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Impact Of Organizational Risk Management Policies And Procedures On Incident Reporting Behavior Of Staff : A Perceptive Study In The UAE

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Abstract
Background: Incident reporting is a fundamental aspect of healthcare safety management, providing critical data for improving patient care, patient safety and patient outcomes. However, the success of incident reporting systems hinges significantly on the perceptions and attitudes of healthcare staff where organization risk management policies and procedures play a significant role.
Aim: This paper explores staff perceptions and attitudes towards incident reporting and its management, highlighting factors that influence reporting particularly the organization risk management policies and procedures. Drawing from literature and real-world examples, the paper offers recommendations for improving incident reporting practices in healthcare environments.
Method: A descriptive, cross-sectional, design was adopted with a snowball sampling of 108 healthcare professionals from various healthcare organizations in the UAE.
Results: In the survey, 69% of the respondents mentioned that their HCO's risk management policies promote non-punitive and blame free culture where as 30% of the respondents felt otherwise. Also, 79% of the respondents HCO's risk management policies encourages them to be part of the analysis of the incident reports and 13% responded otherwise. In regards to HCOs risk management policies protecting staff from punitive actions after reporting, 81% of them agreed to it and about 10% of them felt the HCO's risk management policies do not protect them.
Conclusion: Healthcare organizations should develop their risk management policies supporting non-punitive and blame free culture, involvement of staff in analysis of incident reports and protection of staff from consequences when they report incidents. And, HCOs should enforce these policies which in turn will improve patient safety and patient outcomes.

Keywords: Incident reporting, barriers, motivators, risk management policies, leadership, non-punitive, blame free, patient safety

1. Introduction

Incident reporting is a cornerstone of patient safety in healthcare settings. It allows healthcare professionals to document adverse events, near misses, and unsafe practices, contributing to the identification of risks, learning from mistakes, and the improvement of healthcare processes. Despite the benefits, many healthcare organizations struggle to achieve comprehensive reporting, largely due to varying perceptions and attitudes among staff. Understanding these perceptions is critical for fostering a culture of safety and improving incident management systems.

Organizational risk management policies and procedures play a pivotal role in shaping the safety culture, compliance frameworks, and operational efficiency of a company. These policies are designed to identify, assess, and mitigate risks that could potentially affect an organization's operations, reputation, or personnel. While organizations often have risk management policies in place, the extent to which these policies influence the willingness of staff to report incidents—whether related to safety, ethical concerns, compliance violations, or operational risks—remains a critical issue. Also, the success of these risk management frameworks is often

dependent on the active participation of employees in identifying, reporting, and managing incidents. Incident reporting behaviors, which include both voluntary and mandatory reporting of risks, safety concerns, ethical violations, or operational failures, are a critical part of risk mitigation processes. Understanding how such policies affect reporting behavior can help organizations design better risk management frameworks and encourage a culture of openness, safety, and accountability.

In organizations with robust risk management procedures, staff should feel confident in reporting incidents without fear of retaliation or reprisal. However, several factors—including the clarity of reporting procedures, organizational culture, and leadership support—can influence employees' willingness to report incidents. The aim of this research paper is to explore how the design, implementation, and communication of risk management policies and procedures impact staff behavior in reporting incidents.

2. Literature Review

2.1 The Importance of Incident Reporting Systems in Healthcare Incident reporting is essential for improving patient safety by providing actionable insights into clinical errors and near misses. According to the Institute of Medicine (IOM), effective reporting systems are critical for reducing medical errors and improving healthcare quality (IOM, 2000). The collection of data on incidents allows organizations to identify systemic problems, improve training programs, and implement corrective actions to prevent future errors.

2.2 Staff Perceptions and Attitudes Towards Reporting: Healthcare staff play a central role in the success of incident reporting systems. Several studies have examined staff perceptions and attitudes toward reporting incidents, often identifying barriers to reporting, such as fear of punishment, lack of time, and concerns about blame. A study by Fung et al. (2012) found that healthcare professionals often perceive incident reporting as a time-consuming process that adds little value to their daily work. This perception is compounded by fears that reporting could negatively impact their professional reputation or result in disciplinary action.

2.3 Risk Management Policies and Reporting Behavior: A key element in fostering incident reporting is the clarity and simplicity of reporting procedures. Recent research (Varallo et al., 2018) emphasizes that when risk management policies are overly complex or unclear, employees are less likely to report incidents, leading to underreporting and undetected risks. This highlights the need for clear, accessible reporting mechanisms that are straightforward for employees to navigate. This study highlights the barriers to incident reporting in healthcare settings and explores the need for improved engagement among healthcare professionals (Mossburg et al., 2023). Recent studies suggest that organizational risk management policies have a significant impact on the reporting behavior of employees. Effective risk management policies create an environment where staff feel supported, encouraged, and safe to report incidents (Van Dyck et al., 2013). However, several factors influence the extent to which staff are willing to engage in incident reporting.

