

## Risk perception in health care—A study of differences across organizational interfaces

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### ABSTRACT

This paper examines risk perception among officials and employees across organizational interfaces within the health care system as a risk regulation regime. Officials and employees at different levels of a given regime may perceive risk differently (Hood et al., 1999; 2001; Rothstein, 2003), developing divergent attitudes towards the regulation and demands for risk management (Kewell, 2006). This paper focuses on institutional and instrumental aspects of risk regulation regimes—namely, the context (type of risk, public preferences and attitudes, organized interests) and backdrop of regulation—as well as the content (size, structure, style) involving the objectives and styles of regulation. The paper explores how these institutional and instrumental aspects shape risk perception among officials and employees across organizational interfaces in the Norwegian specialized health care system. The research question is:

*How do contextual and content elements of risk regulation regimes shape risk perception among officials and employees across organizational interfaces in health care?*

The study design is an embedded single case study approach covering the specialized health-care. Data were collected using a triangulation of qualitative and quantitative methods such as interviews, document analyses, observations, and statistical analyses (Patton, 1999). A total of forty-nine tape-recorded interviews were conducted using structured interview guides. Furthermore, a total of 894 written error reports from two hospital divisions were registered and analyzed using an Excel database. Document analyses have been conducted of healthcare legislation, Norwegian White Papers, guidelines and policy documents, inspection reports, and annual reports.

The results showed that risk perception varied according to officials' and employees' location within the regime (national or local regulator or within the hospital hierarchy), responsibility, profession, and personal experience with medical errors (Tamuz et al., 2004; Kaplan et al., 2003; Hutter, 2001; Hutter & Lloyd-Bostock,

1992). The results show amplification of certain risks and attenuation of others; implying that there exists a potential for latent conditions not to be discovered, managed, and learned from.

The study revealed heterogeneous risk perception across organizational interfaces in the regime. A regime involving complex structures and strong formal regulatory enforcement caused occupational and hierarchical variations in understanding risk. These content-related aspects alone do not shape risk perception; contextual aspects also have to be taken into account. Among the contextual elements, type of risks was the most vital for shaping risk perception. Some risks were observable and managed, but several risk types emerged due to the changes and complexity within the regime, turning out to be perceived differently across interfaces in the regime—if perceived at all.

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