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Risk Culture and the Integration of Risk Management in Zambia's Public Health Sector: Evidence from Ronald Ross General Hospital

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ABSTRACT

This study examined the influence of risk culture on the integration of risk management within Zambia's public health sector using Ronald Ross General Hospital as a case study. The study was motivated by concerns regarding weak institutional risk management practices, operational inefficiencies, and the limited integration of risk management systems within public sector institutions despite the existence of regulatory frameworks such as the Public Finance Management Act No. 1 of 2018 and the Government of the Republic of Zambia Risk Management Framework. Although enterprise risk management has received growing scholarly attention globally, limited empirical evidence exists on the relationship between risk culture and risk management integration within Zambia's public health sector. The study therefore sought to address this contextual gap by examining how organisational risk culture influences effective risk management integration within a public health institution.

The study adopted a mixed methods research design grounded in the critical realism paradigm. Primary data was collected through structured questionnaires and semi structured interviews involving management and operational staff at the hospital. Quantitative data was analysed using descriptive and inferential statistics, while qualitative data was analysed thematically.

The findings revealed that the hospital had moderately established risk management structures, including risk profiling mechanisms, governance structures, and continuous learning initiatives. However, the integration of risk management into institutional decision-making and operational processes remained limited due to weaknesses in organisational risk culture. The study further established that risk management practices were largely compliance driven rather than fully embedded within institutional operations.

The study contributes to public sector governance and enterprise risk management literature by demonstrating that risk culture is a critical institutional capability influencing effective risk management integration within public health institutions. The study concludes that strengthening organisational risk culture is essential for enhancing integrated risk management within public sector health institutions. It recommends stronger leadership commitment, continuous risk management training, institutional accountability mechanisms, and the mainstreaming of risk management into strategic and operational processes.

Keywords: Risk Culture, Risk Management Integration, Public Sector Governance, Enterprise Risk Management, Public Health Institutions, Zambia

INTRODUCTION

The contemporary public sector operates in increasingly volatile and complex environments characterised by technological transformation, fiscal pressures, governance challenges, public health emergencies, regulatory reforms, and rising stakeholder expectations regarding accountability and service delivery. These developments have heightened institutional exposure to strategic, operational, financial, compliance, and reputational risks, thereby compelling governments and public institutions to strengthen governance and risk management systems (Power, 2009; Hopkin, 2018; OECD, 2020; Deloitte, 2023). Subsequently, integrated risk management has emerged as an important governance mechanism through which institutions systematically identify, assess, monitor, and mitigate risks while enhancing organisational resilience and performance (Arena et al., 2010; Bromiley et al., 2015; Frigo & Anderson, 2021).

In the public sector, enterprise risk management has evolved from a compliance oriented administrative function into a strategic governance tool embedded within institutional planning, decision making, and operational systems (Mikes & Kaplan, 2015). Modern governance literature recognises that risk management frameworks strengthen accountability, institutional sustainability, and public value creation when effectively integrated into organisational culture and strategy (Nair et al., 2021; OECD, 2023). Recent COSO (2023) guidance further emphasises that effective governance systems require integration between internal controls, organisational culture, and institutional risk management processes. As a result, governments globally have intensified reforms aimed at embedding enterprise-wide risk management practices within public institutions to improve governance effectiveness and service delivery outcomes (OECD, 2014).

In Zambia, public financial management reforms have increasingly prioritised institutional accountability, transparency, and prudent utilisation of public resources. The Public Finance Management Act No. 1 of 2018 and the Government of the Republic of Zambia Risk Management Framework institutionalised the requirement for public institutions to establish effective risk management systems and governance mechanisms (GRZ, 2019; GRZ, 2021). Therefore, Public institutions are expected to integrate risk management into planning, budgeting, implementation, monitoring, and evaluation processes. Despite these reforms, many institutions continue to experience operational inefficiencies, audit queries, project failures, and governance weaknesses, suggesting that risk management systems remain insufficiently embedded within institutional operations and decision-making processes. Similar governance weaknesses and operational deficiencies have continued to emerge in Auditor General reports relating to public-sector institutions in Zambia (Office of the Auditor General, 2022).