2.4 Anonymity and Non-retaliation Policies: Research by Conlon et al., (2022) underscores the importance of anonymity in incident reporting. The study found that employees were more likely to report incidents when they were assured that their identities would remain confidential and that there would be no retaliation. This finding aligns with other studies (Franne Sippel et al., 2023) that suggest fear of retaliation is one of the most significant barriers to reporting incidents.

2.5 Leadership Support and Organizational Culture: Leadership and organizational culture also play a significant role in shaping incident reporting behavior. According to Al-Oweidat IA et al., (2023), strong leadership support for risk management initiatives, along with an open and supportive organizational culture, encourages employees to come forward with incidents. Leaders who actively communicate the importance of reporting and demonstrate a commitment to safety and transparency can increase reporting rates significantly. A study by A.S.Kusumawati et al., (2019) and Arruun D et al., (2020) found that hospitals with strong safety cultures had higher rates of incident reporting, suggesting that a supportive environment is key to improving reporting behavior. discusses how leadership within healthcare settings can drive a culture change towards a more supportive and effective incident reporting environment (Jungbauer et al., 2018).

2.6 Barriers to Incident Reporting: Barriers to effective incident reporting often stem from organizational factors such as bureaucratic hurdles**,** lack of feedback**,** and perceived ineffectiveness of the reporting process. According to studies by Hamed et al (2021), employees may hesitate to report incidents if they feel that nothing

will be done after the report is submitted or if they believe the process is too bureaucratic or time-consuming. This lack of feedback or follow-up can significantly dampen employees' motivation to report future incidents. Barriers to incident reporting can be categorized into personal, organizational, and systemic factors. According to Evans et al., (2006), personal factors such as fear of retaliation, lack of trust in the reporting system, and concerns over confidentiality are significant deterrents. Organizational barriers include inadequate training, lack of feedback, and cumbersome reporting procedures. Systemic issues, such as poor communication and a lack of leadership support, can also discourage staff from reporting incidents (Janet E et al., 2013).

2.7 Technological Tools in Reporting: The integration of digital reporting systems has been shown to improve incident reporting by offering more convenient and anonymous ways to report incidents (Gallagher & Kupus, 2012). Organizations that incorporate digital tools for reporting, such as mobile apps or online portals, make the process more efficient and accessible for employees.

2.8 Management of Incident Reporting Systems: Effective management of incident reporting systems is essential for ensuring that reported data is used to drive meaningful change. Organizations must establish clear protocols for reporting, ensure staff are trained on the process, and provide timely feedback on the actions taken in response to reports. The success of an incident reporting system depends on its integration into daily clinical practice and its alignment with the organization's broader patient safety initiatives. This paper focuses on the importance of feedback in incident reporting systems and how ensuring timely and clear feedback can improve reporting compliance among healthcare professionals (Benn et al., 2009).

3. Methods

In this study, a survey was conducted to assess healthcare professionals' perceptions and attitudes towards incident reporting and the impact of risk management policies and procedures. The survey was distributed to a diverse group of healthcare workers, including physicians, nurses, and allied health professionals, across multiple departments in multiple healthcare organizations using Snowball sampling. The goal was to capture a broad range of insights regarding their experiences with incident reporting systems, perceived barriers, and suggestions for improvement.

3.1 Survey Design

The survey was developed to address key themes related to incident reporting, including attitudes toward reporting, perceived barriers to reporting, and the effectiveness of the current risk management policies and procedures. The survey included sections on:

- **Demographics**: Questions about the respondent's role, department, and years of experience.
- **Attitudes Toward Incident Reporting**: Respondents were asked to rate their agreement with statements about the importance and effectiveness of incident reporting.
- **Barriers to Reporting**: Multiple-choice and Likert scale questions assessed common barriers such as fear of retribution, lack of time, and complexity of the reporting process.
- **Effectiveness of the Incident Management System**: Questions about the perceived usefulness of the reporting system, feedback mechanisms, and trust in management's response to reported incidents.

3.2 Survey Administration

The survey was distributed electronically to a number of healthcare professionals working in different hospitals using snowball technique. Invitations to participate were sent via email, with reminders issued at two-week intervals to maximize response rates. Participants were assured that their responses would remain anonymous and confidential, encouraging honest and candid feedback. A total of 108 healthcare professionals completed the survey, resulting in a response rate of 32%.

3.3 Data Analysis

The data collected through the survey was analyzed using both descriptive statistical methods. Descriptive statistics, including frequencies, percentages, and means, were used to summarize the quantitative data. The results were then compared across different professional groups (e.g., physicians, nurses, allied health professionals) to identify variations in perceptions and attitudes.

