

# Evaluation of risk management for optimizing service quality in XYZ regional general hospital

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## Abstract

**Purpose:** The study aims to evaluate the implementation of risk management at XYZ Hospital using the ISO 31000:2018 framework and provide recommendations for improvement to optimize service quality.

**Method:** The method used was descriptive qualitative with a case study approach and a type of evaluation through primary and secondary data collection.

**Results:** The results show that the implementation of risk management at XYZ Hospital has not been effective, including not determining risk appetite, the risk register is not updated, risk analysis does not use the scale of impact and possibility, a risk treatment plan has not been developed, and all risk owner units have not carried out risk reporting.

**Limitations:** The limitations of this research include not conducting interviews with all risk-owner units, limiting the evaluation framework to ISO 31000:2018, and focusing solely on one research object.

**Contribution:** The evaluation results of this study and recommendations for improvements in the risk management process can help XYZ Hospital achieve optimal performance in improving service quality.

**Novelty:** This research provides a new contribution to risk management in health services, focusing on implementing risk management in hospitals with the status of Regional General Hospitals. In addition, this study presents a comprehensive evaluation that fills a gap in the literature and provides practical insights for improving risk management practices at XYZ Hospital.

**Keywords:** Risk; Risk Management; Regional General Hospital

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## 1. Introduction

Risk is an essential aspect of everyday life that cannot be avoided and is generally defined as the possibility of events that have the potential to affect the achievement of predetermined organizational goals (Pascarella et al., 2021). The ISO (2018) explains that risks must be managed appropriately by implementing risk management, which involves identifying, assessing, and responding to risks.

The application of risk management is an important aspect that has significantly developed over the past few decades. It has been used by many public and private institutions (Alijoyo 2021). However, the application of risk management in the public sector has many problems and challenges (Alijoyo, 2021); therefore, the application of risk management is not developing as quickly as expected, even though it contributes significantly positively to the achievement of organizational performance (Priyarsono, 2022).

Hospitals are public sector healthcare institutions responsible for providing quality health services (Kemp et al., 2024) that prioritize patient safety (Asriani et al., 2024). The hospital environment is closely related to risk (Kılıç, Bostan, & Şentürk, 2017), both clinical and non-clinical risks that can affect service quality (Chourey, 2015). Asriani et al. (2024) mentioned that in improving service quality and patient safety, hospitals face various kinds of risks that must be managed.

As a public sector organization and an environment close to risk, hospitals should be aware of and control the various risks that may arise or that are inherent by implementing and developing risk management tailored to their needs (Ferdosi, Rezayatmand, & Molavi Taleghani, 2020) to achieve optimal performance in improving service quality and patient safety (Alzahrani et al., 2022; Asriani et al., 2024; Chourey, 2015; Kaya, Ward, & Clarkson, 2019; Kemenkes, 2019), as well as to reduce the impact of losses (Abor & Abor, 2021; Zelko et al., 2024), expand opportunities for increased productivity (Gamal, Taneo, & Halim, 2022), and achieve financial stability (Fręczkiewicz-Wronka, Ingram, Szymaniec-Mlicka, 2021). Risk management is also implemented to fulfill the provisions of Minister of Health Regulation Number 25 of 2019 concerning the implementation of integrated risk management within the Ministry of Health.

There are several problems and challenges in implementing risk management in hospitals (Kaya et al., 2019), including hospitals in developing countries that do not fully focus on the concept and application of risk management (Singh & Ghatala, 2012), awareness or commitment of human resources to risk, the lack of importance of risk management (Adepoju & Esan, 2023; Triandini, 2019), and inadequate risk assessment guidelines (Kaya et al., 2019; Pascarella et al., 2021; Silva et al., 2016). In a study conducted by Anindya (2023), implementing risk management in hospitals was not optimal because many potential risks were not identified and monitoring and reporting related to risks were not effective. Alzahrani et al. (2022) explains that there is still much room for improvement in hospital risk management practices.