Existing literature suggests that the effectiveness of risk management systems depends not only on formal governance structures and compliance mechanisms, but also on the extent to which institutions cultivate positive organisational risk cultures (IRM, 2012; Sheedy & Griffin, 2018). Risk culture refers to the shared values, beliefs, attitudes, competencies, and behavioural norms that shape how individuals perceive, communicate, and manage risks within an institution (Power et al., 2013). Palermo et al. (2022) argue that institutions characterised by collaborative governance cultures, leadership accountability, and transparent communication systems are more likely to achieve effective enterprise-wide risk management integration. Similarly, Agarwal and Kallapur (2023) contend that organisational culture enhances institutional adaptability, strategic responsiveness, and organisational resilience through improved employee engagement and communication practices.

A strong risk culture promotes transparency, accountability, institutional learning, and informed decision making. Weak risk cultures often result in fragmented implementation, poor communication, compliance driven behaviour, and ineffective governance systems (McConnell, 2013; Woods & Lewis, 2018). Consequently, contemporary governance literature increasingly recognises organisational culture as a strategic institutional capability necessary for strengthening governance effectiveness and institutional resilience (Frigo & Anderson, 2021; World Bank, 2022).

Although enterprise risk management has received growing scholarly attention globally, limited empirical studies have examined the interaction between risk management frameworks, risk culture, and risk management integration within Zambia's public health sector. Existing Zambian studies have largely focused on public financial management reforms and institutional accountability systems with limited emphasis on behavioural and cultural dimensions of enterprise risk management implementation. For example, Silwamba (2022) examined risk management integration within selected Zambian institutions but placed limited emphasis on behavioural and cultural dimensions of enterprise risk management implementation.

Yet public health institutions operate within highly complex, and resource constrained environments characterised by service delivery pressures, evolving healthcare risks, fiscal constraints, and operational uncertainties.

Against this background, this study investigates the influence of risk culture on the integration of risk management within Zambia's public health sector using Ronald Ross General Hospital as a case study. Specifically, the study examines the extent to which risk management frameworks have been established, evaluates institutional practices aimed at cultivating positive risk culture, and assesses the maturity of risk culture within the institution.

The study contributes to literature and practice in several ways. First, it extends empirical understanding of enterprise risk management and organisational risk culture within Zambia's public sector, an area that remains underexplored. Second, it contributes to public sector governance literature by demonstrating how behavioural and cultural factors influence the effectiveness of formal governance systems. Third, the study contributes methodologically through the integration of mixed methods analysis, robustness diagnostics, and Partial Least Squares Structural Equation Modelling (PLS-SEM) to examine institutional governance relationships. Finally, the study provides practical insights for policymakers, healthcare administrators, and governance practitioners seeking to strengthen institutional resilience, accountability, and service delivery through integrated risk management systems.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Conceptualising Risk Management Integration

Risk management integration refers to the extent to which risk management practices are embedded within an institution's governance structures, strategic planning, operational activities, and decision-making processes (Barafort et al., 2017). Unlike the traditional silo-based approach to managing risks independently across departments, integrated risk management adopts a holistic and enterprise-wide perspective that recognises the interrelated nature of institutional risks (Bromiley et al., 2015). This integrated orientation enables institutions to identify emerging threats and opportunities more systematically while aligning risk management practices with institutional objectives and performance outcomes.

The evolution of integrated risk management has been largely influenced by the emergence of Enterprise Risk Management (ERM) frameworks developed by institutions such as the Committee of Sponsoring Organisations of the Treadway Commission (COSO) and the Institute of Risk Management. These frameworks advocate embedding risk management into strategic planning, internal controls, performance management, and organisational culture rather than treating it as a stand-alone compliance activity (COSO, 2017). Bhimani (2009) similarly contends that enterprise risk management should be integrated into governance, management control systems, and organisational decision-making processes. According to Arena et al. (2010), effective risk management integration enhances institutional resilience, supports informed decision making, improves accountability, and strengthens organisational performance.

In the public sector, integrated risk management has become increasingly important due to growing institutional complexity, heightened accountability demands, fiscal constraints, and rapidly changing regulatory environments (OECD, 2020). Public institutions face multidimensional risks associated with governance failures, operational inefficiencies, technological disruptions, corruption, public health emergencies, and policy uncertainty. Consequently, governments worldwide have adopted integrated risk management reforms aimed at strengthening institutional governance and safeguarding public resources (Power, 2009; World Bank, 2022). Nair et al. (2021) further argue that enterprise risk management should be understood as a dynamic institutional capability that strengthens strategic adaptability, organisational resilience, and governance effectiveness.

