organisation as a whole. Client-related risk and risk from internal and external work environments were major types of risk from the viewpoints of the staff-level participants. Also, most participants from this group considered client-related risk as a set under which other types and sources could be structured. The nature of their job, which involved working in houses and dealing with clients, had a remarkable impact on their perspectives. For example, one participant mentioned that:

The main risks I am looking at are the ones that are associated with the guys, with the clients... (S5)

On the other hand, in contrast to the participants from other groups, none, except one, of the participants from the staff level viewed financial risk as a potential source of risk in the MASH Trust.

These differences in perspective between participant groups, despite some similarities, are matched in the literature. For example, Hellesoy, Gronhaug and Kvitastein (1998) found that some people are more receptive and predisposed to perceive risk than others in the same workplace. Rejda (2005), in many instances, points out that as perception of risk is different between people, they can also have a different meaning and varied explanations about the identical event, depending on what they are dealing with day-to-day.

Differences between the participants regarding types and sources of risk, and regarding the presence and the weight of these types and sources, correlate with three main issues that researchers highlight regarding risk. These are: the perceptual aspect of risk (i.e., Adams, 1995; Trimpop, 1994); risk as culturally constructed (i.e., Beck, 1999; Rayner, 1987); and the key role of context in perceiving and characterising risk (i.e., Thompson, 1981, as cited in Rayner, 1987). It was apparent that the perception element was present in every response. The differences in identifying risk, variations in characterisation and the diversity of types and sources of risk, that were mentioned by the participants, all of these issues highlighted the role of perception in dealing with risk. However, these differences were more evident between the participants' groups rather than within the same group or level. This was due to differences in their work contexts, as the participants belonged to different levels, functions and services (refer Table II). The cultural dimension of risk was, also, present in the participants' responses. Due to their common viewpoint regarding the negativity of risk, the participants pointed to sources and types of harm and losses as potential types and sources of risk. It is clear that they did not perceive (except in one case,) that risk of itself presented opportunities.

In the next section, types and sources of risk, and their classifications as viewed and illustrated by each group of participants. These will be compared, examined and discussed in order to locate and identify commonalities, similarities and differences between these groups according to the following structure: risk and the organisation's components; clinical aspect of risk; and risk from the financial perspective.

RISK AND THE ORGANISATION'S COMPONENTS

Although any risk could affect the organisation and its business, participants from governance and managerial levels viewed most types and sources of risk as forms of organisational risk. Among staff-level participants, one participant used the term 'organisational risk' as a category that involved many forms of risk. In general, whether the participants used the term organisational risk or not, they described the following four types of risk as having direct impact on the organisation and its components: client-related risk; staff-related risk; management-related risk; and environment-related risk. The participants from governance and managerial levels added two other types: risk of bad reputation and media and risk of legal action. Views on these types of risk involved significant differences when explaining their sources and consequences.

Client-Related Risks

The participants from all levels and groups agreed that some sources of risk in the MASH Trust were related to clients. The participants, in this common perspective, referred to the core business of the MASH Trust, which involves providing care and support services to people with disabilities:

I think there is always a light possibility for risk when you are working in Healthcare because you have people no matter what disability you are working in that are at risk constantly, and so that is going to be reflected in the risk of the organization or the risk to the organization. (M11)

However, their explanations made it obvious that there were differences between each group regarding the sources of client-related risk, the negative impact of these sources, and in some instances, the degree of presence of this type of risk in the work environment.

Staff-level participants were more precise in describing risk from the clients and viewed the clients as the major source of risk. In many instances, the main difference between the MASH Trust and other types of organisations in terms of risk, as one of these participants declared, related mainly to the clients. In addition, participants from this group constantly tended to explain most types and sources of risk in association with

client-related risk. Those participants who work in the houses and are responsible for providing care used the nature of clients' disabilities to differentiate between two sources of risk: those related to the clients' behaviour and those related to the nature of care for the clients. The participants referred to their direct connection and daily observation and interaction with the clients when describing negative consequences of these sources of risk. The first source of risk was mainly described by the participants who work with the clients with mental or intellectual disabilities. The participants frequently viewed this source of risk as violence from the clients, and they described it as intentional harm. This source of risk took the following forms: the clients injure themselves (i.e. in a case of suicide); the clients hurt other clients; and the clients harm the staff member. According to one of the participants:

The risk in mental health, the risk is quite hard because you are dealing with people that have mental [ill]... (S4)

The violent behaviour of the clients could also cause damage to the property (the interior of the houses) and to the external environment, such as when the client runs away and tries to harm people in the community.

Through my participation in a social event; BBQ party, of the MASH Trust, as mentioned in Ch. 4, I became aware of this concern from the support workers. As they were responsible for clients' safety and behaviour, support workers, although they were invited as other employees of the MASH Trust, were very careful in keeping a close eye on their clients for any disorder or problem that might arise. This gave an explanation about the concern of support workers regarding client-related risks, and demonstrated why they described this source of risk as the major risk in their work.

However, some other risk sources could be indirect and hurt others accidentally. These sources were linked with the care needed as a result of the disability of the client, for example, lifting clients who have physical disabilities could hurt staff.

We have a risky one with a physical man that lives in the house, I mean if we didn't have a hoist we would have a risk of lifting him and hurting our backs. (S7)

For the participants from managerial levels, while there were some common perspectives with the participants from the staff level, in some instances differences were obvious.

One of the similarities between these groups was in viewing client-related risk as one of the main types of risk in the MASH Trust. For example, one of the managers declared that

One of the bigger risks for staff ...that they might get thumped, or hit by a client, or tapped by a client (M4)

Another similarity between these two groups was reliance on the type of disability of the clients when describing some sources of client-related risk. In this regard, one of the managers mentioned that

... Like in Mental Health and Intellectual Disability we do carry some risk around harm that clients may specifically do to staff around violence and any psychological-type harm that staff may get from working with Mental Health clients, I guess there is quite a high risk area around that but I guess it is more initially around harm that staff can do to clients. (M12)

Despite similarities, none of the managers depended on the detailed daily life of clients in the houses when describing sources from which risk might come or that could hurt clients. They mentioned other forms of undesired results of this type of risk, such as risk of legal actions that could be taken by the clients if they were maltreated, and the legal liability of the organisation, if some clients did not clear their legal (often financial) liabilities. One manager explained this as follows

I guess when you are looking after people specifically you carry a risk around the care or support that you are providing for that person. If that is not done correctly you are leaving yourself open to be litigated against in terms of whether you have provided the right standard of care for that person or that you have done them harm... I guess in the Healthcare we talk about the duty of care, we have a duty to provide care and the necessities of life for people and if we don't do things that we are

supposed to do or we do things that we are not supposed to do we can create situations where we are putting a client at risk or a patient at risk and we leave ourselves open to certain areas of the Crimes Act around our requirement to provide a certain level of care to people, I guess. So that is the legal stuff. (M12)

In addition, due to their responsibility for other workforces, the managers viewed the malpractice of staff or their unacceptable behaviour toward the clients as a potential source of client-related risk. One of the managers mentioned that:

With staff you can have risk of things like burn-out, inappropriate relationships, inappropriate service provision again, like they can also provide services that are inappropriate to client's need. (M8)

Due to their professional position as part of a management team, the managers held some concern for the organisation as a whole and viewed some sources of client-related risks in the light of their impact on the organisation and its business. This matched the perspectives of the participants from the governance and top management. One of the managers stated that:

A staff member might breach the code of rights in the way they speak to or deal with a client and the client may lay a complaint, and if it is deemed to be a breach of the code of rights then the MASH's reputation is at risk and also possibly the right for MASH to continue working in this area. (M4)

In general, the research participants from governance tended to explain sources of client-related risk in terms of their impact on the organisation as a whole, such as the organisation's image and reputation. For example, one participant linked the violence that could come from the clients in the houses with the negative impact on public perception and thus on the organisation's reputation. However, some participants from governance did agree with the participants from the other groups regarding some sources of client-related risks; violence from the clients is an example. One of the participants from top management and governance mentioned that

In spite of taking every step in an observation process somebody (some clients) may commit suicide. (G2)

The agreement in perspectives between the participants regarding the human element as a factor of risk is pointed out by many researchers. For example, Klinke and Renn (2002) define risk throughout the human dimension when they declare that:

We define risks as the possibility that human actions or events lead to consequences that harm aspects of things that human beings value (p. 1071).

One common issue among all participants was in describing violence from the clients with mental disabilities as a main source of client-related risk. Many researchers disagree with this viewpoint and claim there is no evidence that people with mental disabilities are more violent than others. For example, Stuart (2003) argues these people are more usually victims than source of violence.

Staff-Related Risks

Three similarities were shown by participants regarding staff-related risk: the participants from all groups and levels described staff-related risk as a major type of risk in the MASH Trust; there was an agreement in describing staff as sources of risk or as victims; and there were similarities about some sources of this type of risk. However, there was notable variation between the participants groups in their explanations of the impact of these sources, as each group focused on a particular aspect. Similarities and differences will be highlighted through discussing the perspective of each group.

Similar to client-related risks, most participants from all groups and levels described some risks that were related to staff as potential sources of risk in the MASH Trust. The participants presented their viewpoints from three angles: staff-clients relationships, staff-staff relationships and staff-management relationships.

In general, participants from the front-line staff, who work directly with the clients, viewed sources of staff-related risk in accordance with the relationship between staff and clients and between themselves as colleagues in the same workplace. The

participants from managerial levels tended to describe forms of staff-related risk that threaten the effectiveness of work and service delivery in their departments due to staff behaviour or competency. Participants from governance explained potential sources of staff-related risk, as they did when explaining client-related risk, in terms of their impact on the organisation and its business and contracts. However, some similarities between these groups were found.

For staff-level participants, because of their work in the houses and thus their relationships with the clients, the threats of some clients to the staff or the staff's improper dealings with the clients were viewed as two main forms of staff-related risks. Another form of staff-related risk also mentioned by these participants was work conditions, such as stress, workload, and lack of proper equipment and tools. However, in some instances, work load and stress might be due to the behaviour of other staff who were absent or who failed to pursue the organisation's policies and procedures, or might be due to management practices. In the literature, Kohn, Corrigan and Donaldson (1999) support this viewpoint when they identify the human factor as "...the interrelationship between humans, the tool they use, and the environment in which they live and work" (p. 54).

In addition, dealing directly with clients was viewed by most staff-level participants as a major source of risk to staff working in the houses. Byars and Rue (2000) agree with the participants when they note that:

Stress is the mental and physical condition that results from a perceived threat of danger (physical or emotional) and the pressure to remove it (p. 467).

Many other researchers, such as Moorhead and Griffin (2004), support the perspective of the staff-level participants when they write of a connection between the stress and the nature of task and its requirements. Moorhead and Griffin (2004) state that "task demands stressors associated with the specific job a person performs. Some occupations are by nature more stressful than others" (p. 227).

For the participants from managerial levels, responsibilities to meet the standards of providing services and their obligations toward their staff were the centre of their

explanations of sources of staff-related risk. This is due to the fact that the managers were still responsible and held accountable for their staff, although some sources of risk could be related directly to staff, such as the unexpected behaviour of staff or their malpractices. One manager highlighted this issue as follows:

Staff levels are a risk, I mean, at the end of the day I need to have safe staffing people to provide the service and if I don't have that, that creates many risks. (M7)

The managers described the harm of staff to the clients and to other staff; the risk of strikes; the risk from ignoring the organisation's policies and procedures, as potential staff-related risks.

In some instances, the managers agreed with participants from governance that some sources of risk, such as the organisation's reputation, impacted on the organisation as a whole. In some other instances, the managers' views were closer to their staff when regarding, for instance, the risk of clients hurting staff. One manager explained these two issues as follows:

Because of the field that we work in within mental health and intellectual disability there is a risk there of clients perhaps injuring staff and also, I suppose, it could go the other way, there is the risk there of staff overreacting with clients in a difficult situation and then once again that comes back to our reputation... (M2)

Finally, the governance and top management participants, as with their explanations about client-related risks, described staff-related risk and its sources according to its consequences for the organisation and its operations. For example, these participants viewed failure to meet conditions of staff contracts as a source of risk. This issue was viewed in terms of the legal action staff might take against the organisation, rather than as a source of risk that affected staff and their morality. One participant stated that

Make sure complying with staff contractual contracts ... to reduce the possibility of them having a grievance against the organization. (G1)

Management-Related Risks

In contrast to the previous types and sources of risk, this type was seen by all participants from one perspective; risk of management of others. However, the perspective was described by each group of participants from different angles.

For staff-level participants, management-related risk was viewed from the gap between management and “ground-floor” staff, as one of these participants said. These participants mentioned the following forms of this gap/risk: improper policies implemented by management; lack of communication channels; lack of trust between staff; and, in some instances, lack of well-trained and experienced management who understand the mechanism of work in the houses. For example, one staff-level participant mentioned that:

Management risk, I feel that they are not close enough to the ground floor. (S4)

Another example of lack of trust between management and front-line staff was explained by a participant as follows:

Because again there is that risk and who believes who, it is one person's word against the other... So I figure, hey, you put me in this position you need to trust me that I can do a professional job. (S1)

Many researchers, such as Kinicki and Williams (2006) and Justice and Jamieson (2006), agree with these participants and point to the adverse impact of lack of trust between management and staff, which also affects communication between them. In general, the participants did not differentiate between top management and their direct managers; indeed, they talked about both of them as parts of the management system.

At managerial levels, the policies and procedures of the top management were the main issue from their viewpoint. The following sources of management-related risk were described by these participants: lack of specific management policies regarding training programmes for new staff; lack of specific procedures for dealing with risk; lack of an effective information system; lack of a system regarding deputy managers; and lack of appropriate recruiting and staffing processes. Many researchers, such as Samson and Draft (2005) and Robbins, Bergman, Stagg and Coulter (2006), explain the tendency of

the participants in managerial levels to link their concern with policies and procedures, and the management system as well, when they point out that the main task of managers involves implementing policies and making sure their subordinates do that properly. Lack of proper policies and system make the managers' function more difficult.

Another source of risk that was mentioned explicitly by many managers was related to the restructuring process that was being carried out in the MASH Trust at the time of data collection. One main outcome of this process involved the terminating of employment of some managers. Two negative outcomes were described by the managers in this regard: the first was the feeling of lack of job security; the second was concern about losing experienced and well-qualified managers. Regarding the first impact, one of the managers, who was upset by the restructuring process, declared that:

There could be some risks involved in disestablishing position... afterwards; there was a risk that it would no longer be a job that I was interested in... (M6)

Another manager described the other consequence of the restructuring process as follows:

[Although] certain positions were identified as being 'surplus to requirements'; that we felt that we would be able to handle it without that particular role being explicitly in our organisation... That restructuring there is elements of risk... I mean we have lost a couple of long-term staff recently due to a restructuring... (M1)

Mitchell, Holtom and Lee (2001) agree with the managers in their concern regarding the potential negative consequences of losing experienced staff when they note that:

Departing employees often take with them valuable knowledge and expertise gained through experience (p. 96).

In addition, one of the managers believed that mismanagement of the organisation and its services was a giant source of risk that might affect the organisation and its reputation, and thus its contracts and finance:

Mismanagement – that is a very high risk to our reputation and to contractual obligations, audits, everything like that. That is a serious risk. (M2)

This mismanagement could come as a result of malpractice from the management team, the CEO or the members of the Board of Trustees:

There is a risk that we employ a management team that isn't able to manage the organisation appropriately, that we have a Board that is steering us in a direction that we don't need to be going. (M8)

Bryce (2000) supports this view and states that competent management and effective management system are fundamental factors for the organisation's success. In addition, Waring and Glendon (2001) point to lack of proper management as a significant source of risk, and stating that

Management systems may be a necessary part of achieving success and avoiding failure. Risks associated with not having adequate management system should be self-evident. (p. 65)

For the participants from governance and top management, the management-related risks were seen through two dimensions: the relationship between the Board of Trustees and the CEO, and vice versa, and the relationship between top management and other levels of management in terms of the new changes that had taken place in the MASH Trust.

