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Evaluation of risk management standards at family, main and sub primary health care centers in Baghdad city

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Abstract

Objective (s): The purpose of the study was to compare the risk management practices of family, main, and sub primary healthcare centers in Baghdad by assessing and comparing their risk management standards.

Methodology: The current study used a descriptive comparative approach at (36) primary health care centers; (12) family healthcare centers, (12) main primary healthcare centers and (12) sub primary healthcare institutions in Baghdad City. Beginning on January 3rd, 2019 and running through August 31st, 2019 was the study. As mentioned earlier, 36 managers from primary healthcare institutions made up the purposive sample that was selected for the research. For the study, a questionnaire was created. The questionnaire has a total of (20) items. The Cronbach alpha correlation coefficient was used to calculate internal consistency "split-half" dependability. A panel of twelve primary health care and management specialists assessed the questionnaire's content validity. Data were gathered by using the interview approach and the questionnaire as collecting tools. Descriptive and inferential statistical data analysis techniques were applied to the data.

Results: According to the study, most family, primary, and sub primary health care center administrators have not implemented risk management guidelines to the fullest extent possible. However, compared to other managers, family primary health care center managers have applied these criteria somewhat differently.

Recommendations: The study recommended that application of risk management standards instructional program can be designed, structured and implemented to managers of primary health care centers with systematic evaluation system for risk management standards and encouraging administrators of primary healthcare institutions to be involved in such programs.

Keywords: Evaluation, risk management standards, primary health care centers, comparative study

Introduction

Risk management is the process of identifying, assessing, and ranking risks under the coordinated and cost-effective display of strategies to lessen, control, and regulate the possibility or impact of unfortunate events or to take advantage of opportunities^[1].

The process of risk management serves as the foundation for the tasks that must be completed. The five fundamental steps set aside to address risk are referred to as the "risk management process". Prioritizing, analyzing, implementing solutions, monitoring, and risk identification are the steps that follow risk identification^[2].

Subsequently the company's exact risks are realized and the risk management process has been executed, there are several different strategies businesses can take in respect to dissimilar types of risk that include risk avoidance, risk reduction, risk sharing and risk retaining^[3].

By employing a risk management plan and seeing the different latent risks or occasions earlier they happen, an organization can protect money and safeguard their future. This is because a vigorous risk management plan will aid a business to found procedures to evade potential fears, reduce their impact should they happen and deal with the results. This capacity to comprehend and regulator risk will let organizations to sense more self-assured about their business decisions. Furthermore, sturdy business supremacy ideologies that concentrate specially on risk management can aid a business grasp their aims^[4].

Further significant advantages of risk management comprise: Generating a safe and

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protected work place for all staff and customers; growing the constancy of industry processes though likewise reducing lawful accountability; so long as security from actions that are damaging to both the business and the situation; guarding all participated people and possessions from possible damage; serving to create the organization's assurance needs in order to protect on needless rewards [5].

The significance of merging risk management with patient protection has also been exposed. In most hospitals and organizations, the risk management and patient protection divisions are detached; they integrate dissimilar leadership, objectives and latitude. Nonetheless, certain hospitals are distinguishing that the capacity to afford harmless, high-quality patient care is essential to the safety of business resources and, as a result, should be combined with risk management [2].

The present study should look at how risk management standards are used in primary health care centers and compare them to how they are used in family, primary, and sub-primary care centers. This is because the preliminary data implies that study in the field of interest is still in its early stages.

Methodology

The current study was conducted at 36 primary health care centers in Baghdad City using a descriptive comparative methodology. The research ran from January 3rd to August 31st of this year.

Twelve family health care facilities, twelve major primary healthcare centers, and twelve subprimary healthcare centers in Baghdad are included in the purposive sample of 36 primary medical center managers. The primary health care

center managers consented to participate in the study by signing a permission form.

