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Influence of Risk Management Practices on Service Quality in Health Care Delivery

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Abstract
The paper examined impact of risk management practices on service quality in healthcare provision in the Accra metropolis and compared analysis between private and public hospitals. Seven items relating to risk management practices for hospital staff were presented with responses based on a five point Likert Scale; ranging from strongly agree , agree, uncertain, disagree and strongly disagree. Questions tapping respondents' feedback on expectations and experience of service provided were asked to patients in health facilities. Results of the study revealed that, private hospitals implemented more risk management practices and this positively impacted on their service quality from both the staff and patients' perspectives. Public hospitals did not effectively practice risk management which showed up negatively on service quality performance from patients' perspectives. The study shows that, management support and commitment is very important to all risk management strategies and managers in public health should commit more organizational resources toward the effective implementation of quality improvement initiatives.

1.0 Background
There has been considerable worldwide concern about hospital performance in patient safety and quality. Risk management in health care is seen to be the most challenging task during provision of health services as health care risk have serious impact on the well being of patients, clients ,visitors and staff of health care and may interfere with the seamless delivery of health service. The rationale behind this study is to examine the implementation of risk management practices and its impact on service quality experienced by patients in public and private hospitals in the Accra Metropolis.

Risk management is an essential undertaking in any public or private organization. It maximizes the chances of reaching the pre-planned objectives and enables optimal use of resources. Risk management enables management and members of teams to prepare for unforeseen events, hence minimize accidents or impacts of hazards and allows a smooth running of processes. In identifying risk in health care, Evidence suggests that working long hours or unconventional shifts (night, evening and rotating shifts) can induce fatigue and stress in healthcare employees that might jeopardize quality of care and patient safety (Dembe, Delbos, and Erickson 2009). Another study warned that; rehabilitation nurses must be aware of the incidence and consequences of falls. It is imperative that nurses become involved in coordinating fall prevention and fall reduction programs, monitoring risks for falls, and implementing corrective measures. (Commodore, 1995)

1.1 Statement of the Problem
The experience of service in the healthcare industry is greatly impacted by the risk management strategies that a health facility practice so as to provide quality service to the patients or clients that visit them. In an ideal situation in which risk management strategies are implemented, service would have to be evidenced by proper capture and recovery of patient's data, timely solutions and feedback, exhibition of staff self-confidence and technical knowledge, friendly attention and facility management. This means a health centre would have to put in place some risk management practices in addition to quality management tools to be able to provide excellent service. However problems like unexpected deaths, failure to diagnose or treat disease, surgical mistakes or accidents sometimes occur in most hospitals in the Accra metropolis. Additionally problem such as long waiting times, inadequate health personnel, inconsistent administrative procedure, uncomfortable sitting arrangements and unhygienic surrounding conditions are encountered by clients at OPD's. All of these interfere with provider's delivery of medical care negatively.

This unfortunate situation brings to fore the question about the existence of risk management practices in both private and public hospitals. Could it be that in the private hospitals which are profit oriented only concern themselves with provision of the health service without putting in any additional financial and material resource into non-clinical activities with the view to providing quality service? Do they experience challenges that impact their practices so as not to bring forth the right results? Could it be also that they are assuming to be

implementing risk management strategies when in fact their strategies are not in tune with current demands and trends in healthcare?
The above comments also provide the door to look at implementation of risk management practices in the public hospitals. Public hospitals are funded by government and by inferring from government responsibility of providing quality health service to its people, it would be fair to conclude that the quality of health service is supposed to be flawless but in fact that is far from the reality (GHS 2007).Is it that the budget for the public hospitals are not adequate enough to implement risk management strategies? Does management of these public hospitals know of these strategies and its immense benefits? Does management of these hospitals have some of these strategies in place and even that what is their level of commitment to its implementation? Furthermore do their patients/ clients demand of them or challenge them to provide quality service?

These are very pertinent questions that needs researching amidst risk management practices because in recent times media reports have mentioned problems like unexpected deaths, surgical mistakes or accidents in some hospitals in the Accra metropolis.

1.3 Objectives of the Study

The Objectives of the study are to

(i) Assess risk management practices in Private and Public hospitals in the Accra metropolis.
(ii) Compare and contrast risk management practices between public and private health care facilities.
(iii) Determine the impact of risk management practices on service delivery.
(iv) Measure staff's perceptions of the quality of service provided.