While the relationship between the Board of Trustees and the CEO was described by both parties as a potential source of risk, each party viewed this risk from a different perspective. The CEO described the potential intervention of the Board of Trustees in the CEO's responsibilities and job as a source of management-related risks. The participants from the Board of Trustees expressed their concern about the possibility of the CEO, who is the communication channel between the Board of Trustees and other staff in the organisation, reporting inaccurate and insufficient information to them. One Board member declared that

We are very, very dependent on the Chief Executive ... I rely on the Chief Executive a lot of the time to alert us to risk ... We do rely on her (CEO) to actually identify the risk in the first place... We are very, very dependent on the Chief Executive. (G3)

In the literature, many researchers, such as Bucklin (2000), emphasise the need of a good relationship between top management and the governance body for organisations to attain success. Banks (2002) supports the perspective of the participants from governance regarding the importance of proper communication and information flow when he points out “in order for the governance structure to perform as intended, communication must flow downwards and upwards” (p. 40).

Regarding the restructuring process, one participant from governance and top management mentioned that “*any restructuring is a risk*” (G1). In addition, this participant pointed out the following forms of risk related to the restructuring process: uncertainty regarding the ability of new managers in their new positions; risk of people who found themselves outside the organisation taking legal actions against the organisation; and losing some key and expert employees. This participant explained the new situation by mentioning that

The need to manage a huge amount of change in the MASH Trust because some of the key people, the Chief Executive, his PA, the Trust Services Manager and Human Resources Manager had all left for different reasons and so I had an organization that was headless really because the key people at the top had moved. (G1)

Waring and Glendon (2001) agree strongly with this viewpoint and mentioned that any strategy which involves change is a ‘risk-strategy’. Indeed, as change, usually, involves uncertainty and may involve potential unpleasant outcomes, some people, habitually, resist change or dislike to be included in the change process.

Another source of management-related risk mentioned by participants from governance and top management related to the Board of Trustees: whether the board members lack competency or the board itself lacks balance and diversity in its background. Bell (1993) and Block (1998) both agree with this perspective and point to this as a possible issue. Bell (1993) describes it as a major barrier that affects the board and the organisation.

Environment-Related Risks

As the MASH Trust is a community-based organisation, some of its main objectives involve supporting clients to practise their normal daily lives in the houses and to engage with the community. Therefore, all participants described sources of risk related to the internal and external environments of the houses, but they described them from different angles.

The participants from governance and top management viewed sources of environment-related risk in terms of their impact on the organisation as an entity and focused on the external rather than the internal environment. In general, these participants discussed the impact of community perception and public viewpoints on the reputation and expansion of the organisation. For example, the attitude of the surrounding community towards living in a neighbourhood with people with disabilities was viewed as a main source of environment-related risk that could negatively affect the opening of new houses.

...Public perception about the clients that we serve.... Opening the next group of houses; starting to plan now about how we engage with the community...to try and minimise the adverse public reaction. (G1)

Sandman, Miller, Johnson and Weinstein (1993), agreeing with this perspective, emphasise the importance of connection and negotiation with community as the link between the community's perception and its reaction and response.

While managerial-level participants shared this view of community perception as one source of external environment risks, they also mentioned sources of risk that could come from the internal house environment. These participants divided internal-environment risks into two types: within the houses, such as risk of faulty electrical equipment, and outside the houses (in the region of the houses), such as hazards from gardens. In this perspective the managers were closer to the staff-level participants. Bucklin (2000), discusses this issue when he says:

The role of executive extends well beyond day-to-day activities. It is critical for the staff executive [i.e. departmental managers] to monitor the organisation's environment (both internally and externally) on an ongoing basis... (p. 51)

The staff-level participants, like the other participants, talked of public perception of community as a source of risk from the external environment, but they talked about it from another angle. They saw this type of risk in relation to its impact on the clients and their engagement in the community rather than its impact on the organisation's general operations. However, there were many commonalities between these participants and the participants from managerial levels. Both viewed sources of risk from the external environment through their impact on the clients. Both groups also identified two forms of risk from the internal environment: within and immediately outside the houses. However, the participants from the staff level were more precise than the managers in describing sources of risk from the internal environment. They also described specific sources of risk that were related directly to the nature of the client's disability. For example, one participant mentioned that:

Wet floors in the house... To me that is a risk because when it is wet it is really slippery. (S15)

Researchers, such as Simmons (2001), agree with this perspective and point to the connection between barriers in the internal environment and harm to clients, and highlight the relationship between wet floors and falling incidents.

Another similarity between the participants from managerial and staff levels is that both groups include the unexpected behaviours of the clients, such as damaging property or harming the community, when mentioning environment-related risk, whether external or internal.

Obviously there is risks if some persons become unwell, for them to hurt themselves, for them to kill themselves and to hurt other people, a risk of relapse as far as their addiction issues go, there is a risk of vulnerability, there is a risk of physical harm as far as their addiction goes, harm to their systems, there is a risk of being involved in the juridical systems because of their behaviour doing illegal things to obtain drugs and the risk to harm to the staff... The client became unwell, acted out; harmed another person; killed another person... (M11)

Risk from media and public perception

For community-based organisations, such as the MASH Trust, community is viewed as a partner rather than simply a context for the organisation site. The success of business, services delivery and development of the organisation is based widely on the interaction between the organisation and the surrounding environment. Therefore, any issue that might affect the public perception of the community was viewed as a major threat to the organisation and its business. The participants from governance and top management and from managerial levels talked in particular about this source of risk and viewed its control as a cornerstone for the organisation's survival. This issue included the clients, staff and management. One participant from governance and top management explained this perspective as follows:

If something happened in one of our homes that gave us bad press, that would have a risk further down the line that contracts could be withdrawn or future contracts could be denied or the clients would not see us as being a lead provider of services and would go elsewhere. (G4)

Similarly, one of the managers stated that

They would be two big ones [risks]. Two very big ones – because if our finances are not there, we can't run the business. And media could impact on whether we get business. (M5)

Although the impact of media on the organisation is huge, another participant from managerial levels paid attention to a bigger risk; this was the improper analysis and incorrect reading of events that occurred in the organisation.

With any organisation, once you show that your staff is striking ... people watching the news or reading the newspaper would think that we are an unfair employer. And all they are asking for is that fair deal 5%. So there was the public perception of MASH. (M1)

Mundy (2004) supports this viewpoint when he points out that in some instances rumours become more dominant than facts. In addition, Sjoberg (1987) points to the risk from media and states that: “the media are, in some cases, quick to react, but it is not always easy to understand...” (p. 7).

However, in some instances, factors other than the clients' behaviour or staff and management practices could affect the public perception. For example, as one of the participants (M1) mentioned earlier, there is a general perception within the community that people with disabilities are more likely to be potential sources of risk. Therefore, people in the community habitually avoid connecting with or living nearby such people.

Risk of bad reputation

Another type of risk related to public perception and linked strongly with the external environment of the organisation was the risk of bad reputation. Reputation, in general, is a mirror that reflects all other issues in the organisation, whether these issues are good or bad. Therefore, risk of bad reputation was viewed by two groups of participants (the participants from governance and top management and the participants from managerial levels) as a major risk that frequently came as a consequence of other types and sources of risk rather than as a separate risk. As an example, one participant from governance and top management stated:

For instances, we had a case where medication had not been given to a client for a week ... so there was risk to our reputation, there was risk to the client involved. (G4)

Other participants provided examples about the impact of mismanagement of services and the violence from clients in the houses (such as suicide) to support this view. In this regard, Baker (2006) agrees with the participants when he declares that: "reputation risk can arise from almost any business failure" (p. 7). Dowling (2006) gives an explanation about why the risk of bad reputation was mentioned only by the participants from governance and top management and managerial levels and not by the staff-level participants when he notes that "protecting a company's reputation is primarily a CEO responsibility that is shared with other executive managers" (p. 59). Dowling adds that the responsibility for maintaining the organisation's reputation should start from the governance level (i.e., board of directors).

However, the managers did make a link between staff behaviour and practices and the organisation's reputation. One manager mentioned that

A staff member might breach the code of rights in the way they speak to or deal with a client and the client may lay a complaint, and if it is deemed to be a breach of the code of rights then the MASH's reputation is at risk and also possibly the right for MASH to continue working in this area. (M4)

Participants from the governance and top management tended to view any undesired event that might occur in the houses as a source of risk that could affect the organisation and its reputation, and thus the organisation as a whole. Indeed, for the participants from this group, most types and sources of risk were perceived and described in connection with their impact on the organisation's reputation and finance.

If something happened in one of our homes that gave us bad press, would that have a risk further down the line that contracts could be withdrawn or future contracts could be denied or the clients would not see us as being a lead provider of services and would go elsewhere. (G4)

Waring and Glendon (2001) mention this issue when they note that an organisation's reputation could be influenced by any event within the organisation that has a huge impact on the organisation and its business. Power (2004) strongly agrees with the participants in viewing bad reputation as a major risk to the organisation when he points out that "today, most business people, when asked about the risk which worries them most, will often mention reputation" (p. 23).

Legal Risk

Two interesting aspects of legal risk and bad reputation risk were noticed. While participants from governance and top management and from managerial levels mentioned legal risk, no staff-level participants did; and legal actions were generally viewed as a consequence of other types and sources of risk, such as malpractice of staff, rather than as an independent source of risk. Both governance and managers described

three sources of legal risk – staff, clients, and the community. For the first source (staff), participants from both groups described the maltreatment and abuse of the clients by staff as reasons for potential legal action that could be taken by the clients or their families. Bryce (2000) agrees with the participants in viewing staff as a source of legal risk, and states that as the organisation is responsible for its employees it could find itself in statutory situation “...when these employees are performing job-related duties and when in the performance of these duties they cause personal injury to others” (p. 474).

Regarding the clients, in addition to their legal reaction toward improper behaviour, they could be a source of legal trouble for the organisation if they did not fulfil their legal obligations, if any, before coming to the organisation. Another source of risk that was related to the clients and might involve a legal aspect could be the community. In some instances, because of their perceptions of people with disabilities communities had taken legal action to object or prevent the opening of new houses in certain neighbourhoods.

Public perception about the clients that we serve and what risk they are to the community... Opening the next group of houses (in Hawke’s Bay); starting to plan now about how we engage with the community and the decision makers in the Hawke’s Bay before the MASH Trust gets there, to try and minimise the adverse public reaction. (G1)

Although the similarities among these participants were obvious, two differences were also noted. The first related to the significance of legal risk – participants from governance and top management, in particular, described it as a major type of risk: *potential financial and legal risk (G1)*. The other difference was that these participants in general tended to correlate legal risk and financial and bad reputation risks. For example, one of these participants described the impact of legal actions against the organisation as follows: *...that could cost the organization dearly financially and in reputation (G1)*.

To summarise briefly, while participants from all groups were in agreement about four types of organisational risk, apparent differences in perspective were shown regarding the impact of the negative consequences of these types and sources.

All participants viewed organisational risk as having four types: clients, staff, management, and environment. And all participants talked about client-related risks, staff-related risk, management-related risk, and environment-related risk as types of risk that affect the organisation and its components and business. Risk of bad reputation and risk of legal action, however, were mentioned by only two groups – the governance and top management and managerial levels.

Regarding the perspectives of the participants on client-related risk and staff-related risk, all participants agreed that both clients and staff could be sources of risk or could be affected parties. The difference between each group was in their explanations about the extent of impact and the main parties affected by these sources.

It was noted that the participants from the staff level frequently considered the clients, whether as a source of risk or as an affected party, as the central issue of most sources of risk. This was apparent when these participants talked about client-related risk, staff-related risk and environment-related risk. Even when discussing their relationship with the management, these participants related some sources of risk to the clients, such as case of clients' complaints against staff.

The participants from managerial levels focused more on staff, whether as sources of risk (i.e. in strikes) or as victims (i.e. when hurt by clients) in their explanations. The managers were more precise in describing sources of staff-related risk than other groups. The participants from managerial and staff levels were more in accord when describing environment-related risk and its sources. Both groups divided the internal environment of the organisation into inside and outside environments, and were in agreement in describing those forms of risk related to each environment.

Although the participants from governance and top management talked about client- and staff-related risks, their main concern was the impact of these sources of risk on the entire organisation. Even for some sources of risk, such as clients hurting staff or vice versa, these participants viewed such sources as risk that could affect the organisation's

reputation rather than risk that could harm staff or clients. This also fitted with their perspectives regarding environment-related risk.

Regarding management-related risk, the participants from managerial and staff levels viewed this type of risk from one angle: risk from management to others (i.e., the changes that were made by the management in the hierarchy). For the participants from governance and top management, another aspect was added: the relationship between members of the Board of Trustees and the CEO.

Finally, while there was some degree of agreement between the participants from governance and managerial level regarding risk from bad reputation and media and legal risk, the difference between these two groups was evident. The managers, in general, discussed these sources in connection with the staff element, whereas the participants from governance and top management considered any source of risk in the organisation as a potential threat that might affect the organisation's reputation or might involve legal action.

From this discussion of the participants' perspectives, it was obvious that each group was influenced by their position in the organisational hierarchy and their workplace (the houses), and thus their obligations and functions, when viewing sources of risk and explaining their undesired outcomes. This led to the differences in their viewpoints. The example below illustrates this issue.

As the participants from governance and top management have a general responsibility for the organisation as a whole, they assessed client-related risk, particularly risk from staff to clients, through its impact on the organisation's contracts and reputation. One participant, for example, mentioned failure in giving the right medication as a source of risk from staff to the clients. However, this participant focused mainly on the negative impact of this risk on the organisation's reputation, and then on the clients. For the managers, as their duties involved managing other staff (their subordinates) and making sure staff numbers are suitable for providing the needed care and proper services to the clients, they viewed risk to clients from staff through this supervisory nature of their job. Regarding the staff-level participants, as they work in the houses, they saw their main duty to be taking care of the clients on a daily basis; which explains why they saw

the potential risk to clients from staff as a major risk source.

In the literature, these differences in perspectives and explanations are pointed out by researchers. As mentioned earlier, Rejda (2005) points out “two persons in the same situation can have a different perception of risk...” (p. 4). Moreover, researchers, such as Helliard, Lonie, Power and Sinclair (2001), emphasise the fundamental role of perception in risk and point to the significance of individuals’ feelings, experience, attitude and context in any risk management process, as these variables promote differences between individuals in recognising and perceiving risk. Although, perception of types and sources of risk showed some similarities among the groups of the participants, it also demonstrated the extent of individuality of risk, as each group had its own explanations and perspective. Nersesian (2004) highlights this issue when he comments that “risk is highly personal” (p. 2), whether personal here means the individual or group.

On the other hand, in terms of the differences in viewpoints between the top management and managers, Alexendar, Lee and Bazzoli (2003) and Aries (2004) point to such differences as the nature of each group’s work is diverse, as the differences in duties and responsibilities of each group had significant impact on their perceptions. Aries (2004) gives the following explanation, which fits the way participants from managerial levels perceive risk: “department heads are more acutely aware of the intersections between those who work and receive services...” (p. 179). In this regard, Wejnert (2000) points to the connection between perception and context and states that context is a key influential factor of perception of risk. Indeed, many researchers (such as Idour, 1985; Roth & Frisby, 1992; Adams, 1995) emphasise the role of context in perceiving things. This is especially important in some fields, such as the risk field (Jackson & Scott, 1999), where uncertainty is a major issue (and thus the perception is a cornerstone) and where describing and recognising objects depend primarily on the perceiver’s viewpoint rather than on the described objects (Zebrowitz, 1990).

CLINICAL ASPECT OF RISK

In terms of clinical risk, there was agreement among the participants from all levels about two aspects – the risk of infection and the risk from giving wrong medication. These two sources were mentioned frequently by participants from all groups. However, the participants from governance and top management added another two sources in this area – risk due to lack of competent clinicians and risk due to lack of required professional certificates.