For the study's further progress, a questionnaire was prepared. The questionnaire has a total of twenty items. The risk detection technique (5 items), risk management process (4 items), feasible risk treatments (4 items), and cardinal norms for risk communication practices (7 items) were the standards used to assign these items. Likert scales with three levels—always = 3, occasionally = 2, and never = 1—are used to rate and score all items. By computing the Cronbach alpha correlation coefficient, which is equal to (r=0.86), internal consistency reliability using the "split-half technique" was determined. A panel of twelve specialists in primary healthcare administration and care evaluated the questionnaire's content validity.

The interview technique and the questionnaire were used for data collection methods. We employed both the inferential statistical data analysis method of Analysis of Variance (ANOVA) and the descriptive statistical analysis strategy of frequency, mean, mean of scores, total scores, and ranges to examine the data. P < 0.05 was used as the statistical significance level.

Low (1.5), Moderate (≥1.5), and High (2.5–3) were the evaluated mean scores. Here are the overall rating and ranges: There are three ratings for the risk identification method: poor (5-8.2), fair (8.21-11.5), and good (11.51-15); poor (4-6.5), fair (6.51-9.1), and good (9.11-12); poor (4-6.5), fair (6.51-9.1), and good (16.11-21); and the cardinal rules for risk communication practices, which are rated as poor (20-32.7), fair (32.71-45.5), and good (45.51-60).

Results

Table 1: Assessment of Family Primary Healthcare Centers' Use of Risk Management Standard

List	Standards for Risk Management	Poor	Fair	High
A	Approach to Risk Identification	8(66.7%) (5-8.2)	0(0%) (8.21-11.5)	4(33.3%) (11.51-15)
B	Risk Management Process	8(66.7%) (4-6.5)	1(8.3%) (6.51-9.1)	3(25%) (9.11-12)
C	Possible Treatments for Risk	7(58.33%) (4-6.5)	2(16.67%) (6.51-9.1)	3(25%) (9.11-12)
D	Essential Guidelines for Risk Communication Practices	7(58.33%) (7-11.5)	3(25%) (11.51-16.1)	2(16.67%) (16.11-21)
	Overall Evaluation	7(58.33%) (20-32.7)	2(16.67%) (32.71-45.5)	3(25%) (45.51-60)

%: Percent

The results of this table revealed that the majority of managers at family primary health care facilities had faced

insufficient application of risk management standards.

Table 2: Family Primary Health Care Centers' Mean Scores on Risk Management Standard Items

List	Items for Risk Management	n=15				
		Always	Sometime	Never	M	S
		F	F	F	E	E
A	Technique for Determining Risk					
1	Risk identification based on objectives.	3	1	8	1.58	Moderate
2	Risk identification based on scenarios.	3	1	8	1.58	Moderate
3	Risk detection based on taxonomy.	3	1	8	1.58	Moderate
4	Standard risk assessment.	1	1	10	1.25	Low
5	Charting risks and reporting	3	1	8	1.58	Moderate
B	Process of Risk Management					
1	Computing the frequency of occurrence (composite risk index).	2	3	7	1.58	Moderate
2	Develops a plan for risk management.	2	1	9	1.42	Low
3	Plan Implementation: The whole planned strategy for reducing the impact of the risks is implemented.	2	1	9	1.42	Moderate
4	Review and Assessment of the Plan: The management plan and the findings of the risk analysis are updated on a regular basis.	3	2	7	1.66	Moderate
C	Prospective Interventions for Risk					
1	Avoidance (gets rid of, leaves out, or doesn't participate).	1	1	10	1.25	Low
2	Minimization (maximize-mitigate).	2	0	10	1.33	Low

3	Transferring, outsourcing, or insuring.	2	3	7	1.58	Moderate
4	Retention (acquired and allocated).	3	1	8	1.58	Moderate
D Essential Guidelines for Risk Communication Practices						
1	Acknowledges and includes members of the public and other customers as valid partners (i.e., stakeholders).	3	1	8	1.58	Moderate
2	Plans thoroughly and assesses the work, paying particular attention to the swot analysis—strengths, weaknesses, opportunities, and threats.	3	1	8	1.58	Moderate
3	Attend to the particular issues raised by the stakeholders.	0	3	9	1.25	Low
4	Being open, truthful, and sincere.	0	3	9	1.25	Low
5	Works in tandem and coordination with other reliable sources.	1	8	3	1.83	Moderate
6	Satisfies media requirements.	1	8	3	1.83	Moderate
7	Communicates eloquently and compassionately.	0	3	9	1.25	Low