2.0 Literature review

2.1 Definition of Risk Management

Risk management can be defined as a systematic identification, analysis and control of events to achieve the aims and objectives of an organization or project and in so doing maximize its value. The BSI guide 73 defined risk management as a set of activities needed to control and give directions to an organization with regard to risk. This includes risk assessment, risk treatment, risk acceptance and risk communication. According to Smith (1999), if an organization does not anticipate what may threaten its success, its strategic direction may be compromised affecting actions that maximize the probability of success.

2.2 Risk Management in Healthcare

Risk management in healthcare sector is a mandatory activity in reducing the cost of medical negligence and improving healthcare services. Schemes such as the Clinical Negligence Contribution clearly stresses on the need to minimize clinical risks and improve the provision of services. The main objectives of risk management in healthcare is to protect the client who is a patient, workers and the public and benefit the society by reducing real risks i.e. both those which arise more often and those with serious consequences. Risk management enables individuals to understand that as well as the right to protection, they also have to exercise responsibility (Alexander, 1992; Boon, 1998). Healthcare providers, have a clinical and business duty of care to their customers who include staff, patients, visitors and other stakeholders.

2.3 Types of Risks in Healthcare

Some of the healthcare facility's risks include customer care risks, customer satisfaction risks, business transfer risks, legal risks, facility transmitted risks and corporate risks (Gombera and Okorah, 2000). The UK Health Education Authority 2007 conducted a study under management of health and safety at work Regulations of 1992, a survey that identified a number of risks encountered at work classified as hazards and proposed a systematic approach to risk management in health service provision. These include cuts, ejection of materials, manual handling, slips/falls, hazardous substances, hazard due to design of workspace, hazard to vulnerable personnel, violence to staff and fire hazard. One of the important things noted however, was to make sure that regular monitoring processes are in place to review and update the process when situation requires taking aboard new risks, new response measures and alternatives measures for original plans.

2.4 Quality of Service and Patient Satisfaction

The quality of service is the key contributor to the success of service Organizations. Researchers usually divide service quality into technical and functional quality. Technical quality refers to the quality of the service product whereas functional quality refers to how the service product is delivered (Sohail 2003 and Wong 2002). Kang and James (2004) postulate that patients perceive the quality of service as having three dimensions: functional,

technical and image.

2.5 Risk Management

There are seven critical success pillars for implementation in the service industry which are based on the most common attributes extracted from 76 studies: These are

- Management support and commitment
- Employee involvement;
- Empowerment
- Information and communication;
- Training, and communication;
- Customer service and continuous improvement

Establishing a motivated, customer-oriented management philosophy and practice ensures that internal service quality levels will become more favorable. Employees with Organizational knowledge and skills are important in delivering service quality; high levels of employee morale and satisfaction depend on employee empowerment and involvement (Samat, Ramayah and Saad, 2006).

2.6 Management Support and Commitment

According to Coulson-Thomas, (1996), one of the main barriers hampering the development of quality seems is the lack of top management commitment and from there deficiencies arise in leadership and quality vision. Top-level executives of outstanding service organizations understand that in the new economics of service, front-line workers and customers need to be the centre of management concern (Heskett *et al.,* 1994).

2.7 Employee Involvement

Development of confidence in employees by management makes way for a collaborative contribution of information and knowledge to process improvement. Wilkinson et al., 1992 find that process improvement was of pivotal importance to the success of the firms which placed confidence in employee involvement. It was further observed that, patients, their families and health workers can all benefit and grow from good teamwork or all suffer and be diminished by poor teamwork. Effective interdisciplinary teamwork has the ability to bring different professional points of view and bodies of knowledge to bear on the patient's problems.

2.8 Employee Empowerment

Empowerment is when the employees are given the opportunity and motivation to
develop and make the best use of their talents (Chebat and Kollias, 2000). If management empowers employees, then the employees gain control over the delivery of the service and can provide quick, appropriate remedies to dissatisfied customers. Research conducted in the healthcare context shows that empowerment plays a significant role in increasing employee job satisfaction and Organizational commitment (Laschinger et al., 2001).

2.9 Information and Communication

Communication must be clear, accurate and be honest and open (Schein, 1988, Kazemek, 1991, Antaraman, 1984). Ancona and Caldwell (1992) note that there is a direct relationship between the quality of communication and group performance. Specer et al. (1992) establish that effectiveness is related to the extent to which groups learn, particularly from failure to win in intergroup rivalry. Service quality can be improved only through a systematic, step-by-step voyage that enhances the employee's ability and willingness to provide service by creating an organization that supports service in all areas (Berry *et al.,* 1988).