4. Results

The results from the survey indicate that the majority of healthcare professionals strongly support incident reporting systems, particularly those that are perceived as blame-free, simple, and focused on improvement. A total of 108 healthcare professionals participated in the survey, representing a diverse range of roles, including physicians, nurses, and allied health staff. A majority of the respondents i.e., 88% of them worked in hospitals and the remaining in other type of organizations. And, most of the respondents (76%) from Dubai and Abu Dhabi emirates with a 53% respondents were women, 42% were men and the remaining 6% preferred not to say.

4.1 Characteristics of Incident Reporting Systems

A significant majority of respondents (89%) of the respondents healthcare organizations (HCO) have a formal incident reporting system and agreed that incident reporting is an essential tool for improving patient safety and healthcare quality. This finding underscores a broad consensus on the importance of reporting incidents for organizational learning and risk management. In particular, 69% of respondents emphasized that their risk management policies encourages non-punitive culture. These healthcare professionals were generally supportive of reporting systems that focus on improvement rather than assigning blame, with 81% agreeing that a blame-free reporting culture is crucial for encouraging staff to report incidents without fear of retaliation or negative consequences.

4.2 Perceived Benefits of a Blame-Free, Simple Reporting System

The survey found that the simplicity and non-punitive nature of an incident reporting system were the most highly valued characteristics. Among respondents, 69% favored a reporting system that is voluntary and 93% of them preferred that incident reports must be used for identifying errors and learn from them to improve patient safety. Many participants (66%) noted that they prefer and it's easy reporting incidents to quality dept staff while 19% preferred to report to their heads of the departments.

4.3 Impact of Risk Management policies and procedures

The survey included few questions related to the hospital risk management policies and procedures. 69% of the respondents mentioned that their HCO's risk management policies promote non-punitive and blame free culture where as 30% of the respondents felt otherwise. Also, 79% of the respondents HCO's risk management policies encourages them to be part of the analysis of the incident reports and 13% responded otherwise. In regards to HCOs risk management policies protecting staff from punitive actions after reporting, 81% of them agreed to it and about 10% of them felt the HCO's risk management policies do not protect them.

4.4 Suggestions for Improvement

professionals In the open-ended section of the survey, many healthcare suggested they preferred electronic reporting system which are non-punitive and blame free and wanted feedback after they generate incident reports. Key recommendations included updating the organization risk management to promote non-punitive culture and involvement of the reporters in analysis of the incident reports. And, ensure that these policies are enforced and implemented showing support to healthcare professionals. These changes would further reinforce the belief that incident reporting is a valuable tool for continuous improvement, rather than a burdensome task or potential source of conflict.

5. Discussion

The success of incident reporting systems depends heavily on the attitudes and perceptions of healthcare staff which in turn is affected by the organization's risk management policies and procedures. Negative perceptions about these policies can significantly reduce the quality and quantity of reports, thereby hindering efforts to improve patient safety. To overcome these barriers, it is essential for healthcare organizations to update their policies and procedures to:

- **Create a Blame-Free Culture**: Leaders should emphasize that incident reporting is a tool for learning, not punishment.
- **Policy Refinement:** Organizations should simplify and clarify their reporting procedures to reduce barriers to reporting, such as complicated forms or lack of anonymity.
- **Involve in analysis:** Reporters offer key and invaluable inputs into analyzing the incident reports, identifying improvement opportunities and suggest solutions that can work.

- **Provide Regular Feedback**: Feedback on the actions taken as a result of reports reassures staff that their input is valued and that it leads to tangible improvements.

6. Conclusion

Effective risk management policies have a profound influence on the incident reporting behavior of staff. By fostering an environment where reporting is encouraged, supported, and acted upon, organizations can enhance their risk mitigation strategies, improve operational efficiency, and ultimately create a safer and more transparent work environment. The results of this study demonstrate that while healthcare staff overwhelmingly favor incident reporting systems that are simple and blame-free, there is a strong desire for greater involvement in the review of incidents and the identification of improvement actions. Healthcare professionals recognize the value of reporting incidents as a tool for enhancing patient safety and quality of care. However, they also emphasize the importance of being actively engaged in the process of reviewing incidents, understanding root causes, and contributing to the development of corrective actions.

Staff members believe that their organization policies promote reporting and non-punitive actions when involved in incidents. Therefore, it is crucial for healthcare organizations to review and update their policies to promote reporting, blame free culture and protect staff from punitive actions after they report incidents.

Future research is needed to explore the best practices for involving healthcare professionals in the incident review process and identifying effective improvement actions. Investigating how staff can be better integrated into these processes, and how their input can be utilized to drive organizational change, will be vital in improving both incident reporting systems and patient safety outcomes.

Conflict of interest

None declared

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