Mean score (MS) is equal to <1.5 for low, ≥1.5 for moderate, and 2.5–3.0 for high: The table's results showed that, in family primary health care facilities, the mean score on the items related to risk management requirements was moderate, with the exception of items A4, B2, C1, C2, D3,

D4, and D7, which had low scores. The table's findings revealed that the majority of administrators at large primary health care institutions had limited experience with risk management standards.

Table 3: Assessment of the Risk Management Standards' Applicability at Main Primary Healthcare Centers

List	Standards for Risk Management	Poor	Fair	Good
A	Approach to Risk Identification	7(58.33%) (5-8.2)	3(25%) (8.21-11.5)	2(16.67%) (11.51-15)
B	Risk Management Process	7(58.33%) (4-6.5)	3(25%) (6.51-9.1)	2(16.67%) (9.11-12)
C	Possible Treatments for Risk	9(75%) (4-6.5)	1(8.33%) (6.51-9.1)	2(16.67%) (9.11-12)
D	Essential Guidelines for Risk Communication Practices	7(58.33%) (7-11.5)	3(25%) (11.51-16.1)	2(16.67%) (16.11-21)
	Overall Evaluation	8(66.67%) (20-32.7)	3(25%) (32.71-45.5)	1(8.33%) (45.51-60)

%: Percent

Table 4: Mean Scores on Risk Management Items in Ordinary Primary Healthcare Centers.

List	Items for Risk Management	n=40					
		Risk Management Items			M	SE	Evaluation
		Always F	Sometime F	Never F			
A Technique for Determining Risk:							
1	Risk identification based on objectives.	1	1	10	1.25	Low	
2	Risk identification based on scenarios.	1	1	10	1.25	Low	
3	Risk detection based on taxonomy.	1	1	10	1.25	Low	
4	Standard risk assessment.	1	8	3	1.83	Moderate	
5	Charting risks and reporting	2	9	1	2.08	Moderate	
B Process of Risk Management:							
1	Calculating the composite risk index, or the frequency of occurrence.	3	7	2	2.08	Moderate	
2	Develops a plan for risk management.	2	1	9	1.42	Low	
3	Plan Implementation: The whole planned strategy for reducing the impact of the risks is implemented.	2	1	9	1.42	Low	
4	Evaluation and Review of the Plan: Regular updates are made to the management plan based on the results of the risk analysis.	1	1	10	1.25	Low	
C Prospective Interventions for Risk:							
1	Avoidance (gets rid of, leaves out, or doesn't participate).	2	1	9	1.42	Low	
2	Minimization (maximize-mitigate).	0	1	11	1.08	Low	
3	Transferring, outsourcing, or insuring.	1	1	10	1.25	Low	
4	Retention (acquired and allocated).	2	2	8	1.5	Moderate	
D Essential Guidelines for Risk Communication Practices:							
1	Recognizes and incorporates consumers and members of the public as legitimate partners (i.e., Stakeholders).	1	2	9	1.33	Low	
2	Carefully considers the work and evaluates it, giving special consideration to the SWOT analysis (strengths, weaknesses, opportunities, and threats).	1	1	10	1.25	Low	
3	Attend to the particular issues raised by the stakeholders.	3	7	2	2.08	Moderate	
4	being open, truthful, and sincere.	1	3	8	1.42	Low	
5	Works in tandem and coordination with other reliable sources.	5	3	3	2	Moderate	
6	satisfies media requirements.	1	1	10	1.25	Low	
7	communicates eloquently and compassionately.	3	6	3	2	Moderate	

Mean of scores (MS) is equal to Low (1.5), Moderate (≥ 1.5), and High (2.5–3)

The results of this table showed that the mean score on risk

management items at main primary health care facilities was low, with the exception of items A4, A5, B1, C4, D3, D5, and D7, which were moderate.