From the above statement, the implementation of risk management in public sector organizations, especially hospitals, is urgent and needs full attention because the implementation of risk management still has many problems and challenges, and there is still much room for improvement. Therefore, researchers consider it necessary to evaluate the application of risk management in public sector organizations in the health sector. The research object chosen by the researcher is XYZ Hospital because, as far as previous research has shown, research that specifically evaluates the risk management process in hospitals with the status of Regional General Hospitals has yet to be conducted. This study aimed to evaluate the effectiveness of the implementation of risk management carried out by XYZ Hospital using the ISO 31000:2018 framework, focusing on the overall risk management process. From the evaluation results, suggestions and recommendations will be provided regarding the risk management process that requires improvement in the hope that it can contribute to XYZ Hospital to optimize the quality of services provided.

## **2. Literature review**

### **2.1 Risk**

Risk is a concept associated with every aspect of life from personal to business. In simple terms, Arifudin, Wahrudin, and Rusmana (2020); Darmawi (2016); Lam (2017) define risk as the possibility of something that can be detrimental or results that are not as expected. In the business context, risk is defined as the possibility of events that have the potential to affect organizational goals (Pascarella et al., 2021). Risk in ISO 31000:2018 is described as the effect of uncertainty on an organization's objectives.

### **2.2 Risk Management**

Organizations must consider risks and threats and have structured tools and approaches to manage them (Afifawati, Khasanah, & Giovanni, 2023). An effective tool for managing risk is risk management, which includes identification, assessment, and response to risk activities (Ahmeti & Vladi, 2017).

Public sector organizations face various risks to varying degrees in their daily activities (Braig, Gebre, & Sellgren, 2011) depending on the characteristics and environment of the organization (Efriani, 2022), which requires the implementation of integrated and structured risk management (Hopkin, 2018; Stark, McConnell, & Drennan, 2014; Vasyi & Nataliya, 2016). The implementation of risk management in public sector organizations, according to Spikin (2013), includes setting missions and objectives and identifying, analyzing, controlling, and monitoring risks.

The hospital environment is closely related to various clinical and nonclinical risks that must be managed through integrated risk management (Kemenkes, 2019). Hospital risk management consists of several procedures to estimate, assess, and prevent risks to reduce the likelihood of adverse effects (Capocchi, Orlandini, Pierotti, Luzzi, & Minetti, 2019). According to Singh and Ghatala (2012), implementing risk management in hospitals has become essential for hospital administration in developed countries. However, in developing countries, the implementation of risk management is yet to be given full attention, even though hospitals need to implement risk management to minimize losses and protect assets.

Hospital environments are complex and pose unique risks (Triandini, 2019). Therefore, it is essential to implement risk management using a proactive approach (Chourey 2015). Hospitals must also build awareness in all units for effective risk management (Triandini, 2019). Thus, the stages of risk management in the hospital environment must be implemented by each risk-owning unit. These stages include communication and consultation, setting the context, conducting risk assessment (identifying, analyzing, and evaluating risks), risk management, and ongoing monitoring and review by the established cycle (Kemenkes, 2019). In the stages of risk management in hospitals, there are several stages whose implementation could have been more optimal, including risk identification, monitoring, and review, and risk management reporting Anindya (2023). Furthermore, Kaya et al. (2019) explained that the hospital risk assessment guidelines must be revised during the risk assessment stage.

### **2.3 ISO 31000:2018 Risk Management Guidelines**

The International Organization for Standardization (ISO) 31000:2018 provides concise yet complete principles and guidelines for the application of risk management (Lark, 2015), which is the best practice used and recognized in various countries around the world and can be applied to various types of organizations as needed (Ahmeti & Vladi, 2017; Kusuma, n.d.). In addition, public sector organizations in recent developments in Indonesia have shown that they carry out risk management by applying ISO 31000:2018 as a guideline (Priyarsono et al., 2023).