2.10 Training

Hughey and Mussnug 1997 assert that it is important to remember that training should only involve tangible, hands-on skills and observable behaviors. The purpose of training is to enhance behaviors, not attitudes. Keep training objectives focused on skills and competences – attitudinal changes will occur spontaneously with time. Poorly trained employees fail to provide a high level of service quality and deal poorly with customer complaints (Bettercourt and Gwinner, 1996; Yavas et al., 2003).

2.11 Customer Focus

Customer service orientation is a culture in the organization stemming from policies and procedures that support behaviors of employees geared toward delivering service excellence (Lytle et al., 1998). An organizational culture with a strong customer service orientation lets the employees know that the priorities of the organization

are aligned to the priorities of the Frontline Hospital Employees. Theoretically, Jaworski and Kohli (1993) have argued that employees who work in a market-oriented organization will develop a sense of pride as the organization works towards the goal of satisfying customers and will feel that they are contributing to something worthwhile, will have a sense of belongingness and, therefore, commitment to the organization. Customer needs and expectations should serve to drive development of new service offerings (Jablonski 1992.)

2.12 Continuous Improvement

Continuous improvement of health care requires profound knowledge, including knowledge of the organization as a system, knowledge of variation, knowledge of psychology, and the theory of knowledge (Batalden and Stoltz, 1993). Examining the relationships among organizational culture, quality improvement processes showed that: a participative, flexible, risk-taking organizational culture was significantly related to quality improvement implementation. Quality improvement implementation, in turn, was positively associated with greater perceived patient outcomes and human resource development.

2.13 Challenges Associated with Implementing Risk Management Practices

One of major reasons for teamwork barriers in healthcare practices is poor communications among diverse healthcare professionals. The poor communication arises by differences inherent in a professional's occupational culture background. As professional cultures differ among specialties, a significant number of miscommunication can arise, particularly in emergency situations where events become unpredictable and a high level of coordination between healthcare professionals become mandatory (Celik et al., 2008; Haller et al., 2008). Healthcare professionals have to understand different occupational culture background of colleagues in order to avoid genuine misinterpretation of event and communication.

2.14 Comparison of Risk Management Practices in Public and Private Hospital

Pillay, (2008) observe that hospital managers in both public and private sectors feel that people management and self management skills are the most valuable for the efficient and effective management of hospitals, followed by "hard management skills" and skills related to the ability to think strategically. Specific skills or knowledge related to health care delivery were perceived to be least important. Public sector managers were also more likely to seek future training, and were also more adamant about the need for future management development program.

3.0 Methodology

The research examined the relationship between private and public health care delivery and the use of risk management practices to provide quality service to patients.

3.1 Population

The target population was private and public hospitals in Accra. The focus was on patients and hospital staff involved in the service delivery process in their outpatient departments

3.2 Sample

Four public hospitals and four private hospitals were used. Within each hospital twenty five (25) patients and 10 staff members were interviewed giving a total of 100 patients and 40 staff members (public) and 100 patients and 40 staff members (private). Thus the sample size was 280.

3.3 Sampling

Purposive sampling was used to select hospitals in Accra based on their classification as private and public hospitals. Random and convenience sampling was used to select personnel from outpatient departments and patients and not the entire hospital. Convenience sampling was applied as the selected respondents were those that were available. Stratified sampling was then used to ensure that the various levels of the hospital staff were represented on the sample.

3.4 Description of Instruments

The independent variables are the questions that ask about risk management practices. Twenty five (25) items relating to risk management practices, for hospital staff were presented in a Likert scale format with responses ranging from 1 (strongly agree) to 5(strongly disagree). The dependent variables are the questions that would measure the patient's expectations and experience of service. The items on the dependent variable were twelve (12). Respondents indicated the extent to which they disagreed or agreed or indifferent with each statement by circling one of the 5 numbers next to each statement. 1 = Strongly Agree, 2 = Agree, 3 = Indifferent, 4 = Disagree, 5 strongly disagree. Strongly Agree and Agree would later be collapsed into one and disagree and

strongly disagree would also be collapsed into one.
Seven measures were used to assess the existence of risk management practices. These seven measures are;

1. Support and commitment from management

2. Participation by Employees

3. Empowerment

4. Communication

5. Training

6. Customer Satisfaction

7. Continuous quality improvement

The instruments used to measure management support and commitment asked whether the organization puts emphasis on long-term plan to improve quality or sets clear quality goals identified by top-level managers; if quality service were discussed at their meetings; if staff viewed quality as being more important than cost; and if the hospital evaluated staff based on quality performance. Instruments tapping employee Involvement explored whether employees' suggestions were taken into consideration and if they often worked in teams, with members from different departments, divisions or units. Instruments measuring Employee empowerment tried to establish if employees were encouraged to take their own initiatives when dealing with customers' complaints and if they were given the resources necessary to deal with customer complaints.