Table 5: Assessment of the Implementation of Risk Management Guidelines at Sub-primary Healthcare Centers

List	Standards for Risk Management	Poor	Fair	Good
A	Approach to Risk Identification	7(58.33%) (5-8.2)	2(16.67%) (8.21-11.5)	3(25%) (11.51-15)
B	Risk Management Process	7(58.33%) (4-6.5)	2(16.67%) (6.51-9.1)	3(25%) (9.11-12)
C	Possible Treatments for Risk	9(75%) (4-6.5)	2(16.67%) (6.51-9.1)	1(8.33%) (9.11-12)
D	Essential Guidelines for Risk Communication Practices	7(58.33%) (7-11.5)	2(16.67%) (11.51-16.1)	3(25%) (16.11-21)
Overall Evaluation		8(66.67%) (20-32.7)	3(25%) (32.71-45.5)	1(8.33%) (45.51-60)

%: Percent

The table's results showed that most administrators of sub-primary health care institutions had little expertise using risk

management standards.

Table 6: Mean Scores on Risk Management Standards at Sub-Primary Healthcare Centers.

List	Items for Risk Management	n=40			M	S	Evaluation
		Always F	Sometime F	Never F			
A Technique for Determining Risk:							
1	Risk identification based on objectives.	1	2	9	1.42		Low
2	Risk identification based on scenarios.	1	2	9	1.42		Low
3	Risk detection based on taxonomy.	1	1	10	1.25		Low
4	Standard risk assessment.	1	7	4	1.75		Moderate
5	Charting risks and reporting	1	9	2	1.83		Moderate
B Process of Risk Management:							
1	Computing the frequency of occurrence (composite risk index).	1	8	3	1.83		Moderate
2	Develops a plan for risk management.	2	1	9	1.42		Low
3	Plan Implementation: The whole planned strategy for reducing the impact of the risks is implemented.	2	1	9	1.42		Low
4	Evaluation and Review of the Plan: Regular updates are made to the management plan based on the results of the risk analysis.	1	1	10	1.25		Low
C Prospective Interventions for Risk:							
1	Avoidance (gets rid of, leaves out, or doesn't participate).	1	2	9	1.33		Low
2	Minimization (maximize-mitigate).	0	1	11	1.08		Low
3	Transferring, outsourcing, or insuring.	1	1	10	1.25		Low
4	Retention (acquired and allocated).	1	2	9	1.33		Moderate
D Essential Guidelines for Risk Communication Practices:							
1	Recognizes and incorporates consumers and members of the public as legitimate partners (i.e., Stakeholders).	1	2	9	1.33		Low
2	Carefully considers the work and evaluates it, giving special consideration to the SWOT analysis (strengths, weaknesses, opportunities, and threats).	0	1	11	1.08		Low
3	Attend to the particular issues raised by the stakeholders.	0	10	2	1.83		Moderate
4	Being open, truthful, and sincere.	0	3	9	1.25		Low
5	Works in tandem and coordination with other reliable sources.	1	3	8	1.42		Moderate
6	Satisfies media requirements.	1	1	10	1.25		Low
7	Communicates eloquently and compassionately.	2	6	4	1.83		Moderate

Mean of scores (MS) is equal to Low (1.5), Moderate (≥ 1.5), High (2.5–3)

The table's results showed that, with the exception of items

A4, A5, B1, C4, D3, D5, and D7, which had moderate mean scores, the main primary health care facilities' risk management item mean scores were low.

Table 7: Comparison of Risk Management Standards at Family, Main, and Sub-Primary Health Care Centers.

Source of Variance	Sum of Square	df	Mean of Square	F	Sig.
Between Groups	23.167	2	11.583 85.328	0.136	0.874
Within Groups	2815.833	33			
Total	2839.000	35			

F stands for F-statistics, Sig for significance level at P < 0.05, and df for degree of freedom.

The table's results showed that, in terms of applying risk management standards, there were no appreciable differences across family, main, and sub-primary health care centers.