ISO 31000:2018 includes three key elements: basic principles, frameworks, and risk management processes (ISO, 2018). This study focuses on the risk management process. The ISO (2018) describes the management process as follows:

#### **1. Communication and Consultation**

This process involves the exchange of information and opinions regarding risk and its management as well as carrying out a form of communication regarding issues in risk management in a structured and relevant manner by each party according to their roles and capacities to ensure the understanding of all parties related to risk and risk management, the basis for decision-making, and the reasons why specific risk-related actions are needed. This process facilitates the implementation of a risk-management process.

#### **2. Scope, Context, Criteria**

This process aims to understand and establish the internal context (aspects within the organization that affect the way the organization manages risks), external context (aspects outside the organization that affect the way the organization manages risks), scope of risk management (the scope of risk management that needs to be carried out by the organization, such as the objectives to be achieved in the implementation of risk management, types of risks, parties involved, and outputs from the implementation of risk management), and risk criteria for the implementation of risk management

(criteria used in conducting risk analysis in the form of impact and likelihood criteria, criteria used to determine the level of risk severity in the form of a risk matrix, and criteria for determining acceptable or tolerable risks called risk appetite).

### 3. Risk Assessment

This process involves a series of stages: Risk identification, analysis, and evaluation. Risk identification involves finding, recognizing, and describing the potential and relevant risks that an organization must handle. The risk identification stage must be conducted thoroughly, starting from the risk statement, risk sources, risk causes, and potential impacts that can arise. Furthermore, the risk analysis stage measures how likely and impactful the identified risks are for the organization. This stage is carried out by combining the magnitude of the impact scale and possibility scale to obtain the results of the risk level. The last stage of the risk assessment was the risk evaluation stage. This stage determines the priority list of risks that will later enter the risk-management process or require further action. The risk priority list is determined using risk appetite in the second process, namely the scope, criteria, and context.

### 4. Risk Treatment

The risk treatment process is a modification to reduce the risk exposure (level of likelihood and impact likelihood) of the prioritized risks resulting from the previous risk evaluation stage with various risk treatment options, including rejection, reduction, transfer, or acceptance of risks to reduce risk exposure. When dealing with risks, these risk treatment options can be combined. After selecting a risk treatment option, the organization must develop a plan that contains activities based on the selected option, information on existing controls, whether effective or not, expected output, implementation schedule, and the person in charge of each risk treatment activity. Once the risk treatment plan has been developed, the organization must implement it.

### 5. Monitoring and Review

This process involves continuous monitoring to ensure that each risk management process is implemented. Monitoring and review are conducted throughout risk management by involving parties, according to their roles and capacities.

### 6. Recording and Reporting

The recording and reporting process aims to communicate the details of risk management activities and results at every level of the organization, provide information for decision-making, and improve the effectiveness of risk management implementation. This process must be implemented at every level in the organization and carried out by every risk-owning unit.

## 3. Research Methodology

This research used qualitative research with an evaluation-type case study approach, which aims to evaluate the implementation of risk management at XYZ Hospital using the ISO 31000:2018 framework, with a focus on the entire risk management process. Case study research allows the exploration of phenomena in the context of time and specific activities with detailed and comprehensive data collection (Assyakurrohim, Ikhrum, Sirodj, & Afgani, 2023) with a focus on the “how” and “why” of events in authentic contexts, especially when researchers have little or no control over the events under study (Yin, 2009). This research process starts with formulating questions, collecting related data, analyzing data, and interpreting its meaning. The evaluation results will help identify areas that need to be improved to optimize the service quality of XYZ Hospital.