In Zambia, the Government introduced risk management reforms through the Public Financial Management Reform Programme and the Public Finance Management Act No. 1 of 2018, which requires controlling officers to establish and maintain effective risk management systems within public institutions (GRZ, 2019). Furthermore, the Government of the Republic of Zambia Risk Management Framework emphasises leadership commitment, institutional integration, implementation, evaluation, and continuous improvement as central pillars of effective risk management systems (GRZ, 2021). Despite these reforms, evidence from audit reports and institutional assessments continues to reveal persistent weaknesses in risk governance and implementation across many public institutions.

The Concept of Risk Culture

Risk culture has emerged as one of the most significant determinants of effective risk management implementation in both private and public sector institutions. The concept gained prominence following the 2008 global financial crisis, where institutional failures were partly attributed to weak risk cultures characterised by excessive risk taking, poor governance, lack of accountability, and inadequate oversight (Power et al., 2013). Since then, scholars and practitioners have increasingly recognised that formal risk management systems alone are insufficient without supportive institutional behaviours and governance cultures. Palermo et al. (2022) contend that institutional culture significantly shapes governance effectiveness because behavioural norms influence how employees perceive, communicate, and respond to institutional risks. Similarly, Agarwal and Kallapur (2023) found that organisations with collaborative and adaptive cultures are more likely to achieve effective enterprise risk management integration and institutional resilience.

Risk culture refers to the shared values, attitudes, beliefs, competencies, and behavioural norms that influence how members of an institution perceive, communicate, and manage risks (IRM, 2012). According to Sheedy and Griffin (2018), risk culture shapes employees' risk awareness, ethical judgement, openness to communication, and willingness to escalate risk-related concerns. Similarly, Woods (2011) argues that institutional culture significantly influences the effectiveness of formal governance structures because employee behaviour ultimately determines whether risk policies and controls are genuinely implemented in practice.

A strong risk culture promotes transparency, accountability, learning, collaboration, and proactive risk management behaviours throughout an institution (McConnell, 2013). Aziz and Manab (2020) further argue that effective risk culture strengthens institutional sustainability and enhances organisational resilience through improved enterprise risk management practices. Institutions with mature risk cultures are more likely to encourage informed decision making, continuous monitoring, ethical conduct, and balanced risk taking aligned with organisational objectives (Mikes & Kaplan, 2015). Conversely, weak risk cultures often manifest through fear of reporting bad news, excessive bureaucracy, fragmented communication, compliance driven approaches, and resistance to institutional learning (Woods & Lewis, 2018).

The public sector presents unique challenges in cultivating effective risk cultures due to rigid administrative structures, political influence, bureaucratic procedures, resource constraints, and competing stakeholder expectations (Bozeman & Kingsley, 1998). As a result, many public institutions struggle to transition from formal compliance with risk management requirements towards embedding risk management into everyday organisational practices and decision-making processes.

Theoretical Foundations

This study is anchored on the Integrated Risk Management Framework developed by the Treasury Board of Canada Secretariat (2001), the Government of the Republic of Zambia Risk Management Framework (2021), and the Institute of Risk Management Risk Culture Framework (2012).

The Treasury Board of Canada Integrated Risk Management Framework provides a comprehensive approach for embedding risk management into institutional governance and decision-making processes. The framework identifies four key dimensions necessary for effective risk management integration: developing a corporate risk profile, establishing an integrated risk management function, practising integrated risk management, and

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ensuring continuous risk management learning. These dimensions collectively promote systematic identification, communication, assessment, and management of institutional risks.

Similarly, the Government of the Republic of Zambia Risk Management Framework (2021) provides operational guidance for public institutions in establishing effective risk management systems. The framework emphasises six major components, namely leadership, integration, design, implementation, evaluation, and improvement. These components underscore the need for leadership commitment, institutional accountability, and continuous improvement in strengthening public sector governance and risk management effectiveness.

The study also adopts the IRM Risk Culture Framework, which conceptualises risk culture as a multidimensional construct influenced by personal predisposition to risk, ethical orientation, behavioural patterns, organisational culture, and governance systems (IRM, 2012). The framework highlights the importance of leadership behaviour, transparency, accountability, communication, risk competence, and institutional learning in cultivating a mature risk culture.

Collectively, these theoretical frameworks provide an appropriate foundation for examining how institutional risk culture influences the integration of risk management within public health institutions in Zambia.