In general, the managers and the staff-level participants viewed clinical risk in terms of its impact on both the staff and the clients in the houses. For example, a staff participant saw that

If we don't monitor very carefully their medication, they could actually overdose or they could, on the other side of the coin, not take enough pills and therefore become mentally unwell and which they can become aggressive which has its own risk as well. (S-1)

A managerial participant pointed to the potential degree of harm this source of risk could cause.

We could have a staff member who through a medication error puts her client into intensive care. (M-1)

However, the participants from these groups (governance and managerial levels) focused more on describing the risk from giving a client wrong medication rather than from infection. Indeed, while infection was mentioned as a potential source of risk, no participants gave explanations about its forms or causes. These perspectives, or lack of perspectives, contrasted with many researchers, such as Lawrence (2003) and Davies and Humble (2002), who describe infection as a major source of risk in healthcare organisations, and mentioned many forms and sources of this risk type.

On the other hand, there were participants from governance, who frequently linked clinical risk with procedural issues, such as lack of professional qualifications, since such a lack could expose the organisation to statutory problems. In addition, and in

contrast to the other two groups, the participants from governance focussed mainly on the human dimension when describing clinical risk; this included clients and staff. In terms of staff, governance and top management participants in many instances made a link between clinical risks and the competency of clinicians, such as nurses. For example, one participant stated that

There is a lot of risk around professional clinical practice (G-3)

Regarding the clients, participants from governance mentioned the nature of the clients in the MASH Trust, who consist of people with disabilities, when explaining causes of clinical risk. Dealing with people with disability, from their viewpoint, usually involves clinical risk.

These differences between the participants when defining clinical risk, as well as the similarities between the managerial and staff levels, resulted from the nature of responsibility and the work context of each group. There was also a similarity of opinion between staff-level participants, who had a direct responsibility for giving medication to the clients, and the services' managers, who were liable for their staff and houses, when perceiving the link between clinical risk and its impact both on clients and on staff. Pidgeon et al. (1992) support this finding and emphasise the impact of context on the perception of people in viewing risk.

RISK FROM FINANCIAL PERSPECTIVE

Regardless of type, objective or mission, all organisations, whether profit or non-profit, government or NGOs, need sufficient financial resources to run their business and carry out their objectives (Bryce, 2000). Therefore, although the MASH trust is an NGO and profit is not on its agenda, the financial aspect represented a big concern. Lack of sufficient finance was viewed by many participants as a major risk.

As mentioned earlier, none of the participants from the staff who work in the houses mentioned this type of risk. Only one participant pointed, in some way, to the financial risk when describing the diversity of risk in the MASH Trust. With the other two groups of participants, the situation was completely different. All participants from governance and top management and managerial levels viewed financial risk as one main type of risk in the MASH Trust, and in some instances, as the major risk. However, commonality of view and agreement among these participants about sources of financial risk was not absolute.

The main sources and forms of financial risk that were acknowledged by both groups were: losing contracts; relying on external source of funds; depending on a small number of contractors; lack of effective financial management system in the organisation; and lack of reserves in the bank. Risk from losing contracts was seen as the dominant source of financial risk. Participants from managerial levels added changes in governmental legislations, political changes, failure of meeting growth in the organisation, and extra payments of overtime as other potential sources of the financial risk.

In the literature, many researchers agree with the participants' concern regarding some sources of financial risk. For example, regarding the concern from the small number of contractors, Thompson (1967) supports this issue and declares that for the non-profit organisations (such as the MASH Trust) "the principal problem is that of ensuring that the small number of supporters do not lose interest" (cited in Butler & Wilson, 1990, p. 53). On the other hand, Butler and Wilson (1990) agree with the participants in describing lack of reserves in the bank as a source of financial risk. They consider lack

of reserves as a limitation of self-governing when they declare that “one way in which an organisation can reduce its environment dependence is by having a high degree of reserve” (p. 60).

Weech-Maldonado, Neff and Mor (2003) support the managers’ perspective regarding changes in the government’s financial policies when they found that organisations may face a decline “in revenues as a result of changing policies in government reimbursement...” (p. 201). Another issue, identified by Weech-Maldonado, Neff and Mor (2003), is the financial risk due to mismanagement of finance such as overspending. These researchers hold the same opinion as the participants from groups A and B, when they state that the financial performance of organisations could be affected by their abilities to manage costs (Weech-Maldonado, Neff & Mor, 2003).

In some instances, political changes (i.e. of the government in power) could also threaten the organisation financially, as this might involve changing the financial policies.

You look at a change of government – it may have been a risk for us also, possibly to our funding levels. (M1)

Like the participants from managerial levels, Waring and Glendon (2001) point to this source of risk when they claim that: “financial risks are independent with other risks such as pure risks...and other speculative risks such as political risks” (p. 42).

It was apparent that the participants from managerial levels tended more to describe those sources of financial risk that connected directly with their dealings with their staff. Financial risk due to extra payment of overtime (because of shortage in staff), for example, was discussed by the managers, but was not mentioned by any of the four participants from the governance and top management. When describing the impact of a shortage in numbers of working staff, one manager stated that:

... When those situations occur [shortage in staff], you get into overtime, which of course costs more money than if you pay someone the normal hourly rate. (M7)

In terms of the participants' views on the lack of an effective financial system as a source of financial risk, Deloitte and Touche (1995, cited in Waring & Glendon, 2001) support this when they found, through a survey, that financial risk could be a result of ineffective financial risk management or due to deficiency in the information system.

These differences in participants' views regarding sources of financial risk, as with clinical and organisational risks, could be described in terms of differences in perception. Lack of awareness of financial risk from the staff-level participants, however, was related to differences in responsibilities and thus interests.

The staff-level participants did not even mention these types of risk except in very limited and indirect instances, because their work within the houses was focused on supporting and providing care to the clients. Part of their interest was to get their salaries, but other funding and money concerns, such as the financial position of the organisation or the potential risks that might affect funding, were of no interest at all. As a result, they did not recognise them.

GENERAL VIEW

Overall, the participants raised many issues regarding the concept of risk, its elements and features, and its types and sources. Through examining and comparing these perspectives, commonalities and many differences emerged between the groups. In many instances, similarities in perspective turned out to be differences when the participants described their views in detail, but these differences never became contradictory points. As a result, the participants mentioned 35 different types and sources of risk (see Appendix 12).

Differences between the participants were more remarkable between groups than between the participants within these groups; in some instances, these differences were major and significant. In most instances these differences between groups referred to two main dimensions: the first is vertical and related directly to the professional position of each group; the second is horizontal and related mainly to the particular type of functions of the participants (Samson & Daft, 2005). In some instances, the second dimension referred to the type of disability that clients might have, whether mental, intellectual or physical.

Regarding the first dimension, definitions of sources of risk or their negative outcomes relied mainly on the location of each group in the organisational hierarchy, and thus their responsibilities and duties. Samson and Daft (2005) called these vertical differences. According to this issue, the scope of responsibilities and the job description of the participants play a major role in their perceptions of sources of risk and their consequences.

The participants from governance and top management, who “are responsible for the entire organisation” (Samson & Daft, 2005, p. 21), viewed and explained types and sources of risk through their impact on the organisation as a whole, and on its objectives and operations. These participants even viewed some sources of risk, such as clients hurting themselves, through the impact of such an event on the organisation’s reputation rather than through its impact on clients.

For the participants from managerial levels the situation was mixed and sometimes indistinguishable. The location of these participants in the organisational hierarchy, between top management and staff in the houses, led them to be more familiar with top management in some instances, and to be closer to the staff level in other instances. However, managers, such as heads of departments, team leaders and supervisors, in general reacted from their positions of responsibility for carrying out the organisation's policies and procedures and for managing other staff (Samson & Daft, 2005) when viewing and explaining most types and sources of risk. On the other hand, as the managers are parts of the management team, they were in agreement with the participants from governance and top management in perceiving some types of risk that affect the organisation and its business as a whole. Both groups described the risk of a bad reputation, legal risks and financial risks as major types of risk.

Finally, the perspectives of staff-level participants were related mainly to their responsibilities to take care of the clients and provide needed services and support. These participants, in general, relied on their daily connection, observation and interaction with the clients to explain forms and sources of risk both to and from the clients. These participants were more precise when describing risk from clients or risk to clients than when describing other issues. Indeed, these participants showed no concern regarding the impact of risk to reputation or financial status on the organisation or its system and business.

Regarding horizontal differences between the participants' groups, Samson and Daft (2005) describe differences within the management team (whether at the top, departmental heads or other managerial levels) in terms of the functional task of each party. This also explains differences between staff-level participants. However, as governance and top management are theoretically responsible for all departments and functions, there are no differences in their vertical and horizontal responsibilities toward the entire organisation. This could explain some situations where participants from governance and managerial levels were close in perceiving some sources of risk.

The responsibilities of participants from managerial level for particular functions, such as financial activities or human resources management, or for a particular type of clients/houses, such as mental houses, clarify why for some managers some types and sources of risk were more significant than others. Through this dimension, many intersections between participants from managerial and staff levels were noted. Those managers who were responsible for particular houses and those staff who worked in these houses in many instances held the same perspectives of some types and sources of risk.

In general, these differences in perspectives regarding risk and its types and sources confirmed the fundamental feature of risk, which is perception. Researchers, such as Dickson, Price, Maclaren and Stein (2004), Helliari, Lonie, Power and Sinclair (2001), Aries (2004); Funch (1995), and even those who claim that risk could be objective or subjective, such as Watson (1981), acknowledge the role of perception in risk, whether this perception is due to personal attitude, professional position, context, background or all these variables together. In this regard, Strydom (2002, p. 24) notes that “risk experts increasingly... shifted their attention to the perception of risk.”

The connection between risk perception and risk management, as demonstrated in this research, was confirmed by many researchers who point to the significant role of individuals' perception in the risk management process (i.e. Helliari, et al., 2001; Williams, Zainuba & Jackson, 2003). Adams (1995) also emphasises the perceptual aspect of risk through reviewing the Royal Society's report in 1992, and states that:

The view that a separation can be maintained between ‘objective’ risk and ‘subjective’ or perceived risk has come under increasing attack, to the extent that it is no longer a mainstream position (p. 9).

Pidgeon et al. (1992) agree with the result of this study, regarding the perceptual aspect of risk, and point out that:

Assessments of risk, whether they are based upon individual attitudes, the wider beliefs within a culture, or on the models of mathematical risk assessment, necessarily depend upon human judgement (p. 90).

Another factor that affected the participants' perception of the degree of risk was its uncertainty. Some sources of risk were viewed riskier than others because they involved a high degree of unpredictability; an example of this being the risk for staff from clients with mental and intellectual disabilities. Conrow (2003) and Vaughan and Vaughan (1997) highlight this issue and agree that the level of risk is somewhat different in some situations than others. In some circumstances, for the same type or source of risk, it could involve more potential harm or negative consequences.

SUMMARY

In this chapter, the perspectives of the respondents from all groups and levels regarding areas of risk were discussed. Through this discussion, commonalities among the participants' groups and differences in the perspectives between them were highlighted. In particular, participants' views of the concept of risk and its types and sources were analysed and compared with the literature.

In general, the respondents, who showed differences in perspectives regarding types and sources of risk, confirmed the main feature of risk, which is perception. These involved organisational, clinical and financial risks. In the next chapter, the participants' viewpoints regarding initiatives and strategies of managing risk will be discussed.

CHAPTER NINE: DISCUSSION

MANAGING RISK

INTRODUCTION

The third objective of this research was to examine issues and ways of managing risk, based on the participants' perspectives regarding initiatives and strategies for managing risk, and their views on the role of training in minimising risk. In this chapter, the participants' viewpoints regarding these issues, initiatives and strategies will be discussed and compared with those set out in the literature.

Two sets of initiatives and strategies were described by the participants in their response to questions on the management of risk (refer Appendix 11). The first set included specific measures to control particular types of risk. The other set was general and involved strategies to deal with all types and sources of risk. However, when the participants talked about managing risk, they highlighted two more issues: the responsibility and/or accountability for risk management.

RISK MANAGEMENT: RESPONSIBILITY AND ACCOUNTABILITY

Regarding the responsibility of managing risk, the participants from governance and managerial levels agreed that all staff in the MASH Trust should be responsible for managing risk, and it is part of everyone's responsibility to minimise risk. However, other participants from both groups argued from different viewpoints when they differentiated between common responsibility of risk among all staff, as a component of their duties, and responsibility for the entire risk management process. According to some participants, the CEO is the main person responsible for this process, whereas, other participants from both groups believed this responsibility should be carried by the managers as part of their responsibilities.

Neef (2005) agrees with the participants from governance and managerial levels regarding the common responsibility of controlling risk among all employees, as managing risk depends mainly on every person's knowledge and awareness. Tchankova (2002) supports this viewpoint and mentions that as risk covers all organizational functions and activities, and is a part of any work or duty, it is everyone's responsibility.

On the other hand, there were participants from both groups who believed responsibility for managing risk, which involves the duty to carry out risk management tasks (Samson & Daft, 2005), depended on the type of risk; each type of risk should be managed by particular persons or level of staff. A participant from governance pointed to the new policies of the MASH Trust for the management of risk and stated that according to the restructuring process, managers' duties were enlarged as each manager became responsible, apart from his/her departmental duties, for managing a particular type or source of risk. Young and Tippins (2001) state that in terms of managing risk "the restructuring of organisations has tended to broaden the responsibilities of all managers" (p. 15). MASH therefore reflects this new trend.

In contrast to those from the governance level, participants from managerial levels described another issue in terms of the responsibility of managing risk. For some managers, this responsibility should start with the staff in the houses; other managers

believed responsibility for managing risk should start with the Board and top management levels. However, one participant from the governance level, in contrast to the previous two perspectives, felt there should be a particular person whose core responsibility was to oversee the risk management process. This position would be imperative, especially in the future, as the MASH Trust is subject to continuous growth and expansion:

I believe the position of Quality and Risk Coordinator was desperately needed in the MASH's growth as an organization. (G4)

In terms of accountability, which refers to the need of justification of the person with authority, and thus the acknowledgment of responsibility, for performing a particular task (Samson & Daft, 2005), the situation was slightly different. None of the participants from governance and managerial levels believed accountability for managing risk was common among all staff. Indeed, the participants stressed that accountability was held only by the CEO or the CEO and the managers. As one manager stated:

The CEO ultimately is accountable [for managing risk], but each manager manages their own risk and those are identified...Each manager is actually responsible or accountable for their own risks that they manage. (M4)

Conrow (2003) found that for risk management, there should be a particular person or persons who are mainly responsible for the risk management process. Despite Conrow believing that everyone in the organisation holds a responsibility and accountability for managing risk, the availability of a specific person (i.e., risk manager) is essential to make sure that the risk management process and procedures are implemented properly.

SPECIFIC INITIATIVES

FOR PARTICULAR TYPES OF RISK

The initiatives and strategies described by respondents were many and diverse (refer Appendix 11). For example, for controlling unexpected expenses, one manager who viewed unforeseen circumstances as a main source of this financial risk, argued that insurance could reduce losses and control extra expenses:

We have insurance too, so any disasters, whether they are natural disasters or malicious damage anything like that, yeah, it probably covers most of it. (M3)

Another participant from governance blamed overspending on the expenditure behaviour and wrong practice of staff. To minimise such over expenditure, this participant suggested the following method:

Giving staff information and setting clear boundaries for them – they now know they are all accountable for not spending money that they shouldn't be spending. (G1)

Another example of different views was the attitude of participants to clinical risk. Participants from all groups viewed clinical risk as a major type of risk in the MASH Trust, but each group described different strategies to manage and control this type of risk. A participant from the governance and top management mentioned legislation and practicing certificates as mechanisms for minimising clinical. A managerial-level participant argued that the optimal method for dealing with and controlling wrong medication was through improving staff competency and awareness by conducting workshops and training.