Discussion

The data analysis phase of the study revealed that a majority of managers at primary, secondary, and family health care institutions had applied risk management standards inadequately. These results provide observable, credible evidence that these managers could have been inadequate in

applying risk management standards. In order to ensure that managers are able to clearly convey the risk management standards, they might be regularly evaluated and reviewed. The low mean scores on common risk management items such as risk checking, creating risk management strategy, avoidance (eliminating, withdrawing from, or not becoming engaged), reduction (optimizes-mitigates), listening to stakeholders' specific concerns, and speaking clearly and compassionately indicate that risk management standards are not being applied effectively at family primary health care institutions.

There is a deficiency in the application of risk management standards in primary health care institutions, as evidenced by the low mean scores for categories like objective-based risk identification, scenario-based risk identification, taxonomy-based risk identification, risk management plan design, and plan execution. During execution, the whole intended strategy for reducing the impact of risks, assessing, and analyzing the plan is adhered to: The results of the risk evaluation and management strategy are often revised. The plan also satisfies the needs of the media and is open and truthful. It also carefully prepares and assesses projects, focusing on opportunities, threats, weaknesses, and strengths (SWOT). In conclusion, it recognizes and includes the general population and the other customers as valid partners, or stakeholders.

The low mean scores of major primary healthcare centers on the same risk management standard variables suggest that risk management standards are not being applied at sub-primary health care institutions. The findings of this study indicate that there is a common flaw in the way these primary health care clinic managers use risk management standards.

Drawing on the previously mentioned findings, the current study proposes that things related to risk management standards may be included in a structured training program that managers can participate in to get rewards for meeting these standards. Managers' mandatory involvement may be started and enforced with encouragement and assistance.

According to the research, the appraisal process is an important part of making risk management decisions. Still, It was the weakest link in the entire risk management process in the majority of developing nations. The effectiveness of risk management depended on how well it performed at each level, which included assessment and classification ^[6].

The benefit of properly implementing risk management was controlling important institutional and personal prejudices that prevent managers and staff from considering their risk introduction in great detail and logically ^[7].

It has been shown that risk management entails more than just lowering risks and lessening their adverse effects. It was a far more nuanced perspective that embraced both taking and avoiding risks. Every task included some risk of some type ^[8].

Further support was obtainable out of a survey, in which, findings represent that risk managing controls the association among risk level and plan attainment. Indeed, the study produced that even rational facts of risk managing formation were suitable to diminishing the opposing results risk stages had on development accomplishment ^[9].

An analysis of these comparative differences revealed that, regrettably, risk management standards had been applied incompetently by managers at all sites. This research

showed that, in comparison to managers of family primary healthcare centers, managers of main and sub-primary healthcare centers did not experience the same advantages from the application of risk management standards. The current study did note, however, that since risk management is a vital and important component of management style, all managers may be seen as purposeful targets for improvement in this area.

According to the findings, risk management is most likely more important in the healthcare business than in any other. The majority of organizations use risk management strategies to reduce or prevent financial losses. Healthcare may be structured similarly, but this is detrimental to patients' interests. In the healthcare business, risk management may mean the difference between life and death, making risk variations substantially more complicated ^[10] throughout actuality, dangers to patients, employees, and institutions were incredibly well-planned and pervasive throughout the healthcare industry. In order to reduce revelation, it was crucial for a firm to have competent healthcare risk managers who could measure, advance, implement, and oversee risk management policies. A healthcare facility has several imperatives, including financial, human, and, most obviously, medical ^[11].

Choosing whether to accept an identified risk or to take an action to decrease its magnitude or likelihood of occurring was a decision made throughout the risk management process ^[12].

In summary, the survey found that the administrators of all primary health care clinics had applied risk management standards insufficiently. There was a modest variation seen in the adoption of risk management standards between the administrators of family primary healthcare institutions and those of main and sub primary health care facilities.

Recommendations

The research made the following recommendations:

1. Managers of primary health care facilities might benefit from an educational program that is planned, created, and applied to risk management standards.
2. Methodical risk management standards evaluation system.
3. Encouraging primary healthcare center management to participate in these kinds of initiatives.

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