Data collection related to the implementation of risk management at XYZ Hospital used primary and secondary data. Primary data were obtained from semi-structured interviews with competent parties directly involved in implementing risk management at XYZ Hospital (Quality Committee of Risk Management Sub-Committee, Head of Internal Supervisory Unit, and two work units of XYZ Hospital as a sample of risk-owner units). The semi-structured interview technique is used because it makes it easier for researchers to get in-depth information and data from sources while still focusing on the

research topic (Harahap, 2020; Ruslin, Mashuri, Rasak, Alhabsyi, & Syam, 2022). Data collection through secondary data was obtained by reviewing reports and documents, such as the organizational structure of XYZ Hospital, risk register, risk profile report, strategic plan, work plan report, profile of XYZ Hospital, work program of each work unit of XYZ Hospital, and other relevant documents related to the implementation of risk management at XYZ Hospital.

The data analysis technique used in this research is a descriptive qualitative analysis technique to describe the condition of risk management implementation at XYZ Hospital and to identify areas that need improvement to optimize service quality. In this study, data validity was verified through triangulation to increase the credibility of the data analysis results (Creswell & Poth, 2016).

#### **4. Results and Discussions**

In providing quality health services, XYZ Hospital faces various risks, both clinical and nonclinical. XYZ Hospital implemented risk management to manage each of these risks. The implementation of risk management at XYZ Hospital is guided by the Quality Committee assigned to and responsible for the Director of XYZ Hospital. Each risk-owning unit at XYZ Hospital carries out stages or processes for implementing risk management. The evaluation of risk management implementation at XYZ Hospital was based on the results of semi-structured interviews and document reviews. The evaluation uses the ISO 31000:2018 framework of risk management guidelines on risk management process elements consisting of six processes: communication and consultation, scope, context and criteria, risk assessment (identification, analysis, risk evaluation), risk treatment, monitoring and review, and reporting and recording).

##### **4.1 Communication and Consultation**

The communication and consultation process ensures that all parties understand the tasks and reasons for implementing risk management. In this process, the organization conducts various communication and consultations related to implementing risk management (ISO, 2018).

*“The exchange of information, opinions, and certain issues regarding the implementation of risk management at XYZ Hospital is carried out through meetings and socialization both directly and through electronic media such as Group Whatsapp.” (Quality Committee of Risk Management Subcommittee of XYZ Hospital, 2024).*

In line with this, the interviewed work unit also said,

*“Meetings and socialization about the implementation of risk management are quite intensive.” (Work Unit 1 of XYZ Hospital, 2024).*

*“The Quality Committee is very open for us to discuss risk management. There is a lot of socialization and regular meetings.” (Work Unit 2 of XYZ Hospital, 2024).*

XYZ Hospital complied with ISO 31000:2018 because it has structured the consultation and communication processes related to risk and its management in a structured manner. However, to further optimize the communication and consultation process, XYZ Hospital can conduct forms of communication and consultation other than socialization and meetings that have been carried out. For example, a Focused Group Discussion (FGD) can be conducted.

##### **4.2 Scope, Context, and Criteria**

To achieve its goals, the organization must understand everything in its internal and external environments, which affects the implementation of the risk management process (ISO, 2018). XYZ Hospital's goals and objectives were set and described as a Vision, Mission, Strategic Plan, and Work Plan. Each goal is understood to determine the internal and external contexts considered in risk management.

*“...yes, the implementation of risk management at RSUD X certainly takes into account factors from within and outside the organization.” (Quality Committee of Risk Management Sub-Committee of XYZ Hospital, 2024).*

According to the Quality Committee of the Risk Management Sub-Committee, XYZ Hospital also considers the context of risk management by determining the objectives to be achieved in the implementation of risk management, the types of risks managed, and the parties involved in the risk management process. Then, based on the document review of the XYZ Hospital risk management implementation guidelines, the established risk criteria were used to conduct risk analysis (likelihood criteria and impact criteria for risk exposure measurement) as well as criteria for determining the level of risk activity in the form of a risk matrix.