To minimize that risk, we have started doing another workshop, two and half hours learning module for staff and it is a work book that they work through and they have to learn all of what is in there... (M5)

The participants from the staff level, however, felt that minimising clinical risk should start firstly in the houses (i.e. in case of infection) or the pharmacy (i.e. in case of wrong medication). For example, a staff-level participant mentioned that

Medication can be a risk here because we administer the medication and

so we need to check and make sure that the medication has come properly from the chemist and we give the right persons medicine to the right person and at the right time. (S16)

In general, as one of their job responsibilities is to take decisions, find solutions and propose strategies (Samson & Daft, 2005), the participants from governance, top management and the managers, tended to describe measures for dealing with each type and source of risk. This multiplicity of perspectives regarding measures for managing and minimising risk reflected the individualistic aspect of perception when dealing with risk (Ansell and Wharton, 1992; Timm and DeTienne, 1995). This relationship between risk, managing risk and its perception is highlighted by many researchers, such as Adams (1995) who explains this correlation as follows:

Risk is defined...as the product of the probability and utility of some future event. The future is uncertain and inescapably subjective; it does not exist except in the minds of people attempting to anticipate it. Our predictions are formed by projecting past experience into the future. Our behaviour is guided by our anticipations. If we anticipate harm, we take avoiding action. (p. 30)

On the other hand, for many other initiatives described by the participants as mechanisms for managing risk, there are researchers who have similar opinions. For example, some participants described the need to meet the requirements of employee contract as a mechanism to deal with staff-related risk and to minimise the potentiality of legal risk. Cheatle (2001) supports this perspective and mentions that the employment contract is the key document that organises the relationship between employers and employees. Meeting conditions of the contract by the employer avoids the organisation any legal liability. However, two staff-level participants believed that there is no particular technique for controlling risk. This, they argued, could be determined according to personal experience in dealing with the situation. Williams, Zainuba and Jackson (2003) support this viewpoint and highlight the role of personal experience in dealing with risk. This supports the findings of this research regarding the idiosyncratic aspect of risk, as experience is an individual issue that differs from one person to another.

GENERAL INITIATIVES AND STRATEGIES

Regarding the second set of methods for dealing with and controlling risk, the participants described five initiatives and strategies: meetings; committees; incident reports; pre-setting plans, standards and policies for dealing with risk; and training. Participant groups were in agreement regarding these initiatives and their roles and contributions in minimising risk. However, focusing on one initiative rather than another varied between the participants.

Meetings

Participants from all groups pointed to meetings as one of the MASH Trust's approaches for managing risk. The participants agreed that a meeting is an effective approach for managing risk in which information, incidents, and opinions could be discussed and exchanged.

Many researchers, such as Smith (2001) and Carrell, Elbert and Hatfield (2000) emphasise the importance of meetings in solving problems through improving communication and exchanging information and experiences regarding issues such as risk and managing risk.

However, the participants from managerial levels were more precise in describing this initiative than the participants from the other two levels due to their direct responsibility for following-up their subordinates. Smith (2001) and Bach (2005) indicate this issue when they comment that part of the managers' responsibility is to follow-up through regular meetings. Harris (2000) supports the viewpoint of the participant (M9) who pointed to the importance of meetings in providing a two-way communication channel between staff and managers, especially in reviewing incident reports. Harris (2000, p. 147) states that "It is important that communication regarding adverse incidents is not just a 'one-way' activity".

Unlike the managers, the governance participants did not focus much on this issue because the main function of governance and top management is to drawing up policies rather than interfering with daily management functions (Wheelen & Hunger, 2004).

These meetings were, in general, conducted on a regular basis and in the house (between staff) or in the department (staff and their manager). Other forms of meetings, such as meetings between heads of departments, were also viewed by managers as a method of managing risk. In some instances, meetings could involve the clients or their families. However, for staff-level participants, another form of meeting was familiar: meeting with the clients in the houses.

Incident Reports

The second initiative for minimising risk was through identifying and reporting it – in other words through incident reports. Incident reports were viewed universally among all participants as a method for controlling risk, but staff-level participants highlighted this initiative more than the participants from the other two groups did. According to one staff-level participant:

We have an incident reporting system where we have to fill in detail on one of our forms about any incident or perceived risk and so, yes, that gets discussed by everyone and we get feed back from that from our team leaders. (S5)

Another participant combined this method and the previous method (meetings):

Incident reports go to, from here they will be discussed, at our level, at a team meeting with our team leaders and managers see them and then they go through to the operations manager for him as well. (S12)

For another staff-level participant, the effectiveness of this approach in minimising risk depended on the management awareness: whether they would pay attention to incident reports or neglect them:

We have an incident form; I will do it only on the understanding that they [the management] will do something about it. When they no longer will do something about it, I don't report it... Yes, you are wasting your time. (S2)

As with the staff-level participants, participants from governance and managerial levels indicated that they saw this initiative as a significant approach for controlling risk. For

example, one participant from governance mentioned that

We are developing reporting templates to enable managers to manage risk effectively... (G1)

This type of reports could also be an indicator. If there were no incident reports, this could either mean there was no risk or it could be a sign that the information system was ineffective:

By having no incidences reported would be one indicator that policies and processes are implemented properly, but of course that indicator may indicate that everybody is not telling us a damn thing and keeping us quiet. (G4)

When they claim that upward communication from staff to managers relies in general on reports, Robbins, Bergman, Stagg and Coulter (2006) agree with those staff-level participants who focus on incident reports as the main mechanism of managing risk. According to Flin and Arbuthnot (2002), incident reports are an effective alternative for exchanging information on risk and risk management, as it is often not possible in real life to identify all potential disasters and risks.

Committees

This approach for managing risk was frequently mentioned by the participants from governance and managerial levels, who described some of the MASH Trust's committees, such as Infection Prevention Committee and Health and Safety Committee. In general, the MASH Trust involves many types of committees; five of these were chaired directly by members of the Board of Trustees. One of these committees was the Financial and Risk Management Committee, part of whose duties was to look after the issues related to risk management in the Trust. Other standing committees managed by members of the Board of Trustees included the Ethics Committee, Family Whanau Committee, CEO Committee and Quality Council.

In the literature, Carrell, Elbert and Hatfield (2000) agree with the participants, and emphasise, in general, the significant role of committees:

Serving on a committee... enables a manager to strengthen a variety of skills... While working on a committee assignment, a supervisor may

gain a greater understanding of complex issues and meet and discussed problems with personnel from other departments (p. 263).

Bucklin (2000), also, agrees with the MASH Trust strategy in establishing specialised committees, and points particularly to the need of some committees to follow the board. However, Bucklin (2000) does not completely agree with the participants. In contrast he claims that in non-profit organisations (like the MASH Trust) “committees can be... boon or bane” (p. 42); indeed, this depends on whether the committee fulfils its commitments or fails to achieve the pre-set goals.

Risk Management Plan, Policies and Procedures

For many participants from all levels, pre-setting plans and policies for dealing with risk was viewed as a mechanism for dealing with risk, and the MASH Trust had its own policies and procedures for dealing with risk both in the houses and for each client. These plans involved the Hazard Identification Form, Risk Register Form and Risk Management Worksheet. For example, a staff-level participant mentioned that:

We have management plans in place and each file has a management plan. (S12)

A managerial-level participant added:

We have very in-depth policies and procedures around risk management; also our hazard ID procedure. (M10)

From the viewpoint of another managerial-level participant, policies and procedures are major initiatives:

The main way we minimize risk is by having good robust policies and procedures and those are all about meeting standards and for staff to have a clear guideline about what they are to do or not to... Policy and procedure I still say is still our biggest mechanism. (M4)

Conrow (2003) agrees with the participants regarding the importance of pre-setting plan, policies and procedures in managing risk, and mentions that the risk management process should be a structured and a systematic process. Conrow (2003), also, supports

the way the MASH Trust analysed and assessed risk by relying on consequences and likelihood (see Ch. 2,) when he declared that “risk is a function of both probability of occurrence and consequences of occurrence. It is not appropriate to discuss risk in terms of one of these two terms only” (p. 45).

TRAINING FOR MINIMISING RISK

The significant role of training in improving employees’ awareness and performance, and thus in minimising risk, was viewed similarly among participants from all levels. Participants agreed that training was present in the MASH Trust as a major strategy of the management to control risk, and they described diverse forms of training. For example, one participant from governance and top management pointed out that in the MASH Trust “*there is an overall education programme*” (G2). Another participant from managerial levels agreed, and explained that training is not simply present in the MASH Trust, it is the main strategy to minimise risk:

The way that we minimise that risk or manage that risk is through training. (M1)

Participants mentioned many benefits and advantages of training in terms of managing risk:

- Training provided an opportunity for education and the exchange of information;
- Training could minimise the legal liability of the organisation;
- Training improves the awareness of staff and their performance; and
- Training improves practice and performance.

In the literature, the views of researchers, such as Thacker (2007), are similar to those of the participants and indicate the important role of training in risk management. Thacker (2007) draws attention to the effect of training on the attitude of people in perceiving objects and mentions that, as people are subject to their beliefs in dealing with events and in perceiving risk, changing the way that people deal with risk requires modifying their beliefs and attitudes.

In addition, the relationship between training and managing risk is highlighted by other researchers, such as Walker (1992), who emphasises the role of training in leading the behaviour and attitude of employees and improving their awareness and performance. This is especially important in the risk-management process where perception is a cornerstone. Conrow (2003) and Beck (1999) confirm the necessity of training to all staff from senior management to the staff level, especially since “in risk issues, no one is an expert, or everyone is an expert” (Beck, 1994, p. 8). However, as mentioned earlier, despite the presence and advantages of training as a strategy for controlling risk, all participants declared that no training programme was specifically labelled as risk management training, although any training aims to minimise risk.

Participants from all groups described many types of training in the MASH Trust: compulsory versus optional training; specific versus general-purpose training; regular versus irregular; and internal versus external training (outside the organisation, whether the training place or the trainer or both). In addition, the participants also mentioned different forms of training, such as workshops, meetings, and seminars and training sessions. Forms and categories of training were different from one participant to another. For example, a participant from governance and top management believed that internal training was effective as the MASH Trust had the skilled staff to carry out training within the organisation. A staff-level participant, however, declared that training from outside the organisation would be more effective.

Models of training in the MASH Trust, as described by the participants, involved: induction programmes for newcomers; workshops on medications; core skills training; Infection Prevention and Restraint Training; and clients’ rights and safety training. In some instances, risk could be ad hoc and take a one-to-one form:

If there is a staff person, I feel is at risk, to himself or others, then I will put in place, for instance regular training sessions with myself, catch-ups one to ones... (M11)

Some researchers point to forms and types of training that match the types of training were described by the participants, such as induction training and session training (Price, 2004; Samson & Daft, 2005). Price (2004) highlights the significant role of induction for newcomers and describes failure to give new staff proper induction

training within the first few days of work as ‘induction crises’.

On the other hand, alongside with existing training in the MASH Trust, some participants from all levels agreed that other training programmes were needed. From a participant’s viewpoint, training is a continuous process and there is always room for new training, especially in the MASH Trust where the human element is a major issue:

I don’t think we will ever have the right courses to totally manage risk because we are dealing with human beings. (G1)

The participants mentioned the following training was necessary to support the risk management process:

- Particular training for managers, especially in fields of risk and quality.
- Developing a training-need analysis system to identify required training, and an outcome-assessment system to measure the effectiveness of training.
- Specific training on the basics of risk and managing risk.
- Specific committee to look at and follow-up training.
- Budget for training and negotiate with funders to support training financially:

...We don’t have huge amounts of money to pay for this training... I guess, it has either got to be a matter of the Government or the Funding Agencies putting more money into the contract so that we can better afford providing some of those trainings. (M12)

- More training for some types and sources of risk:

Other courses should be available... Probably in the managing the risk of clients... (S12)

- Continuous follow-up and update of current training programmes:

You can always improve on programmes... You are not going to use a programme for 10 years and not do anything about it... always times are changing and you do improve on ways of learning... you know you can always improve on something... It is not just black and white. (S7)

Many researchers, such as Blanchard and Thacker (2007) and Cowan (2000), agree with participants on the need for training. Blanchard and Thacker (2007), for example, mention that training should meet the organisation's need and objectives through carrying out a training needs analysis; and Cowan (2000) emphasises the importance of dealing with training as a continuous process that should be updated on a regular basis. Also, Blanchard and Thacker (2007) support the participants' perspective regarding the need of training-need analysis for effective training, as this helps determine the specific requirements from training.

On the other hand, there were participants from all levels who described some challenges, limitations and barriers that affected training. For example, two participants from the governance level pointed to three challenges that were related to the training process in the MASH Trust: the concern of employees about training labelled risk management, as staff, habitually, perceive risk as a problematic issue; the need of tailoring training to fit with the organisation's objectives and requirements; and the necessity of training to be updated on a regular basis to meet the changes in the organisation. In literature, researchers point to these challenges and agree with the participants regarding these challenges and concerns. Customising training to fit with the organisation's needs, for example, and considering the background and training needs of employees from different departments, houses or level (who are going to receive training) were highlighted by Conrow (2003) and Samson and Draft (2005). The main challenge here, as Samson and Daft (2005) mention, lies in determining what each level of employees or each department needs from training, and what type and form of training is better for them than other forms. Brinkerhoff and Apking (2001) note that for effective transfer of training to the work context, training should be compatible with the trainees' capabilities and should meet their needs and objectives from training.

Another challenge that is associated with training, and was mentioned by the participants, was related to the effectiveness of training in terms of the business performance of the organisation (Bartol, et al., 2005), and in implementing into the work environment what they had been learned from such training (Brinkerhoff & Apking, 2001; Leberman, McDonald & Doyle, 2006). This challenge, according to Brinkerhoff and Apking (2001) and Bartol, et al. (2005), involves the failure of training

when considering the culture of the organisation, its core business, and the organisation's mission and strategic objectives. The correlation between culture and transfer training, as Leberman, McDonald & Doyle (2006) note, is a positive relationship. This is especially important, as Stone (2002) and Blanchard and Thacker (2007) point out, when training is an external-based training programme. Regarding limitations and barriers of training, two issues were described by the participants: the lack of a sufficient budget and the lack of well-skilled trainers. The participants pointed to these issues as barriers that affect training in the MASH Trust. Many researchers, such as Blanchard and Thacker (2007) and Cowan (2000), agree with the participants and point to these two limitations and barriers as potential issues that may face organisations and affect training. For effective training, a well-prepared plan that involves allocating a sufficient budget, well prepared trainers and an appropriate environment for training should be set (Walker, 1992; Stone, 2002). Also, in terms of the management support of training, as the participants mentioned, researchers, such as Broad and Newstrom (1992 as cited in Leberman, McDonald & Doyle, 2006), agree that one main barrier for transfer training is the lack of management support and encouragement of trainees to implement what they have learned in training in their work.

Overall, participants from governance and managerial levels were more precise than staff-level participants when describing specific initiatives and strategies to deal with and control particular types and sources of risk. Again, participants described varied measures and initiatives that were closely related to their perspectives regarding these types and sources of risk. However, the participants from all levels had common perspectives on five general approaches to controlling risk: meetings; incident reports; committees; pre-setting plans and policies regarding dealing with risk; and training. The difference between the participants regarding these initiatives was in their assessment of the significance of each initiative in minimising risk. For example, according to the managers, committees and meetings were seen as major initiatives, whereas staff-level participants viewed incident reports as a key approach.

SUMMARY

This chapter discussed the perspectives of the participants from all groups regarding managing risk and staff preparation for dealing with risk. The participants highlighted two types of management: initiatives and strategies for managing particular types and sources of risk and initiatives for dealing with risk in general. In addition, the participants described the role of training in the risk management process.

For the first type of measure, there were differences between the participants regarding the method of dealing with types and sources of risk. For the general initiatives (meetings, incident reports, committees, pre-setting risk management plans, and training) the participants agreed rather than disagreed. These issues were discussed and connected to the literature on the topic.

The next chapter will examine conclusions from the previous discussion chapters.