Empirical Review

Several empirical studies have examined the relationship between risk management integration and organisational culture across different institutional contexts. Ee et al. (2017) similarly found that organisational culture significantly influences governance effectiveness and institutional performance within public sector institutions. For example, Arena et al. (2010) found that leadership support, communication systems, and organisational learning significantly influence the effectiveness of enterprise risk management implementation. Similarly, Mikes and Kaplan (2015) observed that institutions with strong risk aware cultures tend to integrate risk considerations more effectively into strategic and operational decisions.

In the public sector context, Park (2017) investigated the influence of risk culture on risk management utilisation within Australian public sector entities and found that formal risk management structures alone were insufficient in promoting effective risk management integration. Instead, collaborative institutional environments characterised by openness, participation, communication, and knowledge sharing were more effective in supporting integrated risk management practices.

Likewise, Gutshwa (2016) examined risk culture maturity within a South African government entity and established that although formal risk management systems had been implemented, risk management practices remained compliance driven and insufficiently embedded within institutional processes. The study concluded that the absence of a mature risk culture hindered effective risk management integration.

In another study, Sheedy et al. (2017) found that institutional leadership and employee behavioural norms significantly influenced risk governance outcomes within financial institutions. The study emphasised that risk culture acts as a behavioural mechanism through which institutions translate formal governance structures into effective operational practices.

In Zambia, empirical studies on risk culture and integrated risk management remain limited, particularly within the public health sector. Existing studies have primarily focused on public financial management reforms, internal controls, and governance systems without adequately examining behavioural and cultural dimensions of risk management implementation. As a result, there remains a significant knowledge gap regarding how risk culture influences risk management integration within Zambia’s public institutions, especially in healthcare settings.

Research Gap

Existing literature acknowledges the importance of risk culture in enhancing institutional governance and

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enterprise risk management. However, empirical evidence from developing countries public sector institutions remains limited. Most studies have concentrated on financial institutions and private sector organisations within developed economies, thereby limiting contextual understanding of risk culture and risk management integration within African public institutions.

Furthermore, few studies have specifically examined the interaction between risk management frameworks, organisational risk culture, and risk management integration within Zambia's public health sector. Public health institutions operate under unique operational pressures associated with service delivery demands, health emergencies, regulatory compliance, and constrained resources, making effective risk management particularly critical.

Therefore, this study addresses an important empirical and contextual gap by investigating the influence of risk culture on the integration of risk management within a Zambian public health institution. The study contributes to the growing body of knowledge on public sector governance, institutional resilience, and enterprise risk management in developing economies.

Conceptual Framework and Hypotheses Development

Conceptual Framework

This study conceptualises risk management integration as a function of institutional risk management framework effectiveness and organisational risk culture within public sector health institutions. The study is premised on the understanding that formal risk management systems alone are insufficient to guarantee effective integration of risk management into institutional operations unless supported by a mature and positive risk culture.

Therefore, the conceptual framework positions the risk management framework as the independent variable influencing risk management integration, while risk culture acts as an intervening variable shaping the effectiveness of this relationship. Risk management integration constitutes the dependent variable representing the extent to which risk management practices are embedded into strategic planning, operational processes, governance systems, and institutional decision-making.

The framework is grounded in the Integrated Risk Management Framework developed by the Treasury Board of Canada Secretariat (2001), the Government of the Republic of Zambia Risk Management Framework (2021), and the Institute of Risk Management Risk Culture Framework (2012). These frameworks collectively suggest that effective risk management integration requires strong leadership support, institutional accountability, risk communication, continuous learning, employee engagement, and governance mechanisms.

In the context of this study, the risk management framework encompasses four major dimensions derived from the Treasury Board of Canada Integrated Risk Management Framework: Development of institutional risk profiles; Establishment of integrated risk management functions; Practice of integrated risk management and Continuous risk management learning.

Risk culture is conceptualised through behavioural and governance dimensions such as transparency, accountability, leadership commitment, communication, risk awareness, openness to reporting risk issues, and institutional learning. These dimensions influence the degree to which workers internalise and operationalise risk management practices within the institution.

Therefore, the study assumes that stronger institutional risk management frameworks combined with mature risk cultures are more likely to result in higher levels of risk management integration within public health institutions.

Research Hypotheses

The hypotheses for this study are informed by literature on enterprise risk management, organisational culture, and public sector governance.