In the context of the determination process, XYZ Hospital still needs to fully comply with ISO 31000:2018 because the overall risk criteria are yet to be determined. XYZ Hospital has not established the criteria for determining acceptable or tolerable risks (risk appetite). XYZ HOSPITAL should determine risk appetite so that the risk management process for determining risk priorities at the risk evaluation stage can be carried out optimally by all risk-owning units. The risk appetite that XYZ Hospital can set is at risk level 3 (very low- and low-risk levels). This means that risk levels of three or smaller are not prioritized for further treatment (the risk will be accepted and willing to be tolerated).

### **4.3 Risk Assessment**

#### **4.3.1. Risk Identification**

Each work unit carries out the risk identification process at XYZ Hospital based on the activities that will be carried out by considering the objectives and internal and external contexts of the risk.

*“For risk identification here, it is made by each work unit.” (Quality Committee of Risk Management Sub-Committee of XYZ Hospital, 2024).*

*“From all existing activities, we identify which risks have a small impact and a big impact.” (Work Unit 1 XYZ Hospital, 2024).*

*“...yes, we identify the risks from each activity.” (Work Unit 2 XYZ Hospital, 2024).*

Organizations must thoroughly identify risks from sources, causes, and impacts to include all potential risks in the risk register (ISO, 2018). XYZ Hospital has not carried out the risk identification process optimally because there are still work units that have not been able to identify risks as a whole (do not understand how to state the risk, source, cause, and impact of risk) of each activity they will carry out without direction and guidance from the Quality Committee, allowing potential risks not to be included in the risk register.

*“Often each work unit feels confused and has difficulty in stating risks.” (Quality Committee of Risk Management Sub-Committee of XYZ Hospital, 2024).*

The Head of the Internal Supervisory Unit of XYZ Hospital said that the factors causing some work units to be constrained in identifying the overall risk of each of their activities were that risk management was still considered new in the healthcare environment. Many work units felt that they had carried out daily risk identification, but needed to understand the scope and proper methodology. Furthermore, commitment and prioritization in risk identification still need to be improved because of the lack of strict leadership instructions. Some work units overlook the importance of risk identification because they focus on completing routine and operational tasks. In addition, human resources in the Quality Committee related to risk management still need to be improved to provide the necessary direction and training.

Based on the document review of the risk management report, the 2023 work-unit risk register is the same as that of 2022. This is because the work unit has yet to fully identify the overall risk of each of its activities; therefore, potential risks are not included in the 2023 risk register (no additional or updated risks). In this process, XZY Hospital does not comply with ISO 31000:2018 because risk identification is not carried out thoroughly; therefore, potential risks are not entirely included in the risk register, and the risk register is not updated.

Each risk-owning unit (working unit of XYZ Hospital) should identify potential risks to update the risk register. XYZ Hospital needs to support all work units as risk-owning units to understand how to identify risks, for example, by organizing regular training programs for all work units on concepts and ways to identify risks by involving simulations of proper risk identification for each activity carried out by each work unit. In addition, the leadership of XYZ Hospital needs to issue strict policies and instructions regarding the importance of risk identification.

#### *4.3.2. Risk Analysis*

The risk analysis process measures the level of risk based on the amount of impact and the probability of a risk occurring (ISO, 2018). According to the Quality Committee of the Risk Management Sub-Committee of XYZ HOSPITAL, this process is the responsibility of each XYZ Hospital work unit. In practice, this process does not comply with ISO 31000:2018 because the work units of XYZ Hospital do not understand how to appropriately determine the level of risk. The risk level determined by the work unit does not use the impact and probability scales previously determined and included in the XYZ Hospital Risk Management Guide (performed subjectively).

The role of XYZ Hospital's management and leadership is crucial to improving the work unit's ability to determine the level of risk based on the impact and probability scale that has been determined. These roles include regular training for all work units in analyzing the identified risks and strict policies related to the importance of analyzing the identified risks.