Measures used for adequate training asked if quality-related training was given to staff and if interactive skills is part of quality training curriculum and measures for customer focus asked whether customer complaints were forwarded to management or whether customers' feedback was used to determine their expectations, and if customers' requirement was used as the basis for measuring quality and if employees were made aware of customer satisfaction benchmarks. Measures for continuous improvement asked if the hospital emphasized continuous improvement in quality service and reviewed quality issues regularly. The dependent variable sought to measure the patient's experience in the service delivery process and it had twelve instruments which asked about; how the facilities were visually appealing; the neatness of staff; how informative patient's files were; timely services; performed the study right the first time; prompt service; staff willingness to help; staff being knowledgeable; courteous staff; staff instilled confidence ; adequate attention and finally convenient opening hours.

3.5 Validity Tests

The instruments were examined by expects for face validity, readability and clarity before it was used. This process resulted in few changes in the instrument.

3.6 Administration

The questionnaires were distributed to the patients and hospital staff at the outpatient departments of the various hospitals by myself and were collected immediately after they are completed directly from the respondents.

3.7 Analysis

A correlation analysis on the risk management practices and service quality was performed in which the service quality was the dependent variable and the risk management practices as the independent variables. A test of independence between the service quality and the risk management dimensions was used to determine the extent of the influence of these variables

4.0 Results and discussion

This presentation of results has focused only on three of the seven measures that were used to assess the existence of risk management practices. These are: Support and commitment from management, participation by employees and employee's empowerment.

4.1 Demographic Characteristics of Sample Employees

A total of 80 questionnaires were administered and 80 responses were received representing a response rate of 100%. Moreover, 40 responses were from sample employees of public hospitals and the remaining 40 respondents were obtained from private hospitals. Out of the 80 sampled respondents, 32 representing (40%) were males and 48 representing (60%) were females. It implies that there was a good representation of both genders in the sample. Also, this outcome (that is, majority being female respondents) may be associated to the general observation that majority of employees at hospitals are females. In terms of age, 62.5% (50) were less than 40 years in age, 22.5% (18) were between 41 and 50 years in age 15% (12) were aged between 51 and 60. Respondents occupied positions as executive management (7.5%), Upper Middle Management (17.5%), Middle Manager (25%), and General Worker (50%).

4.2 Analysis of Employees' Perception about Risk Management Practices

Support and Commitment from Management

Table 1 shows the results of the analysis of risk management practices in Private and Public Hospitals in the Accra metropolis. Twenty-eight (28) out of the total sample from the public Hospitals disagreed with the statement "Our organization puts emphasis on long-term plan to improve quality" whiles 10 were indifferent. Twelve (12) respondents agreed with the above statement. This results means that employees of sample public hospitals are generally of the view that their employers generally do not pay attention to long-term plan of the hospital in other to improve the quality. On the same statement "Our organization puts emphasis on long-term plan to improve quality" twenty-nine (29) respondents from private hospitals agreed whiles 11 disagreed with the statement. Comparing responses from respondents from public and private hospitals in the other four statements on support and commitment from management reveals that, majority respondents from the public hospitals disagreed with the statements showing that staffs were not really sure of management support and commitment to the improvement of quality services. However, respondents from private hospitals generally agreed with all the statements relating to management support and commitment, implying reduced impact of risk management on the quality of services delivered by private hospitals.

Table 1 Analysis of risk management practices in private and public hospitals

Statement	Agreed		Indifferent		Disagreed		Total
	Public	Private	Public	Private	Public	Private	
Our organization puts emphasis on long-term plan to improve quality	12	29	10	-	28	11	80
Our organization sets clear quality goals identified by top-level managers	9	37	12	3	19	-	80
Quality services are discussed at organization meetings	15	35	5	5	20	-	80
Staff view quality as being more important than cost	7	38	5	-	28	2	80
Our Organization evaluate staff based on quality performance	3	40	7	-	30	-	80

4.3 Employee Involvement and Empowerment

On employee participation in decision making and empowerment, Table 2 shows that, out of the 40 employees in public hospitals, 35 disagreed that their suggestions are taken into consideration, 5 agreed that their suggestions are taken into consideration by top level management. Further review of responses provided for the remaining statements accessing employee's involvement and empowerment by public hospitals show majority generally disagreed with the statements. Table 2, thus confirms that top management in the public hospitals generally does not consider employee involvement and their empowerment as important, which probably a contributory factor is impacting negatively on the quality of services provided by employees of public hospitals.