Institutional risk profiling supports the systematic identification, assessment, prioritisation, and monitoring of risks affecting organisational objectives (TBS, 2001). Institutions with well developed risk profiles are more likely to achieve effective integration of enterprise risk management into planning and decision-making processes (Arena et al., 2010). Accordingly, the following hypotheses were formulated:

$H0_1$: Institutional risk profiles do not significantly influence risk management integration within the public health institution.

$H1_1$: Institutional risk profiles significantly influence risk management integration within the public health institution.

The establishment of formal risk management functions enhances coordination, accountability, communication, and oversight of institutional risks (GRZ, 2021). According to Mikes and Kaplan (2015), dedicated risk management structures improve the integration of risk considerations into strategic and operational processes. Therefore, the study hypothesises that:

$H0_2$: Risk management functions do not significantly influence risk management integration within the public health institution.

$H1_2$: Risk management functions significantly influence risk management integration within the public health institution.

Continuous risk management learning strengthens institutional capacity, employee awareness, and organisational risk culture (IRM, 2012). Institutions that invest in training and risk communication are more likely to integrate risk management into everyday organisational activities (Sheedy & Griffin, 2018). Consequently, the following hypotheses were formulated:

$H0_3$: Continuous risk management learning does not significantly influence risk management integration within the public health institution.

$H1_3$: Continuous risk management learning significantly influences risk management integration within the public health institution.

Relationship Between Risk Culture and Risk Management Integration

The study further posits that risk culture significantly influences the effectiveness of risk management integration within public health institutions. Positive risk cultures enhance communication, accountability, employee participation, and openness in managing institutional risks, whereas weak risk cultures contribute to fragmented implementation and poor integration of risk management into decision-making processes (Power et al., 2013; Woods & Lewis, 2018).

Accordingly, the following hypothesis was formulated:

$H0_4$: Risk culture does not significantly influence risk management integration within the public health institution.

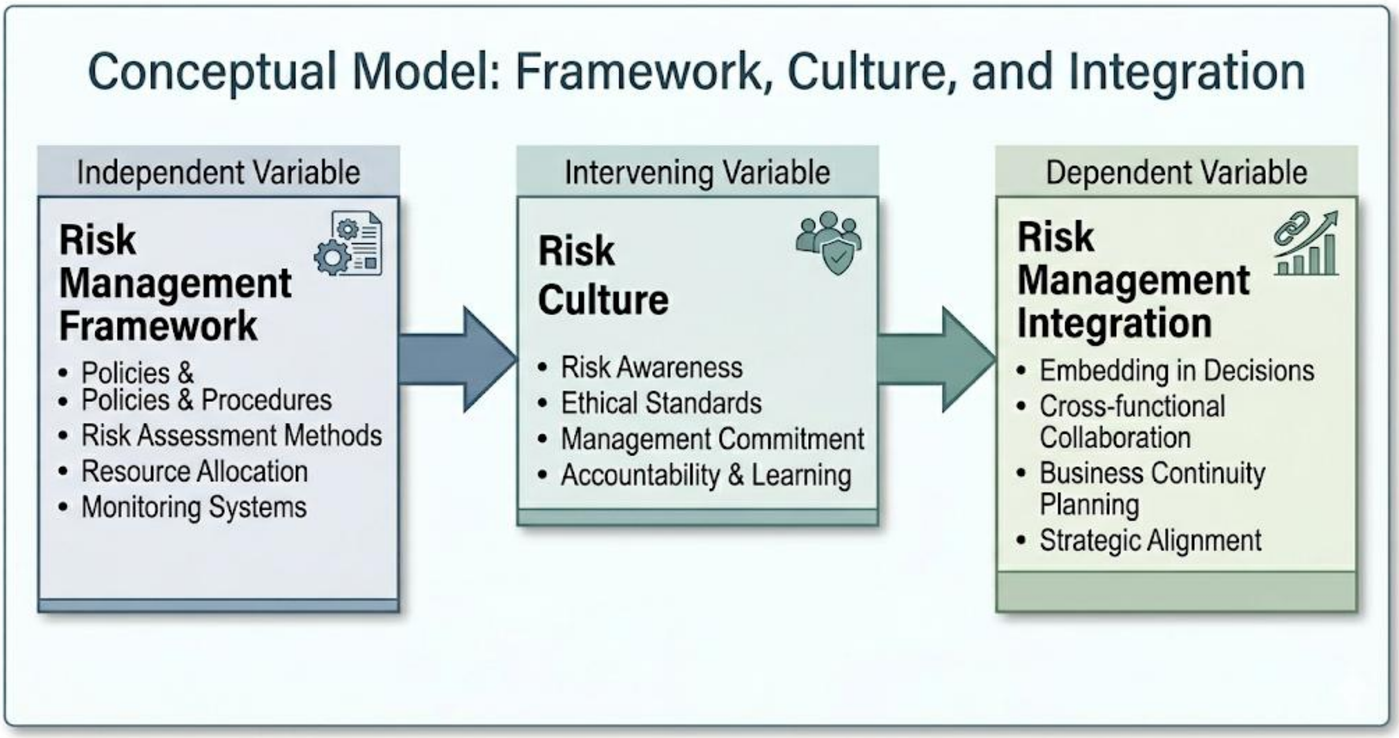
$H1_4$: Risk culture significantly influences risk management integration within the public health institution.