CHAPTER TEN: CONCLUSIONS

INTRODUCTION

The objectives of this research were to identify areas of risk in an NGO that provides long-term health and disability services to psychiatric, intellectual and physical disability consumers; to examine the perception of risk of staff working in this long-term healthcare facility; to identify the ways of managing risk in MASH including training; and to postulate a model that demonstrates a relationship between the perception of risk, training, and the minimisation of risk. The participants were employees who worked in an NGO providing long-term care for people with psychiatric, intellectual and physical disabilities. In previous chapters, the responses and viewpoints of the participants, as individuals and as groups, were presented.

In this chapter, the implications from the findings will be presented to identify and clarify the commonalities and differences between the participants' perspectives as individuals, within groups, and between the groups. Recommendations will be made and a model for managing risk (the fourth objective) will be postulated. Finally, the limitations and contributions of this study will be highlighted.

RISK IS A MATTER OF PERCEPTION

There are no risks except perceived risks. If there were hazards that were not perceived, then we would not know them. (Sharder-Frechette, 1990, p. 5)

Perceptual Aspect of Risk

Differences in the perception of risk by participants existed in almost every issue discussed. Even when there were commonalities on particular points, degrees of difference surfaced. Indeed, there was no absolute commonality and there was, always, room for variation.

Almost all participants, irrespective of their levels in the organisation, were in agreement that risk is undesirable, and the participants frequently connected risk with adverse consequences. Only one participant, employed as a support worker, saw risk as having positive effects, particularly for clients, as it could improve their abilities to accept responsibility:

Part of supporting people can be enabling them to take some risks. (S-9)

Participants identified more than 35 different types and sources of risk. What these types and sources of risk were, was influenced by the position the participants held in the organisation. In some instances, these differences were major and significant. The major difference between participants involved three types of risk mentioned by only two groups – legal risk, bad reputation risk, and financial risk. These risks were viewed as key risks by governance and top management and managerial levels groups, but were not mentioned, by the staff-level group. The implications of this are set out later in the chapter.

Differences also existed in participants' conceptions of responsibility and accountability for risk. Participants had a universal perspective about the responsibility and accountability of the CEO for the management of risk. However, the participants differed when assessing the scope of this responsibility. Some participants believed that, in addition to the CEO, managers and other staff should also carry a responsibility for managing risk. Other participants narrowed this responsibility to the CEO and managers only, as they belonged to the management body. In terms of accountability, some

participants thought that the managers as well as the CEO should be held accountable for managing risk. However, one participant from the governance level differed from all other participants and claimed there should be a particular person in charge whose core business would be the risk management profile, and it would be this person who would be accountable and responsible for managing risk.

Finally, regarding initiatives and strategies for managing risk, two types of initiatives were described by the participants: the first relied on types and sources of risk, the second was general. For the first set of initiatives, the connection between multiple types and sources of risk and initiatives for managing risk was seemingly evident. For each type and source of risk described by the participants, there was a described measure to deal with it. Indeed, for most participants, especially from governance and managerial levels, mention of a particular source of risk was habitually followed by description of a mechanism to deal with or control it. The list of types and sources of risk was effectively as long as the length of the list of initiatives and strategies for managing these risks. Moreover, when in some instances, participants showed agreement on a certain type or source of risk they had differences about methods of dealing with this type or source. However, two staff-level participants argued that no particular technique for controlling risk was necessary because this should be determined according to the situation, and based on personal experience.

For the second set of initiatives, there was a common perspective among the participants on the approaches that the MASH Trust used for preparing the workforce to control risk. The participants described the following five strategies: meetings, incident reports, committees, pre-setting standards and policies, and training. However, there were differences in perspective here too, which were influenced by participants' place in the organisation. All participants from all levels agreed on the importance of these initiatives in minimising risk, but differed in the significance of each initiative. The managers, in general, viewed meetings as an effective method to manage risk, because meetings present an opportunity to exchange and process information and thus find possible solutions. The staff-level participants robustly described the incident report as a major initiative for controlling risk as it helped identify and communicate risk. Finally, the participants from governance and top management pointed to committees as an effective means for controlling risk. Indeed, every level of participants viewed the

method of communication they used to connect with other levels as the optimal one, regardless of whether the method was related to risk or any other issue.

The findings of this research showed that the differences between participants did not mean that other initiatives were ignored by them; these differences were rather in the degree of importance of each approach. Indeed, committees, meetings and incident reports are not contradictory or substitute methods for managing risk; rather they are complementary to each other. The risk management process should include all these approaches. For example, a committee that involves representatives from all levels and groups of employees and other stakeholders is essential for a participatory risk-management process. The main form of communication among the committee members is regular meetings in which incident reports are discussed and reviewed. The risk management process should take into consideration the ways through which people communicate with their managers/subordinates and support all these methods as all of them – meetings, incident reports and committees – have significant roles in transferring knowledge and exchanging information among the organisation's members and staff.

However, in some instances, one approach might be more effective than others. Ad hoc meetings, for example, are more effective when there is a risk situation that requires urgent revision and decision, than other approaches such as a committee's discussion, which needs more time to be conducted. The organisation should set up different strategies and forms for communicating and discussing risk according to different situations. These should also involve a contingency plan for emergency or unforeseen risky situations and conditions.

Similarly, all participants agreed that training has a significant role in minimising risk and pointed to training as an effective strategy that provides opportunities to improve the performance and awareness of employees in dealing with risk. However, there was some disagreement between the participants as to whether the present training is sufficient and whether it should be targeted at various groups in the organisation. Additionally, some participants disagreed as to whether internal or external training was the most effective method to use. There were also different opinions regarding the form that training should take, e.g., workshops versus seminars. With respect to the adequacy of current training, it was the consensus of the participants that since training is a

continuous activity, there is never a situation when the training level is adequate. A continuous updating of training involving a constant training needs analysis is therefore important.

The discussion above indicates that some types and sources of risk were recognised by particular groups of employees, but not by others. Consequently, if the organisation is embarking on an exercise to identify and manage risk, it should involve staff from all levels of the organisation, and the risk-management system should be a participatory system that consults and involves all employees. Lack of involvement by all employees in the risk management process can lead to a less inclusive management of risk.

The Uncertainty Aspect of Risk

The uncertainty factor was obviously present in the MASH Trust, but in different degrees according to different levels of employees and their work place and duties. In certain instances, some risks were viewed as involving greater potential loss or as having a higher degree of uncertainty regarding their consequences than other risks. For the Trust as an organisation, uncertainty was prominent. As the core business of the organisation is to provide care and support to clients, who are mostly people with mental and intellectual disabilities, their behaviour is highly unpredictable. Therefore, the MASH Trust has to operate at a high level of uncertainty.

The uncertainty level was substantial among those participants who worked in the houses, where communication with the clients is direct and on a daily basis, and where the degree of exposure to risk from these clients was higher than for other participants. The staff-level participants in the research, therefore, were more concerned and anxious about potential risk in houses than other participants. This contrasted with the governance and managerial-level participants, who concentrated more on describing potential consequences of risk than did staff-level participants. It was apparent that when some risks were thought by the participants to involve greater potential loss or to have a higher degree of uncertainty regarding their consequences than other risks, they were described as being riskier than others. In addition, the findings of this research highlighted the connection between uncertainty of risk and the context of the work.

While some sources of risk were perceived by a particular group of employees as serious risks, due to the degree of ambiguity in identifying potential harm, they cannot be assessed accurately. Risk management, as with other types of management, has limited resources; therefore, failure to assess risk according to its consequences, rather than to the degree of uncertainty or ambiguity, affects the risk prioritisation process. For example, there were staff-level participants, who worked with clients with mental disability, who mentioned that risk from the clients is the main risk in their work. Those participants referred to the nature of the behaviour of the mentally ill clients, which is difficult to be anticipated.

Context, Perception and Risk

In this research, the dominant variable that had the greatest influence on perception and its components was context, whether the context of the entire organisation or just the workplace. The participants clearly exposed the interrelation between risk perception and its context. It was obvious that differences in the work context, especially differences in duties and responsibilities, resulted in differences in perspectives between participant groups, as the participants depended on their location in the organisational hierarchy or the houses in which they worked when describing risk and identifying its types and sources, and methods of management.

Participants from the staff level used examples from their daily work and communication with the clients to describe potential consequences of harm; the managers linked sources of risk to the behaviour or practice of their subordinates; whereas, the participants from governance and top management viewed the adverse impact of risk through its consequences on the whole business of the organisation. As a result, it was noticeable that the staff-level participants were more client-centred than the other two groups in their descriptions of sources of risk. In contrast, those from the managerial level were staff-centred, whereas the focus of the participants from governance and top management was on the entire organisation. The differences between the participants highlighted the importance of context in the organisational setting between the participants, which led to differences in perspectives between the participants about identical situations.

At the same time, as the context clarified the differences in perspective between the participants, the context also clarified the similarities among them. In this research, participants from all levels and groups were working within the same environment: the MASH Trust organisation. The similarity of the entire context of all participants produced commonalities among the participants regarding some types and sources of risk, such as risk of clients and risk of environment. Also, as all participants were part of the MASH Trust system, management plans and actions created a common concern among the participants, especially the managers and the staff-level participants. This concern was related to certain management plans and procedures, such as the risk from the restructuring process. Therefore, considering and understanding the work context is essential for effective management of risk.

In addition, many differences identified between the participants within the same level or group were also related to the context of work. For example, although all participants from the staff level viewed client-related risk as the major risk in the MASH Trust, the participants differed when identifying sources of risk as they worked in different houses and dealt with people with different disabilities. Those participants who work in mental and intellectual disability houses described the violence from the clients as a main source of risk, whereas, participants who worked in physical disability houses considered the movement and lifting of the clients as major sources of risk. Similarly, the managers from different services/functions had different perspectives regarding which type or source of risk was more significant or had a more direct impact on the organisation. The Financial Manager, for example, was focused on financial issues; the Human Resources Manager's centre of attention was on staff-related issues; whereas technical (services) managers paid major attention to problems inside houses.

In this regard, in many instances during this research, differences in perspectives between governance and the staff-level groups were seen to be more obvious than the differences between the managers and each of these individual groups. According to their duties as managers who were responsible for employees and the business within the houses, the managers had many similar views to the staff-level participants. Both groups had common aspects in the work context, such as dealing with a particular type of disability. This also involved some sources of risk, such as the risk from clients to the staff or vice versa.

The work context of governance and managerial levels that involved managerial functions also produced many similar viewpoints regarding types and sources of risk, such as common perspectives on legal, financial and reputation risks.

In some instances, therefore, some middle managers became closer to the staff-level participants; in other instances, they were closer to the governance and top management. In contrast, there was a remarkable gap between the governance and top management and the staff-level groups.

This gap in perspectives between different levels of employees could have negative impacts on the risk management process itself, even though differences in perspectives are expected between people within the organisation. Having a participatory framework, in which different perspectives could be presented and discussed, could hopefully minimise gaps between employees and help overcome major barriers to the risk management process.

RISK IS SUBJECTIVE AND INDIVIDUALISTIC

One finding of this research was the reliance of risk management on perception, which meant that variables such as feelings and context had more influence on risk than objective measurements. This was obvious when the participants depended on their personal experiences and beliefs to describe types and sources of risk, even in classifying which of these types and sources were more significant than others. The individuality aspect of risk was revealed in every issue discussed by the participants. The different explanations of risk, the different types and sources of risk mentioned by the participants, and the different perspectives regarding initiatives for managing risk, were all evidence that risk is perceived differently by individuals.

The individuality aspect in this research was especially apparent for two reasons. The first reason was related to the theme of this study: risk. The uncertainty feature of risk made risk a perceptual issue dependent on individual perception rather than on an actual happening. The second reason related to the site of this research: a healthcare organisation. Healthcare delivery depends mainly on the efforts of the staff. In many instances, personal attributes and attitude of health workers play a significant role in

providing services. This highlights the role of perception and personal attributes in the health field and underlines the significance of the human factor as a cornerstone of any management system in healthcare. By considering these two issues, it is apparent that, for an effective risk management process- especially in the health sector, attention should be given initially to the human element.

The participants in this study described their own types and sources of risk rather than selecting from a pre-determined list. This was based on the assumption that if the risk is not known, it can not be recognised. In some instances, the participants obviously pointed out that they relied on their perceptions in identifying risk. For example, a participant from the managerial level mentioned that

If there is anything that I think is a risk to the organisation and inclusive of staff and clients, I will report it to the CEO. (M5)

As a result, some types and sources of risk described by participants or a group of participants were not described by others. This means that if risk is identified by a particular level or group of employees, those types and sources that are known to this group will be recognised and described, while other types and sources, which were not known to this particular group, will be ignored. For comprehensive and effective outcomes, therefore, in the risk field, every person should participate in the risk management process. This includes employees, clients and all stakeholders.

The Significant Role of Participatory Risk Management

The dominant role of individuality and subjectivity in risk management, as found in this research, indicates that the involvement of all employees from all levels and services in the risk management process is a non-negotiable issue. Lack of participation from all employees in identifying risk and finding out and setting initiatives to manage it, will lead to the ignoring of some types and sources of risk and the initiatives and strategies for managing them. People who deal with risk in their work context could be more competent in identifying risk and in proposing effective methods to dealing with risk compared with others; even when risk is known by those others. The management of risk by particular individuals or groups means simply that the identified types and sources of risk, as well as other risk management process steps such as risk assessment and control, will reflect the viewpoint of this particular group. Consequently, lack of

participation from all houses and employee levels of the MASH Trust will produce an incomplete list of potential types and sources of risk in the organisation, a deficient file of initiatives and strategies for managing risk, and then an incomprehensive risk management process.

However, participation does not mean that all employees from all levels and services should directly and individually engage in the risk management process; this requirement is unrealistic in big organisations such as the MASH Trust. Comprehensive participation means involving representatives from all houses and levels in the management of risk. The framework of this participation could take many forms, such as a specialised committee or regular meetings for managing risk.

Advantages of a participatory risk management process involve: expanding a database to involve the perspectives of all employees on types and sources of risk and in the decision-making process; inspiring employees to carry responsibility as they will be part of the decision making rather than merely the receivers; creating a sense of responsibility among employees and making them partners in the risk management process, which may improve their commitment for managing risk; and developing a positive impact and loyalty among employees toward risk management.

RISK IS CULTURALLY CONSTRUCTED

Culture has a major influence in directing the behaviour of people in their dealing with risk, whether risk is seen as a negative concept or something that could involve opportunities. Taking risks that involve opportunities or avoiding risk wherever found is related to people's culture. The connection between perception and culture makes risk a cultural issue as well as a perceptual matter, and directs attention towards another important point: the culture of fear from risk versus the culture of reward from taking risk.

Culture of Risk-Fear and Culture of Risk-Taking Rewards

The common attitude toward risk as a negative impact prompted the participants habitually to use the potential harms of risk as a definition in explaining the term risk. The dominant culture of risk among the participants was the negativity of risk, and thus

the fear resulting from dealing with or taking risk. In their culture, whenever risk exists, it should be eliminated or avoided. Perceiving risk as an unfavourable issue created a culture of fear from risk among the participants.

This culture of risk as something negative could help develop awareness for controlling it, but, at the same time, it could lead to ignoring opportunities. Taking risk, in many instances, is crucial to achieving progress. For example, supporting the clients to engage with communities is a key objective in the MASH Trust that presents opportunities for improving the health of the clients. However, taking clients to the community involves many risks, as many participants mentioned. Therefore, if support workers focus their attention on avoiding this risk by keeping the clients within houses or other specified limits, the provided care and rehabilitation process could be negatively affected.

Developing a risk-taking reward culture requires manipulating the perception of people toward risk, as culture is a product of feelings, beliefs and attitudes, thus producing perception. For effective management of risk, the culture of perceiving risk as a pure risk that does not have opportunities, should be modified, and maxims such as “nothing ventured nothing gained” or “no risk, no reward” should be communicated to all employees, otherwise, avoiding the entire risk could be, of itself, another risk. For instance, ceasing to open new houses in a community to avoid the risk of legal action by the surrounding community means an adverse impact on the growth of the organisation. This could lead to other types of risk, such as financial risk.