On the contrary, respondents in private hospitals (Table 2) show that their leaders do take into consideration

some suggestions on quality health service delivery. Out of the 40 respondents 30 agreed, 4 were indifferent and 6 disagreed with the statement. Those who indicated they were indifferent stated that because their hospitals are sole proprietorships, the decision to take suggestions of employees' remained the prerogatives of the owners. Most were of the view that their comments or suggestions were taken in decision making.

4.4 Communication

Communication is also one of the indexes used to examine the impact of risk management on service quality in Health care delivery. Table 3 shows that with the exception of the statement "We collect data and information to support performance improvement efforts" respondents agreed with the remaining statements accessing communication effectiveness in public hospitals. A number of respondents were

Table 2 Responses from Public Hospital

Statement	Agreed		Indifferent		Disagreed		Total
	Public	Private	Public	Private	Public	Private	
Employees' suggestions are taken into consideration	5	30	-	4	35	6	80
We often work in teams, with members from different departments	15	38	1	-	24	2	80
Employees are encouraged to take their own initiatives when dealing with customers' complaints	10	28	-	6	30	6	80
Employees are given the resources necessary to deal with customer complaints	-	39	-	-	40	1	80

indifferent with the statements' presented which probably is just as bad as failing to agree.
Employees in private hospitals generally agreed with the statements presented in table 3. They believed there is good communication between the various departments in the private hospital. As can be seen from table 3, all agreed with the question that there exist good communication relationship between the various departments in the hospital.

Table 3. Perceptions about communication effectiveness

Statement	Agreed		Indifferent		Disagreed		Total
	Public	Private	Public	Private	Public	Private	
Employees' suggestions are taken into consideration	9	36	13	4	18	-	80
We often work in teams, with members from different departments	35	40	5	-	-	-	80
Employees are encouraged to take their own initiatives when dealing with customers' complaints	26	35	10	5	4		80

4.5 Training

From Table 4, responses to the statement "Quality-related training is given to staff" show varied results from both the public and private hospitals. Out of the 40 respondents in public hospitals, 4 agreed, 32 disagreed and 2 were indifferent with the statement. In another statement, "Training in interactive skills is part of quality training curriculum" 10 respondents agreed, 14 disagreed while 14 remained indifferent. Reasons given included, working for only 3 years and resource constraints. This implied less opportunity for staff in public hospitals to build on their capacity to deliver quality health services.
On the other hand, respondents from the private hospitals agreed that, they are frequently given training in other for them to constantly improve on the quality of service (Table 4). Respondents commonly agreed with all statements evaluating adequacy of training in sample private hospitals. Above findings points out major constraints facing public hospitals that budgetary have limited provision of adequate training. Reasons could

include delays in paying budgetary allocations to public hospitals.

Table 4. Quality related training offered to staff

Statement	Agreed		Indifferent		Disagreed		Total
	Public	Private	Public	Private	Public	Private	
Quality-related training is given to staff.	4	40	4	-	32	-	80
Training in interactive skills is part of quality training curriculum	10	25	16	10	14	5	80
Our organization provides training in problem identification and solving skills	-	29	10	-	30	11	80
Training in quality improvement skills is organized for staff	-	39	2	1	38	-	80

4.6 Experiences with respect to Quality Services delivery

On experiences with respect to quality service delivery (Table 5), respondents agreed with the statement: "Staff is always willing to help, to provide their best to patients". Respondents in both public and private hospitals agreed with the statement "Staff supports patients emotionally for speedy recovery". Encouraging patients and supporting them emotionally gives hope to patients to recover quickly from their illness.