#### *4.3.3. Risk Evaluation*

The risk evaluation process determines the risks that require further action in the risk treatment process by comparing risk analysis results with risk appetite (ISO, 2018). The risk evaluation process at XYZ Hospital is not optimal because risk appetite has yet to be determined in the context determination process; therefore, this process does not comply with ISO 31000:2018. The Quality Committee of the Risk Management Sub-Committee mentioned that the work units of XYZ Hospital need to help determine which risks need to be prioritized and addressed because of the absence of provisions in risk appetite.

Similar to the risk identification and analysis process, risk evaluation also requires the management and leadership role of XYZ Hospital to support all work units in understanding how to prioritize risks for further handling. In this case, risk appetite must be determined in the second stage of implementing risk management, namely, in the scope, criteria, and context. Training programs, strict instructions, and policies from the leadership of XYZ Hospital are also needed to ensure that the risk evaluation process can run optimally.

#### *4.4. Risk Treatment*

In the risk treatment process, organizations are advised to develop a comprehensive plan to reduce exposure to risk (ISO, 2018). XYZ Hospital does not comply with ISO 31000:2018 because, according to an interview with the Quality Committee of the Risk Management Sub-Committee, the work units at XYZ Hospital have not developed and documented a plan for handling/controlling the identified risks. Since XYZ Hospital still needs to establish risk appetite in the context-setting process, the risk treatment process must be carried out correctly and systematically. The Quality Committee continued that XYZ Hospital was limited to determining responses to risks, including avoiding risks, accepting risks, sharing risks with other parties, and reducing risks.

In this process, the XYZ Hospital work unit should develop a risk management plan based on the risk prioritization results determined at the risk evaluation stage. The risk management plan must be comprehensive, starting with risk management alternatives, information on existing controls, whether adequate, controls that must be in place, and control plan schedules. Each work unit of XYZ Hospital must carry out activities in the risk management plan.

#### **4.5. Monitoring and Review**

A key element in the risk management process is monitoring and reviewing to ensure that every process in risk management is running correctly (ISO, 2018). This process has been running optimally; therefore, improvement is unnecessary. The Quality Committee monitors and reviews the implementation of risk management in coordination with the Internal Supervisory Unit and other work units. Monitoring and review are conducted periodically in each work unit of XYZ Hospital to assess the implementation of risk management in the work unit of XYZ Hospital.

*"We supervise the implementation of risk management periodically to monitor the implementation of risk management in work units." (Quality Committee of Risk Management Sub-Committee of XYZ HOSPITAL, 2024).*

*"SPI functions to oversee the performance of all units, including the implementation of work unit risk management. We conduct supervision scheduling to all units." (Head of Internal Supervisory Unit of XYZ Hospital, 2024).*

The Quality Committee of the Risk Management Sub-Committee explained that monitoring and review involved various parties according to their roles and capacities. This ensures the effectiveness of monitoring and review processes. The monitoring and review are outlined in the risk-monitoring report.

#### **4.6. Recording and Reporting**

The recording and reporting process must be implemented at every level in the organization and carried out by all individuals (ISO, 2018). XYZ Hospital does not comply with ISO 31000:2018, which the Head of the Supervisory Audit Unit said.

*"At XYZ Hospital, the implementation of risk management has not been thoroughly recorded and documented. All units have not carried out risk identification." (Head of Internal Supervisory Unit of XYZ Hospital, 2024).*

Furthermore, the Quality Committee of the Risk Management Sub-Committee stated that work units still need to document their risk-management processes. The interviewed work units said that they should have prioritized documenting the risk management process because routine activities were still considered significant. Sometimes, work units need to pay more attention to compliance to submit documentation of the risk management process carried out by the Quality Committee.

However, regarding preparing a report on the implementation of risk management, the Quality Committee of the Risk Management Sub-Committee of XYZ Hospital prepared the report and submitted it to the director to be forwarded to the supervisory board every six months. The Internal Supervisory Unit also prepares reports related to the results of supervision of work unit performance and periodically reports them to the director.