The employees’ culture of risk should build on two strategies – controlling potential negative consequences of risk and taking opportunities from risk; in other words, dealing with risk not only by avoiding or mitigating its harms, but also by benefiting from its opportunities. Developing a culture of risk-taking rewards and the speculative aspects of risk both have positive consequences for the organisation, its objectives, and its business. Therefore, the management of risk should work to improve the awareness of employees and modify their attitude and culture toward risk. One way this could be done is through training and educating employees.

RISK AS DESTROYING INNOVATION OR PURSUING OPPORTUNITIES

The participants agreed that dealing with people who have disabilities, especially mental and intellectual disabilities, and engaging them in the community as well, involve multiple risks. These risks could come from the clients themselves, the internal and external environment of houses and from the wider community. Regardless of sources of risk (which were describes and discussed in Chapter 8 & 9), the central business of the MASH Trust is to prepare, support train, and prompt the clients to perform daily activities and live independently, and to participate and engage with the community. Avoiding conducting these functions, to avoid potential risks, could lead to a lack of an effective and inclusive rehabilitation process. This has significant side effects on the clients and their treatment, and the progress of the MASH Trust's business as well.

Taking risk in the MASH Trust should not be an optional issue; taking risk is an essential step for achieving the Trust's objectives. Otherwise, another form of risk might be developed due to a lack of rehabilitated and well-educated and trained clients. Taking the risk of engaging the clients in the community, and taking the risk of giving the clients opportunity to live and practice their daily lives, as much as possible, independently, are both vital for innovation. However, this (taking of risk) depends mainly on the perception of employees (i.e., support workers) and their culture toward risk.

From the participants' responses, it was apparent that the dominant culture of risk in the MASH Trust is the culture of fear from risk, as all participants, except one, perceived risk as something purely negative that does not involve opportunities. Thus, they described, only, unfavourable consequences and impact of risk. This common perspective of risk indicates that employees will avoid taking risk in order to avoid its negative consequences. For them, as risk is something that does not have opportunities, there is no reason or motivation for taking risk. In their perception, the culture of rewards from taking risk did not exist, as they supposed that risk could not involve opportunities. For pursuing opportunities, and benefiting from advantages involved in these opportunities, risk should be assessed according to cost/benefit or loss/gain analysis. Then the decision of taking or avoiding risk is made with respect to potential harm and expected opportunities. Otherwise, risk management will be an innovation

killer that ignores opportunities for avoiding expected harm. At the MASH Trust, the innovation and progress cannot be achieved without taking the risk of allowing clients to live independently within houses through practicing some daily activities, and to engage with the community through allowing them to go outside the houses.

THE NEED FOR TRAINING

In this research, the findings highlighted the significant role of individual perception and culture in risk management, thus characterising risk as subjective, individualistic and culturally defined. These aspects of risk pointed to the central role of individuals in managing risk. Therefore, for an effective identification, assessment and management of risk, focus should be on the human factor rather than any other issues (i.e. policies), and this could be achieved through the following: involving all employees, and other stakeholders, in the risk management process regardless of whether they are experts, managers, staff level employees or clients; improving the awareness and skills of collaborators toward risk and managing risk; and modifying the negative culture of risk among employees. Training is an effective way to attain these goals. Training, among other initiatives, involves significant benefits that maximise its function for minimising risk. These benefits could be identified through the effect of training on behaviour and culture, the role of training as a motivational factor, and the utility of training in improving skills and awareness.

Indeed, as risk is culturally constructed and a product of perception, modifying these two interrelated variables is necessary to develop the way employees view and deal with risk. Viewing risk through both directions (as an adverse impact that could also involve opportunities) helps employees control risk, but without ignoring opportunities.

Alongside developing the perception and culture of risk, training can inspire employees to participate in the risk management process. Training can create a positive attitude among employees by highlighting the advantages and importance of participation in managing risk, thus reinforcing the principle of partnership among them. In addition, training as a motivational factor strengthens the belief of trainees in their abilities and skills through improving their competency and performance. Improving employees' knowledge on how to identify and manage potential risk, supports their efforts to deal with risk effectively. In risk management, every individual employee and each employee perspective is significant and should be considered, thus the participation of all employees in managing risk is essential. The differences in backgrounds, experiences, qualifications, feelings and context between employees, especially in healthcare, make training a necessary step for reducing gaps between employees in the

organisation.

Overall, the relationship between the management of risk, the main aspects and features of risk, and the role of training in managing risk is presented through the following model, which had been postulated from the findings of this study (See Figure IV). This model highlights the link between uncertainty and risk, which points to the role of perception in identifying, assessing and managing risk. Perception, particularly risk perception, is distinctive and a product of personal characteristics such as feelings, attitude, beliefs, knowledge, images, culture and context. These variables are individual and subjective, and influence the perception of risk. As the risk management process is driven by and depends mainly on people, it should focus on the human element above any other issues. Improving risk management should start from improving the awareness and skills of employees about risk and modifying their risk-culture and attitudes.

The contribution of training in the management of risk can be seen from different angles. As mentioned earlier, training can play an effective role in modifying the risk culture of employees, from a fear-culture of risk, to a culture of risk-taking rewards. In addition, training has an effective impact and leads to important consequences in improving the awareness, skills and performance of employees in identifying, assessing and dealing with risk. Developing awareness and skills could also be motivational factors that empower employees and reinforces their self-efficacy and self-confidence in dealing with and controlling risk. Another contribution is related to the importance of employees' participation in the risk management process. Participatory risk management means an inclusive list of types and sources of risk, an exchange of knowledge and experiences, more commitment from employees, and a broad list of initiatives for controlling risk. Educating employees about the importance of participation and teaching them the principles of engagement with others is significant for the effectiveness of participation in managing risk. As a result, employees will be more capable in dealing with risk, more active in participating in the management of risk, and will have a precise culture toward risk, resulting in an effective risk management process.

With respect to the AS/NZS model of the risk management process (see Figure III, Ch. 3), the postulated model in this research (Figure IV), is not a substitute model or another alternative of the AS/NZS model. Indeed, each of them is complimentary to, and in harmony with, the other. The AS/NZS model demonstrates the technical and managerial steps for managing risk. These involve, identifying, analysing, assessing and treating risk. The postulated model in this research looks at the risk management process from another angle; it demonstrates the role of individuals' perception, and their culture about risk, in the risk management process, and in dealing with risk as well. This involves the role of perception in all technical steps of managing risk as mentioned in the AS/NZS model, such as the perceptual aspect of risk identification, analysis and assessment. The findings of this research emphasised that employees' perception is the cornerstone in identifying and characterising risk. The risk management model of this research highlights the importance of employees' awareness and skills in any risk management process, and points to the significant role of training in improving the perception of employees and in modifying their culture toward risk.

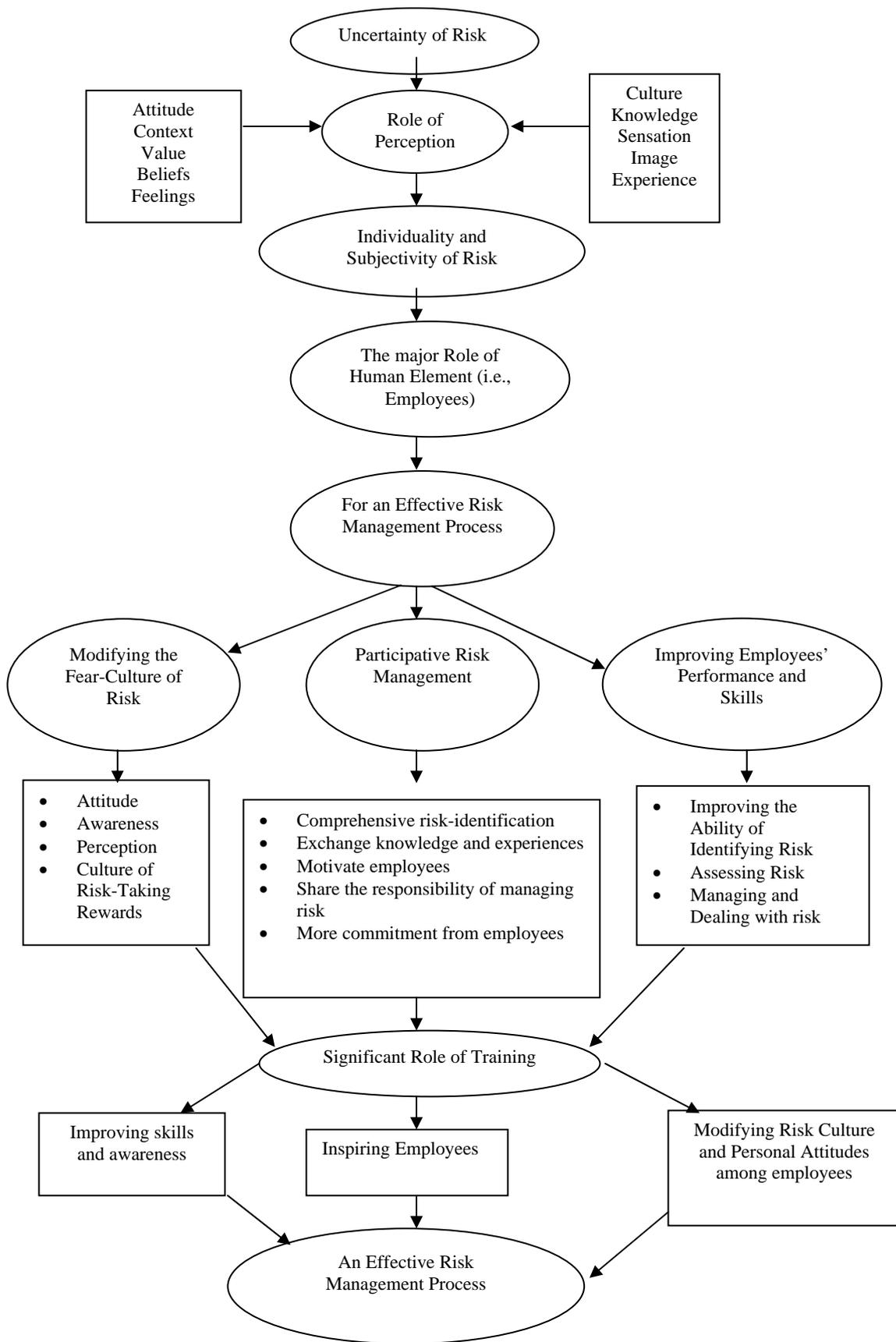


Figure IV: Model of Risk Management

CONSEQUENCES

In Conclusion:

- Risk is subjective and individual and people deal with risk according to their own perception. If they did not perceive a particular risk, they would not recognise it, and then they would not have the awareness to control it. Lack of awareness of risk is, by itself, a big risk.
- Risk is culturally constructed. The common culture among participants in this research was a risk-fear culture, as all of them, except one, viewed risk as something negative that does not involve positive opportunities.
- Perceiving risk as some thing purely negative, and thus the domination of the culture of fear from risk, prompted avoiding action without considering the opportunities. Perceiving risk in this one-way direction is a potential risk that may lessen benefits to the organisation.
- Understanding the context of work and other components of perception is essential in understanding how employees perceive risk and understanding their perspectives regarding types and sources of risk, in addition to their views on methods of controlling risk.
- The risk management process should initially focus on the human element as a cornerstone of an effective minimisation of risk. Training plays a significant role in improving the awareness, skills and attitude of employees toward risk. However, for effective training the following issues should be considered: financial support from funders to carry out training; maintenance of a system for training-needs analysis; the tailoring of training programmes to fit with the business nature of each department, level or service; particular and clearly labelled training for managing risk to direct more attention to the particular aim of training; the recruitment of qualified and well-skilled trainers and a proper training environment; regular assessment of the outcome of training to identify any gaps or shortcomings in training; and continuous training that is updated on regular basis.

RECOMMENDATIONS

- The risk management process should be participative and should involve all employees in the organisation.
- The involvement of all employees from all levels and groups in identifying types and sources of risk is essential for effective management of risk. Risk identification is the cornerstone in any risk management process. Some types and sources of risk are well-known to some employees, but not to others.
- Initiatives and strategies for managing the various types and sources of risk need to be prepared with participation from all employees. Even if these initiatives and strategies were set, principally, by managers, they should be reviewed, assessed and commented upon by all levels and groups.
- Not only employees, but other stakeholders should also be involved in the risk management process. Some major sources of risk, as mentioned by the participants, were related to the funders, community and the clients. These parties, also, have their views and could have a different list of types and sources of risk not yet recognised by the organisation and its employees.
- An effective form of participation is through committees. Specific committees for managing risk are needed. Such committees should involve membership representatives from all levels of employment. In addition, the engagement of representatives from the clients or their families and other stakeholders is recommended.
- As a result, a precise but comprehensive list of all potential types and sources of risk should be developed. This list should be updated on a regular basis.
- The fear aspects of the culture of risk should be modified to include the culture of reward from taking risks. The emphasis on perceiving risk as negative leads employees not to consider opportunities that may involve risk, but may lead to

positive outcomes for the organisation as a whole and/or for the stakeholders; that leads to maximising the opportunity cost to the organisation.

- Any effective risk management process should be human-centred, rather than system-centred. Attitude, knowledge and context influence perception and culture, and are the cornerstones of any process for identifying and managing risk.
- Training, among other initiatives, is significant and plays a major role in improving the awareness of employees in dealing with or controlling risk. The MASH Trust should develop specific programmes that focus on managing risk within particular contexts.

From the findings of this research, it is clear that risk management, among other issues, is a matter of perception; therefore, the MASH Trust should focus on improving the awareness of its employees in dealing with risk. This requires, in the first place, modifying the perception of risk among employees to view and deal with risk as something involving opportunities, not as something that only involves harm or undesired consequences. Innovation and developments require, in many instances, taking risk, as progress may be achieved through the opportunity of taking risk. Therefore, the employees' culture about risk, as well as the culture of the entire MASH Trust, including the clients, should be changed and modified to be a balanced culture that involves two dimensions: the culture of fear from risk, and the culture of reward from taking risks. Lack of such balance in the culture of risk in the MASH Trust leads to overestimating risk, or underestimating risk. The overstatement of risk could lead to an avoidance of risk-taking to keep away from its potential harm, whereas, the understatement of risk could lead to ignoring the controlling of undesired outcomes to benefit from opportunities. This may result in losing opportunities, or may lead to improper control of potential harm.

LIMITATIONS

- As mentioned earlier, examining the perceptions of other stakeholders is significant in the risk management process; therefore, exploring their viewpoints will benefit the risk identification process and the management of risk. The time available to the researcher limited the number of respondents and the size of the consequent data set that could be recorded and analysed. Due to time constraints and the particular nature of this study, clients, as stakeholders, were not included. The clients' attitudes to risk would make an interesting and worthwhile study.
- There was a difficulty in studying more than one major NGO for two reasons: the first was related to the limited time and budget, the second was related to the ethical dilemma in using multiple case studies in this research, although using multiple case studies might lead to more generalisability (Yin, 2003). The site of this research is an NGO that provides long-term care to people with mental, intellectual and physical disability. While the number of such organisations is large, the major NGOs in New Zealand that provide this service are few. As mentioned earlier in the methodology chapter, in a small society such as New Zealand, it is difficult to conceal the name of the participant organisations, especially from each other, which may lead to an undesirable situation. Further, attention could be directed towards a comparison between these organisations, rather than focusing on the research outcomes and objectives. In addition, this might affect the ethical standards of the study as well because, in this case, even using noms-de-plume may fail to secure the confidentiality of the real names of these organisations due to the local nature of the research in a New Zealand context.