Further more patients from public and private hospitals (Table 5), agreed with the statement that "The hospital use opening and closing hours convenient to patients". On the statement "The facilities in the hospital are visually appealing" 10 agreed, 4 were indifferent and 35 disagreed for public hospitals, showing that the facilities in public hospitals are not well organized in terms of allocation to the various

Table 5: Patients' experiences with respect to Quality Services delivery

Statement	Responses From Public Hospital			Responses From Private Hospital			Total
	Agreed	Indifferent	Disagreed	Agreed	Indifferent	Disagreed	
Staff encourage and provide emotional support to motivate patients on speedy recovery	49	-	-	30	-	-	79
Hospital has opening and closing hours convenient to patients.	49	-	-	30	-	-	79
The facilities in the hospital are visually appealing	10	4	35	25	5	-	79
Staff appears neat and decent in their appearance and surroundings	49	-	-	30	-	-	79
Staffs are always willing to help and provide their best to patients.	16	4	29	30	-	-	79
The hospital provides their Services on Time.	20	10	19	24	2	4	79

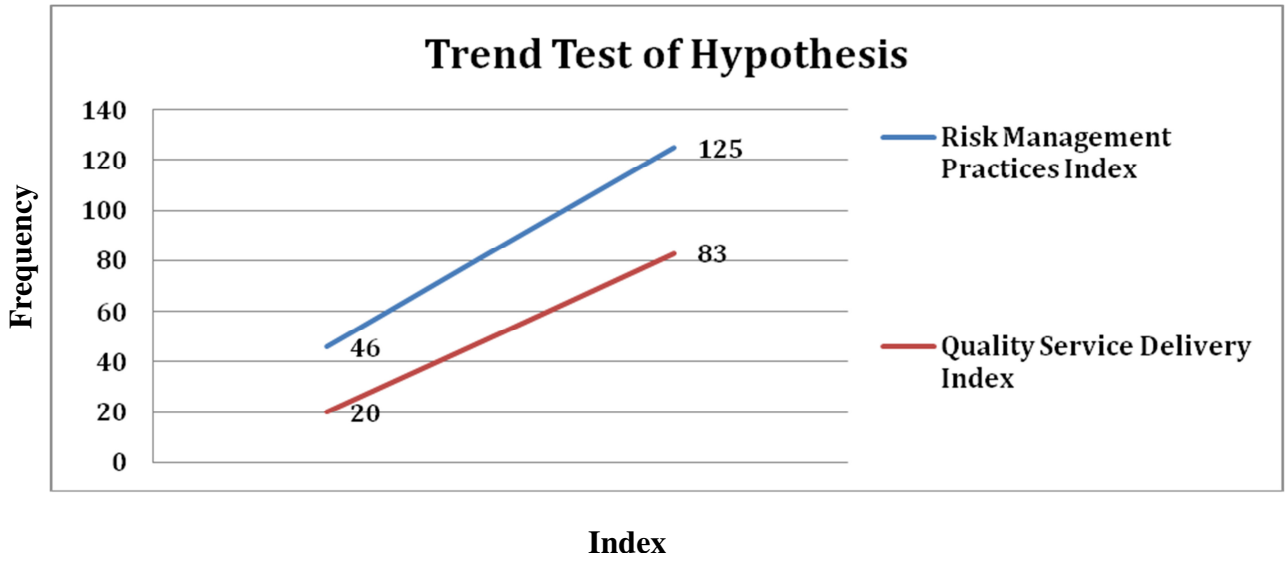
divisions or departments in the hospital. The picture looked different though for the private hospitals as respondents agreed with the statement. Additionally, in regard to the statement "The staff appears neat and decent in their appearance and surroundings" respondents from the public and private hospitals generally agreed. On the statement about timely delivery of services, more respondents from the private hospitals agreed while most respondents from the public hospitals disagreed.

4.7 Analysis on the Research Findings

The analysis of the responses to statements from the respondents (employees from private and public hospitals as well as patients from the public and private hospitals) revealed a positive relationship between risk management practices and quality service delivered. Selected variables used as indexes to test the hypothesis formulated earlier revealed (Fig 1) that there is a positive relationship between risk management and quality service delivery. By this an improvement in risk management practices should bring an increase in quality services delivery. As a

result the study rejects the null hypothesis that "Implementation of risk management practices will not be associated with higher quality service delivery" It means that risk management practices when successfully implemented will result in improving quality performance of the service provided by hospitals.

Figure 1: The relationship between risk management and quality service delivered



5.0 Conclusions

The study found out that, risk management strategies is practiced more in private hospitals. At the same time respondents perceive that quality of service delivered is better at the private hospitals than the public ones. It is inferred that practicing risk management strategies more results in better quality service delivered. It is suggested that risk management practices should be considered as a major priority and should be invested in especially by management of public hospitals.

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