All work units must document every risk-management process in recording and reporting, which can increase the effectiveness of XYZ Hospital's risk-management implementation. Routine training and strict instructions containing the importance and implementation of the recording and reporting process will benefit all work units, allowing them to document the risk management process carried out and increase compliance to submit the documentation to the Quality Committee as material for the preparation of a complete risk management implementation report.



## 5. Conclusion

### 5.1. Conclusion and Implication

This study evaluates the implementation of risk management in Regional General Hospitals, namely XYZ Hospital, using the ISO 31000:2018 Risk Management Guidelines framework with a focus on six risk management processes (Communication and Consultation, Scope, Context and Criteria, Risk Assessment, Risk Treatment, Monitoring and Review, and Recording and Reporting). Based on the results of the evaluation, the implementation of risk management at XYZ Hospital has not been effective and still needs much improvement, including no determination of risk appetite, no update in the risk register, risk analysis that does not use the scale of impact and likelihood, has not developed a risk treatment plan, and none of the risk owner units carried out risk reporting.

Based on the above conclusions, the implications of this study for XYZ Hospital are that XYZ Hospital must immediately make efforts to improve the implementation of risk management in processes that are not yet optimal or ineffective to achieve optimal performance in enhancing service quality, including XYZ Hospital must establish a risk appetite (level or weight of risk that can be accepted or tolerated). Risk appetite can be established at Risk Level 3 (very low- and low-risk levels). The XYZ Hospital work unit needs to identify potential risks to update the risk register, analyze risks by combining the impact scale and likelihood scale determined in the risk management guidelines, and develop a comprehensive risk management plan. The XYZ Hospital work unit also needs to document the risk management process that has been implemented.

The management and leadership of XYZ Hospital must support the work unit to be able to carry out the risk management process optimally by strengthening the risk management infrastructure in risk awareness culture so that work units not only know and are aware of risks but are also able to manage risks and have the willingness to apply these abilities in managing risks. The management of XYZ Hospital needs to improve risk awareness culture in all work units, for example, through socialization and Focus Group Discussion (FGD) to disseminate information and discuss the importance of risk and risk management. Training and support for all work units is also essential to improve their knowledge and skills of work units in handling risks, from risk identification to risk recording and reporting. Strict policies and instructions should then be established, such as implementing a reward and punishment system to encourage behavior through risk management policies.

### 5.2. Limitation

This research has limitations that must be recognized, including:

1. Interviews were not conducted with risk-owning units (work units at XYZ Hospital), meaning that the perspectives of all risk-owning units were not fully covered.
2. The evaluation framework of this research is limited to the ISO 31000:2018 Risk Management Guide framework.
3. The scope of this research is limited to more than one research object, namely XYZ Hospital; therefore, the research results may not be generalizable to hospitals with different characteristics.

### 5.3. Suggestion

Suggestions based on the findings and limitations of this study are as follows.

1. Interviews were conducted with all risk-owning units (working entities of the XYZ Hospital). They can be added to interviews with practitioners and academics in hospital risk management to obtain scientific approaches that may have yet to be revealed. In addition to interviews, it is also recommended that Focus Group Discussions (FGDs) be completed to provide a more comprehensive perspective on implementing risk management at XYZ Hospital and to help verify the consistency of the information obtained. The combination of interviews with FGDs is expected to improve the quality and relevance of the research and provide recommendations for improving the implementation of more applicable and comprehensive risk management.
2. Using more than one framework evaluation of risk management implementation and benchmarking with ISO 31000:2018, such as considering the Ministry of Health Regulation or other relevant standards, provides a broader and deeper perspective on hospital risk management.

3. Conduct comparative research with several hospitals with different characteristics, such as comparing the implementation of risk management in government-owned and privately owned hospitals. This can help understand how different contexts affect the implementation of risk management.

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