CONTRIBUTIONS OF THIS STUDY

The aim of this research was to examine areas and issues of risk and risk management from the perspective of employees who work in an NGO that provides disability support services to people with mental, intellectual and physical disabilities. Four specific objectives had been set: to identify areas of risk in this organisation; to examine the perception of risk of staff working in this organisation; to identify issues and ways of managing risk including training; and to postulate a model that demonstrates a relationship between the perception of risk, training, and minimisation of risk in one long-term psychiatric, physical and intellectual disability facility. The study makes the following contributions:

- The study confirms that risk is a matter of perception; an individualistic and subjective issue; and culturally constructed.
- The research identifies a list of types and sources of risk in healthcare organisations that provide long-term services to clients with mental, intellectual and physical disabilities, as they are viewed by the workforce in these organisations. This also involves initiatives for managing risk.
- The study points to similarities and differences in perspectives between different levels of employees. In addition, the research highlights the relationship between context and the perception of risk.
- The study highlights the significant role of training in the risk management process as it modifies the attitude, culture, perception and awareness of employees towards risk; strengthens employees in participating and managing risk; and improves employees' skills and competency in dealing with risk.
- The research suggests a model for an effective risk management process.

SUMMARY

The findings of this research indicate that risk is a matter of perception and a product of culture and context. These features highlight the individualistic and subjective aspects of risk.

Features and aspects of risk pointed to the key role of people – employees and other stakeholders – in any risk management process. The involvement of employees from all levels and services in identifying, assessing and controlling risk is therefore essential. Attention should also be paid to the awareness, attitude and skills of employees toward risk. This involves improving and modifying the culture of risk among employees from a risk-fear culture to the inclusion of some aspects of a risk-taking reward culture. Training has significant contributions to make in reaching these objectives.

A model that shows the relationship between risk and perception, and the role of training in improving the awareness and skills of employees in identifying and managing risk was developed.

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APPENDICES

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



Massey University

**OFFICE OF THE ASSISTANT
TO THE VICE-CHANCELLOR
(ETHICS & EQUITY)
Private Bag 11 222
Palmerston North
New Zealand
T 64 6 350 5573
F 64 6 350 5622
humanethics@massey.ac.nz
www.massey.ac.nz**

15 June 2005

Kassim Mohammed
4/342 College Street
PALMERSTON NORTH

Dear Kassim

**Re: HEC: PN Application – 05/15
Managing Risk in one Non-Governmental Healthcare Organisation in New Zealand**

Thank you for your letter dated 2 June 2005.

Your application has now been approved by MUHEC: Palmerston North as meeting the requirements of the Massey University Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. You may now submit your application to the appropriate Health and Disability Ethics Committee (HDEC) with a copy of this letter. Please note that Massey University has agreed to accept any changes made by the HDEC. However, please advise this office of all changes and supply a copy of the HDEC approval. These documents will be placed on your file and will be referred to if any enquiries are made to the University about this project.

If the nature, content, location, procedures or personnel of your approved application change, please advise both the Secretary of MUHEC: Palmerston North and the Secretary of the approving HDEC.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

A reminder to include the following statement on all public documents: *“This project has been reviewed and approved by the Massey University Human Ethics Committee, Palmerston North Application 05/15. If you have any concerns about the ethics of this research, please contact Dr John O’Neill, Chair, Massey University Campus Human Ethics Committee: Palmerston North telephone 06 350 5799 x 8635, email humanethicspn@massey.ac.nz”.*

Yours sincerely

Dr John G O’Neill, Chair
Massey University Campus Human Ethics Committee: Palmerston North

cc Professor Tony Vitalis
Department of Management
PN214

Professor Nancy Kinross & Mr Russell Bell
Department of Management
PN214

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



3 March 2005

Kassim Mohammed
School of Management
Massey University
Private Bag 11222
PALMERSTON NORTH

Dear Kassim

PHD RESEARCH, RISK MANAGEMENT

Further to our meeting at MASH on 23 February 2005; I am pleased to advise that the Board of MASH have endorsed in principle your proposal to undertake research within this organisation.

We now await formal approval of the relevant Ethics Committees and if successful look forward to working with you from May to August, approximately, this year.

Yours faithfully

A handwritten signature in black ink, appearing to read "B. Grimmer". The signature is written over a light grey rectangular background.

BP

**BRAD GRIMMER
CHIEF EXECUTIVE OFFICER**

**Head Office
Manawatu Branch Office**
25A House
43-45 King St
PO Box 157
Palmerston North

Wellington
75 The Esq
PO Box
Wellington

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



3 April 2006

Kassim Mohammed
166 Park Road
Palmerston North

Dear Kassim,

This letter is to confirm our discussion this morning. MASH Trust has been a willing participant in the research for your thesis examining Risk Management in a Non Government Organisation.

Please feel free to use the name and details of the Trust in preparing your Thesis. It is understood that MASH will receive a copy of the document prior to publication and can discuss any areas of concern with you, should they arise.

The members of the Board are interested in receiving a copy of your research at an appropriate time.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Carol Searle".

Carol Searle
Chief Executive Officer

Head Office
PSA House
43-45 King St
PO Box 157
Palmerston North
P: 06 355 7200
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APPENDIX 4: The Information Sheet.



DEPARTMENT OF MANAGEMENT
Private Bag 11 222
Palmerston North
New Zealand
T 64 6 356 9099 extn 2777
F 64 6 350 5661
<http://management.massey.ac.nz>

**MANAGING RISK IN ONE NON-GOVERNMENTAL HEALTHCARE
ORGANISATION IN NEW ZEALAND**

INFORMATION SHEET FOR PARTICIPANTS

Dear _____

Researcher Introduction:

I am writing to invite you to participate in my research on Risk Management in a Non-Government Organization.

Risk is a factor that is present in all organizations. Managing risk is a facet in the efficient and effective running of any organization. It is of particular importance to organizations responsible for the support of people with long-term psychological illnesses.

My name is Kassim Mohammed and I am from Jordan. I am 38 years old and I have a Master Degree in Hospital and Health Facilities Administration. Prior to coming to New Zealand, I was working in Dubai, United Arab Emirates, in the health sector industry. I am currently pursuing my Doctoral degree in Management at Massey University. My interest is in Risk and Managing Risk in Non-Governmental Healthcare Organizations.

If you wish to contact me, please use one of the following:

Res.: 06-353 0508

Mobile: 021-1222 971

Office: 06-3569099 Ext: 2811

E-mail: K.M.Mohammed@massey.ac.nz or

k_m_m65@hotmail.com

Or to contact my supervisors on:

Prof. Tony Vitalis: 06-350 5799 Ext 2806 Email A.Vitalis@massey.ac.nz

Prof. Nancy Kinross: 06-358 6605 Email nkinross@inspire.net.nz

Mr. Russell Bell: 04-495 9844 Email russell.bell@aon.co.nz

You are involved in managing risk in your organization and I am interested in finding out from you what are your perceptions of risk, how do you manage it and so on.



Massey University

DEPARTMENT OF MANAGEMENT
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The research aims to

- Identify areas of risk in one NGO, which provides long-term healthcare services.
- Examine the perception of risk of staff working with long-term healthcare services.
- Identify the relationship (if any) between training and the perception of risk.
- Postulate a model to show the relationship between risk, the perception of risk, training, and minimization of risk in long-term healthcare facilities.

Out of my discussion with you, exploring the relationship between risk, the perception of risk, training, and minimization of risk in long-term non-governmental healthcare facilities, I hope to identify areas of risk in non-government organizations, which provide long-term services to psychiatric consumers and consumers with physical and intellectual disabilities; examine the perception of risk of staff working with long-term healthcare services; and identify the relationship (if any) between training and the perception of risk. The main outcome of this research will be to develop a model of managing and minimizing risk effectively in these organizations. In addition to this, I believe that the findings of the research will have broad application to risk minimization across a wide range of psychiatric and other healthcare settings.

Participant recruitment:

The CEO of MASH provided me with the names of key informants within the organisation with responsibility for risk management. These informants provided me with names of other potential participants within the organisation. This is the reason why I am writing to you to request your participation in the project. I hope to involve 20-30 participants in the project.

Project procedures:

My research involves analysis of relevant documents, interviews and focus groups.

The way that I intend to collect information is to meet with you on an individual situation where I will be asking you a series of broad questions as per attached. The outcomes of the interview will form the basis of the focus group discussions. The questions I would be asking are broadly outlined in the attached sheet.

Documents, audio tapes of interviews and transcripts will be stored in a secure location for the duration of the research and then destroyed or returned to you according to your wishes.





Massey University

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Audio-taping will be used in these interviews and you have the right to ask for the audio tape to be turned off at any time during the interview. After the completion of the study, you have the right to decide what happens to the original audio taped interview (returned to you, destroyed or leave them with the researcher and/ or his supervisors).

Participant involvement:

You will be invited to participate in an audio-taped personal interview to discuss the above research aims. This may take one to two hours. You will be offered a transcript of your interview for editing and approval.

Participants' rights:

Confidentiality will be maintained throughout. Nothing of what we discuss will be made available to anyone other than my research supervisors. Every effort will be made to ensure the anonymity in the final document is preserved. You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular question;
- Withdraw from the study at any time;
- Ask any questions about the study at any time during participation;
- Provide information on the understanding that your name will not be used unless you give permission to the researcher;
- Be given access to a summary of the project findings when it is concluded.

This project has been reviewed and approved by the Massey University Human Ethics Committee, Palmerston North Application 05/15. If you have any concerns about the ethics of this research please contact Dr John G O'Neill, Chair, Massey University Campus Human Ethics Committee: PN telephone 06 350 5799 x 8635, email humanethicspn@massey.ac.nz.

If you accept this invitation to participate in my research project, please complete the consent form and leave the form in the box provided on the telephonist's desk at MASH-Palmerston North Office. If you prefer, I will arrange to meet with you to clarify points and answer any questions before you consider signing.

Thank you.

Yours sincerely,

Kassim Mohammed

APPENDIX 5: The Participant Consent Form.



Massey University

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**MANAGING RISK IN ONE NON-GOVERNMENTAL HEALTHCARE
ORGANISATION IN NEW ZEALAND**

PARTICIPANT CONSENT FORM

This consent form will be held for a period of five (5) years

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being audio taped.

I wish/do not wish to have my tapes returned to me.

I wish/do not wish to have data placed in an official archive.

I agree to not disclose anything discussed in the Focus Group.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: _____ **Date:** _____

Full Name-
printed _____



APPENDIX 6: The Transcriber's Confidentiality Agreement Form.



Massey University

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**MANAGING RISK IN ONE NON-GOVERNMENTAL HEALTHCARE
ORGANISATION IN NEW ZEALAND**

TRANSCRIBER'S CONFIDENTIALITY AGREEMENT

I (Full Name - printed) agree
to transcribe the tapes provided to me.

I agree to keep confidential all the information provided to me.

I will not make any copies of the transcripts or keep any record of them, other than
those required for the project.

Signature: **Date**



APPENDIX 7: List of Interviews' Questions/Guidelines

(7-I)

Semi-Structured Interview Guidelines (Governance and Top Management)

- What do you understand by the term “risk” in healthcare organizations?
- Give me an example of risk in your area?
- What would you say other main risks in the organization?
- How do you manage risk in this organization?
- Who is responsible for managing risk in your organization?
- What do you do to minimize risk?
- What are mechanisms (programs) in your organization to minimize risk?
- How well are employees prepared to minimize risk?
- Are there any training programs concerning managing risk and improving the health staff awareness and skills in dealing with the risks in their job?
- If there is no existing training concerning managing risk in the organization, what are the other techniques and programs that are used to fill this gap?

(7-II)

Semi-Structured Interview Guidelines (Managerial Levels)

- What do you understand by the term “risk” in healthcare organizations?
- Give me an example of risk in your area?
- What would you say other main risks in the organization?
- Who is responsible for managing risk in your organization?
- What do you do to minimize risk?
- What are mechanisms (programs) in your organization to minimize risk?
- How well are employees prepared to minimize risk?
- Are there any training programs concerning managing risk and improving the health staff awareness and skills in dealing with the risks in their job?
- If there is no existing training concerning managing risk in the organization, what are the other techniques and programs that are used to fill this gap?

(7-III)

**Semi-Structured Interview Guidelines
(Staff Level)**

- What do you understand by the term “risk” in healthcare organizations?
- Give me an example of risk in your area?
- What would you say other main risks in the organization?
- How well are you prepared to manage risk effectively?
- Do you report incidence that may lead to risky situations?
- Are there any training programs concerning managing risk, and who do this?
- Have you attended any training for managing risk?
- If there is no existing training concerning managing risk in the organization, what are the other techniques and programs that are used to fill this gap?

APPENDIX 8

Types and Sources of Risk

Governance and Top Management

| # | Main Types and Sources of Risk | Potential Sources of Risk | G 1 | G 2 | G 3 | G 4 |
|----------|--|--|-----|-----|-----|-----|
| I | Organisational risks | | | | | |
| | Risk from internal changes and restructuring | | | | | |
| | | Risk of losing experienced staff | X | X | | |
| | | Risk from the failure of new managers to carry their new duties | X | | | |
| | | Risk of grievance against the organisation from the staff who became outside the new structure | X | | | |
| | Risk related to the Board of Trustees | | | | | |
| | | Risk of lack of balanced Board of Trustees | | X | | |
| | | Risk of liability from not meeting the specified responsibilities that were put by BOT/ Working to the Board of Trustees | X | | | |
| | | Risk due to Trustees who rely on one source of information / Risk of inaccurate or insufficient information | | X | X | X |
| | Risk of the bad reputation and publicity | | | | | |
| | | Risk of negative perception of public and the organisation's reputation | X | | X | X |
| | | Risk from the media | | | | X |
| | Legal and statutory risks | | | | | |
| | | Risk of legal liabilities (not meeting contracts and services' standards) | X | | | |

| # | Main Types and Sources of Risk | Potential Sources of Risk | G 1 | G 2 | G 3 | G 4 |
|-----------|--|---|-----|-----|-----|-----|
| | Staff-related risks | | | | | |
| | | Risk of staff toward the organisation (i.e., the risk of staff grievance) | X | | | |
| | | Risk of Unions and Strikes | X | | | |
| | | Risk due to the shortage in employees | X | | | |
| | | Risk of lack of deputy manager in MASH Trust departments | X | | | |
| | | Risk of untrained staff in dealing with clients/ Lack of competence | | | X | |
| | | Risk of failing in recruiting good and competent staff /Risk of failing in retaining good and competent staff | | X | | |
| | | Lack of Job security | X | | | |
| | | Risk to the staff (in their contractual obligations), risk of gambit (scheme) | X | | | |
| | | Risk to clients | X | | | X |
| II | Financial Risks | | | | | |
| | Risk related to the funders | | | | | |
| | | Risk due to the lack of enough budget or finance | X | X | X | X |
| | | Risk of loss contracts/ Risk of reliance on Contracting Funding | X | X | X | X |
| | | Risk from delaying payments (fund) to purchase the requirements on time | X | | | X |
| | Risk from depending on a small number of contracts | | | | X | |
| | Risk from lack of sufficient reserve in the bank | | | | X | |
| | Risk from lack of good financial management system | | X | X | | |

| # | Main Types and Sources of Risk | Potential Sources of Risk | G 1 | G 2 | G 3 | G 4 |
|------------|--|--|-----|-----|-----|-----|
| III | Clinical Risks | | | | | |
| | Risk related to the nature of MASH Trust business | | | | | |
| | | Risk of unpredictable behaviour of clients (such as suicide) | X | X | | |
| | | Risk of infection | X | | | |
| | | Working with people having disabilities | | X | | |
| | | Risk from the external environment and surrounding community (from dealing with and to be in a neighbourhood of people with mental or intellectual disabilities) | X | | | |
| | | Risk of breaching an accreditation or certification standards (not meeting the standards) | | | X | |
| | Risk from lack of competent clinicians | | | | | |
| | | Risk of clinicians toward the clients (abusing the clients) | X | X | X | |
| | Risk from failing to obtain the required professional certificates | | | | X | |
| | Risk related to faults in medication and in dealing with clients. | | | | X | X |
| | | Risk of medication errors/ Failing to give medicine to the client in a correct time | | | X | X |

APPENDIX 9
Types and Sources of Risk
The Managerial Level

| Type of Risk | Source of Risk | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|
| ORGANISATIONAL RISK | | | | | | | | | | | | | | | |
| Risk of media and bad reputation | | X | X | X | X | X | X | | | X | | X | X | | |
| | Due to clients' behaviour or staff practice | | X | | | | | | | | | X | | | |
| Risk due to internal and external environmental factors | | X | | | | | | | | X | X | | | X | |
| Clients-related risk | | | | | | | | | | | | | | | |
| To clients | | X | X | | | X | X | X | X | | X | | X | X | X |
| | Giving clients wrong medication | X | X | | | X | | X | | | | | X | | X |
| | Due to community/public perception | X | | | | | | | | X | | | | | |
| | From staff | | X | | | X | X | X | X | | | | X | X | |
| | From clients (to themselves, other clients, staff or the organisation) | | | | X | X | X | X | X | X | | X | X | X | X |

| Type of Risk | Source of Risk | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|-------------------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|
| Staff-related risk | | | | | | | | | | | | | | | |
| | Unskilled/ incompetent staff | | | | | X | X | X | | | | X | X | | |
| | Due to employees' strike | X | X | | | | X | | | | | | | | |
| | Unpredictable behaviour of staff | X | | | | | | | | | | | | | |
| | Failure in follow policies and procedures | | | | | | | | X | | | | | | |
| | From clients | | X | | X | | | | | | | | | X | |
| | To clients | | X | | | X | X | X | X | | | | X | X | |
| | Due to stress and workload | | | | | | | | | X | | | X | X | |
| | From staff to themselves or to other staff | | | | | | | X | | | | | X | | |
| | Lack of job security | X | | | | | X | | | | | | | | |
| Management-related risk | | | | | | | | | | | | | | | |
| | Lack of training/ Not providing enough training | | | | | X | X | X | X | | | X | X | | |

| Type of Risk | Source of Risk | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|
| | The organisation breaching accreditation or certification standards | | | | X | | | | | | | | | | |
| | Lack of deputy managers | X | | | | | | | | | | | | | |
| | lack of specific processes for dealing with risk | X | | | | | | | | | | | | | |
| | Lack of effective information system | | | X | | | | | | | | | | | |
| FINANCIAL RISK | | | | | | | | | | | | | | | |
| Losing contracts | | X | X | X | X | | X | X | X | X | X | | X | | X |
| Relying on external source of funds | | | | X | X | | | | | X | | | X | | |
| Changes in governmental legislation | | | | X | | | | X | | | | | X | | |
| Political changes | | | | | | | | X | | | | | | | |
| Failure of meeting growth in the organisation | | | | X | | | | | | | | | X | | |
| Bad management of finance Extra payments of overtimes | | | | | | | | X | | | X | | | | |

| Type of Risk | Source of Risk | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|----------------------------------|----------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|
| Lack of reserves in the bank | | | | | | | | | | | | | X | | |
| | | | | | | | | | | | | | | | |
| CLINICAL RISK | | | | | | | | | | | | | | | |
| Giving clients wrong medications | | X | X | | | X | X | X | X | | X | | X | X | X |
| Risk of infection | | | | | | X | | | | | X | | X | | X |

| Types of risk | Sources of risk | S-1 | S-2 | S-3 | S-4 | S-5 | S-6 | S-7 | S-8 | S-9 | S-10 | S-11 | S-12 | S-13 | S-14 | S-15 | S-16 |
|--|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|
| Client-related risk | | | | | | | | | | | | | | | | | |
| Risk from clients | Clients may hurt themselves or other clients | X | X | | | | | X | | X | X | | | | | | |
| | To staff and property | | | X | | | | X | | X | X | | X | X | X | | |
| Risk to clients | | | | | | | | | | | | | | | | | |
| | Mistreated by staff | | | | X | | | | | X | X | X | | X | | | X |
| Due to internal and external environment | | | | | | | | | | | | | | | | | |
| | Internal factors (from houses) | X | | X | | X | X | | X | | | | | X | | X | X |
| | External factors | X | | | | | X | X | | | | | | | | | |
| Staff-related risk | | | | | | | | | | | | | | | | | |
| To staff | Stress and workload | X | X | | X | | | X | | | | X | | | X | | |
| | From clients | X | | X | | | | X | | X | | | X | X | X | | |

APPENDIX 10
Types and Sources of Risk
The Staff Level

| Types of risk | Sources of risk | S-1 | S-2 | S-3 | S-4 | S-5 | S-6 | S-7 | S-8 | S-9 | S-10 | S-11 | S-12 | S-13 | S-14 | S-15 | S-16 |
|--------------------------------------|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | Lack of trained managers | | X | | X | | | | | | | | | | | | |
| | Lack of trust with staff | X | | | | | | | | | | | | | | | |
| | Lack of job security due to restructuring | | X | | | | | | | | | | | | | | |
| Risk due to public perception | | | | | | | | | | X | | | | | | | |
| Risk of infection | | X | | | | | | | | X | | | | | | | |

APPENDIX 11

Specific Initiatives for Particular Types of Risk from the Participants' Viewpoint

| Types/Sources of risk | Initiatives/Strategies | Example |
|------------------------|--|---|
| Financial Risks | | |
| | Maintain good relations with funders to keep contracts | keep our contracts, need to manage the relationship with the funder ... (G1) |
| | Having a reserve in the bank | We need a level of reserve. I was concerned about my responsibility as a Trustee knowing that if we lost a big contract tomorrow, we would be in serious financial problems. (G3) |
| | Through insurance | We have insurance too so any disasters, whether they are natural disasters or malicious damage anything like that, yeah it probably covers most of it (M-3). |
| | Educating staff to Control overspending | Giving staff information and setting clear boundaries for them: They now know they are all accountable for not spending money that they shouldn't be spending. (G1) |
| | Keep services in high quality | We need to ensure that we do provide a quality service... because at the end of the day they are our contracts... and they can ... stop our contact. (M-7) |
| | Good financial management system | ...Need to make sure that we have got good systems within the organization to manage the finances we have (G1) |
| | Through expansion | It is MASH's intention to expand because you need a critical mass to be financially viable (G1) |

| Types/Sources of risk | Initiatives/Strategies | Example |
|------------------------------|---|---|
| | Effective information and software system | We have moved to a different accounting software and we have got a lot more reporting and a lot more information, which has highlighted a number of things for us... (M-3) |
| Clinical Risks | | |
| | Controlling risk of wrong medication through workshops to staff | To minimize that risk (of wrong medication), we have started doing another workshop, two and half hours learning module for staff and it is a work book that they work through and they have to learn all of what is in there...(M-5) |
| | Through the professional certification and registration | In terms of clinical risk there is a, I mean the compliance requirements particularly for registered nurses and for registered nurse where there are certain standards of practice. Do all registered nurses have an annual practicing certificate...? (G3) |
| | Recruiting qualified clinicians | One way to control risk could be through having good clinicians. So if you haven't got good clinicians that can make good decision, you have got problems (G2) |
| | Minimise and control infection's impacts and spread | With infection we tend not to, well not so much touch things, but you wouldn't accept food or drink is the most classic one. If somebody offers you a drink, you decline politely or food you do the same. That is just a standard precaution that you presume or you assume that there is something could be infectious. (S-9) |
| Legal risks | | |
| | Commitment with conditions of staff's contracts | Make sure complying with staff contractual contracts and the need to negotiate with their unions: to reduce the possibility of them having a grievance against the organization (G1) |

| Types/Sources of risk | Initiatives/Strategies | Example |
|--|---|--|
| | Informing staff regarding their rights | For dealing with and minimising risk: you make sure you have a very good process and that people are informed ever step along the way of their rights (G1) |
| | Considering and fulfilling with employment law | Good strategy had to be put in place before we started so we knew what we were going to be doing every step along the way to comply with employment law (G1) |
| | Reviewing the legal position of new clients before moving to the organisation | The legal system has made sure that any protection orders or court orders that are in place before the clients are adjusted so that they can move (G1) |
| Risks of Public Perception and Bad Reputation | | |
| | Negotiate with surrounding community | Opening the next group of houses [in Hawke's Bay],MASH Trust] starting to plan now about how we engage with the community and the decision makers in the Hawke's Bay before MASH Trust gets there to try and minimise the adverse public reaction (G1) |
| | One spokesperson to media | So if something happens within our organisation that we didn't want the general public to know, if it could be detrimental to our business, so we have a process in that only certain people, like the CEO is allowed to speak to the media. (M-5) |
| | Recruiting good staff | Our good reputation that we have attracted good staff (G-1) |

| Types/Sources of risk | Initiatives/Strategies | Example |
|-----------------------------|---|--|
| Client-Related Risks | | |
| | Providing them well-supported and qualified staff | Make sure that they [the clients] have well skilled staff who know their boundaries, who are well supported (G1). |
| | Access to professionals (i.e., registered nurses) | We always have 24 hour access to an on call RN who we call if the situation became out of our control. (S-11) |
| | Close monitoring to the clients | ... We can manage risk in their area [the clients] but you have to really be onto it, just monitoring the situation constantly. (S-3) |
| | Opening files to each clients | We have to do a form for any client that comes in, we have to gather information together for a report about their risks and it covers, like physical, risk to themselves and on other people. (S-10) |
| | Risk registration | ... We have some systems that when clients enter services there is a risk register... (M-8) |
| | Educating the clients | The clients have one to one education with the staff...We have client meetings; we have whanau (families) meetings (M-5) |
| | Safety procedures to avoid unexpected behaviour of the client | Well for us we have one client who has seizures and during the course of the seizure we mustn't intervene. We have to make sure he is safe and move anything away but if we don't advise other staff members or be wise ourselves and we get to close we are likely to get a punch in the face or something else. (S-16) |
| | Support plan for each client | ... All clients have support plans which spells out clearly their identified needs and what staff need to be aware of and what staff need to do.... (M-13) |

| Types/Sources of risk | Initiatives/Strategies | Example |
|------------------------------|--|---|
| Staff-Related Risks | | |
| | Support from the unions | The protection normally comes from the Union (S-2) |
| | Effective appraisal system | I guess it is a CV and interview and looking at how they interact with the clients. (G1) |
| | Effective recruitment process | The recruitment and retention of good staff is crucial, starting from the CEO down, or can I even say the selection of astute Board Members is crucial. (G2) |
| | Maintaining a job security environment for staff | ...It is important for me that each of the members of my senior management team feels safe in the working environment (G-1) |
| | Minimising stress from work | Minimise stress by ensuring people have breaks and holidays and know who to contact if they are having issues, provide counselling services... (M-9) |
| | Providing healthy and safety workplace | ... To the staff it is health and safety within the workplace, and I need to ensure that a safe working place is provided... (M-7) |
| | Hazard ID | There are sort of process in place where there is a hazard ID up on the wall and there is a value statement and every week at the house meeting, the clients are told what to do in an emergency, how to evacuate in a fire, what to do if there is an earthquake... (S-1) |
| | Documenting any incident with the clients or other staff | I make sure that I document everything, I make sure that if I am talking to somebody and it is a fairly delicate thing I might have another person as my witness, incidents report and if I have to write up a big conversation, I will actually write it up on my computer and actually email it to the manager whilst it is fresh in my mind. (S-1) |

| Types/Sources of risk | Initiatives/Strategies | Example |
|---------------------------------|--|---|
| | Relying on personal experience | I think I am more than adequately ready to manage risk... experience has probably taught me what to look for and what not to look for and know how to deal with the situation(S-12) |
| | Contingency plan for handling with employees' strike and dealing with the unions | ... We have got contingency plans around So we have a back up plan and we know how many members are in this Union could go on strike and we have a contingency plan of using managers and non-Union staff to step into the breach if we have to. So before going into the risky situation, we have got a contingency plan backing us up (M-2) |
| Management-Related Risks | | |
| | effective reporting systems | We are developing reporting templates to enable managers to manage risk effectively. They will all have a consistent form for their minutes which will have any risk issues, quality initiatives that they want to bring up. (G1) |
| | Proper information and information flow to the Board of Trustees | giving them a level of comfort in the management team here and need to keep them informed so that they don't get involved in daily hands on management, because that can be a risk (G-1) |
| | Sure that staff follow policies regarding minimising risk | I make sure that policies related to minimizing risk are followed and implemented effectively by the managers (G2) |
| | Risk management format | We have got a risk analysis format... (G4) |
| | Open door policy | There is an open door policy, if it [risk] is not identified and we haven't already gone through (M-8) |

| Types/Sources of risk | Initiatives/Strategies | Example |
|----------------------------------|---|---|
| | Emerging Quality Council | If you have effective quality process in place you are avoiding most risks... There is a Quality Council, it is just being introduced and I sit on that and so I am aware of the key performance indicators and whether they have been met (G2) |
| | Robust policies and procedures | There is a robust set of policies which staff are required to adhere to. (G3) |
| | Proactive not reactive | ... Being proactive... (M-7) |
| | Benchmarking | We benchmark with other organisation to look at best practice and that is to assist with us minimizing risk, learning from others experiences... (M-5) |
| | External auditing of policies | We have external auditors come in and they look at our processes and they tell us if we are measuring up... We have something called a monitoring schedule, so there is a lot of audits being done during the year (M-4) |
| | Balanced Board of Trustees | Well the first is that if you don't have a balanced Board you have got a risk... So from my perspective I need to make sure that the Board is well balanced to achieve those things. (G2) |
| | Following policies and standards | There are a set of standards... And then [there is] a system of process by which the standards should be met. That I guess is how we manage most of the risks (M-4) |
| Environment-Related Risks | | |
| | Continuous checking environment's hazards | ...With your environmental one, you have to just doing checks and keeping an eye out for things and as soon as you notice something reporting it ... before someone is going to get hurt. (S-3) |

| Types/Sources of risk | Initiatives/Strategies | Example |
|------------------------------|-------------------------------------|---|
| | Managing external-environment risks | Well there is always a risk that someone will walk onto the road I guess, but you have to manage it by holding their hands. (S-6) |
| | Safety procedures | The environment, MASH is doing very well with its environment. We have a lot of systems put in place, like ... the fire drill (S-4) |
| | Communicating with community | Opening the next group of houses ... we engage with the community ... before MASH Trust gets there ... (G1) |

APPENDIX 12

Types and Sources of Risk as Described by the participants in order of rank according to frequency

| Rank | Types/Sources of Risk |
|------|--|
| 1 | Risk from clients toward themselves |
| 2 | Risk of losing contracts |
| 3 | Risk from maltreatment of clients |
| 4 | Risk of bad reputation and media |
| 5 | Risk of medications errors |
| 6 | Risk to clients due to internal and external environment |
| 7 | Risk from clients to staff and property |
| 8 | Risk to staff from stress and workload |
| 9 | Risk of infection |
| 10 | Risk due to the restructuring process |
| 11 | Risk due to poor communication with/between staff |
| 12 | Risk of changes in governmental legislation and funding policy |
| 13 | Risk due to public perception |
| 14 | Risk from lack of effective financial management system |
| 15 | Risk of failure in retaining competent staff |
| 16 | Risk due to lack of training to staff |
| 17 | Risk due to shortage in employees |
| 18 | Risk from staff to clients and other staff |
| 19 | Lack of job security |
| 20 | Risk due to have improper risk management policies |
| 21 | Risk due to lack of effective information system |
| 22 | Risk due to a few number of funders |
| 23 | Legal and statutory risks |
| 24 | Risk due to fail in follow safety and risk management procedures |
| 25 | Risk of unions and employees' strikes |
| 26 | Risk from lack of competent clinicians |
| 27 | Risk from clients to community and environment |
| 28 | Risk to staff due to gambit |
| 29 | Risk of failure in recruiting competent staff |

| Rank | Types/Sources of Risk |
|-------------|---|
| 30 | Risk of lack of deputy managers of departments in the MASH Trust |
| 31 | Risk from the organisation breaching accreditation or certification standards |
| 32 | Risk related to the Board of Trustees |
| 33 | Risk due to lack of trained/competent managers |
| 34 | Risk due to lack of reserves in the bank |
| 35 | Risk of working with people having disabilities |