Conceptual Model

The conceptual relationship underpinning the study can therefore be summarised as follows: The Risk Management Framework being the Independent Variable; Risk Culture as the Intervening Variable; and Risk Management Integration as the Dependent Variable.

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS | Volume X Issue VI June 2026

Figure 1. Conceptual Framework for Risk Culture and Risk Management Integration



Source: Authors' conceptualisation based on TBS (2001), IRM (2012), and GRZ (2021).

The next section presents the research methodology employed in investigating the influence of risk culture on risk management integration within Ronald Ross General Hospital.

RESEARCH METHODOLOGY

Research Philosophy and Paradigm

This study adopted the critical realism philosophical paradigm to investigate the influence of risk culture on the integration of risk management within a public health institution in Zambia. Critical realism was considered appropriate because it enables the researcher to examine both observable institutional practices and the underlying social, behavioural, and organisational mechanisms influencing risk management integration (Bhaskar, 1978). The paradigm acknowledges that institutional realities exist independently of human perception while simultaneously recognising that human experiences, beliefs, and interpretations shape organisational behaviour and decision-making processes (Saunders et al., 2019).

The adoption of critical realism was particularly suitable for this study because risk management integration and risk culture involve both measurable organisational structures and subjective behavioural dynamics within institutions. Therefore, the paradigm provided an appropriate foundation for combining quantitative and qualitative methods in examining formal risk management systems alongside employee perceptions, attitudes, and institutional practices.

Research Approach

This study employed a mixed methods research approach integrating both quantitative and qualitative techniques to examine the influence of risk culture on risk management integration within Ronald Ross General Hospital. The mixed methods approach was considered appropriate because the study sought to examine both measurable institutional practices and the underlying behavioural and organisational dynamics influencing enterprise risk management implementation.

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS | Volume X Issue VI June 2026

According to Creswell and Plano Clark (2018), mixed methods research enhances interpretive depth through triangulation of quantitative and qualitative evidence. In this study, the quantitative component focused on assessing the extent of risk management framework implementation and levels of risk culture maturity using structured questionnaires. The qualitative component explored participants' experiences, perceptions, and contextual interpretations relating to institutional governance practices, communication systems, leadership commitment, and operational challenges affecting risk management integration.

The study adopted a convergent mixed methods design in which quantitative and qualitative data were collected during the same phase, analysed separately, and subsequently integrated during interpretation and discussion of findings. This approach enabled the researcher to compare, triangulate, and synthesise findings from both strands of evidence to generate a more comprehensive understanding of organisational risk culture and enterprise risk management integration within the institution.

The integration of quantitative and qualitative findings strengthened methodological rigor by enabling statistical trends identified through survey responses to be contextualised and explained using qualitative insights obtained from key informants. Consequently, the mixed methods approach enhanced analytical coherence, validity, and interpretive richness of the study findings.

Research Design

The study adopted a descriptive cross sectional case study design focusing on Ronald Ross General Hospital located in Mufulira District on the Copperbelt Province of Zambia. A case study design was appropriate because it enabled an in-depth examination of risk management integration practices within a real-life institutional context (Yin, 2018).

The cross-sectional design allowed the researcher to collect data from respondents at a single point in time while capturing prevailing institutional conditions relating to risk management framework implementation and risk culture maturity. The design was also considered suitable because the study sought to explore existing organisational practices rather than establish long term causal relationships.

Study Population and Sampling

The target population comprised management and operational staff at Ronald Ross General Hospital, specifically Division I and Division II officers involved in administrative, operational, financial, governance, and clinical functions. These categories of employees were considered appropriate because they possessed relevant institutional knowledge regarding governance systems, operational risks, and risk management practices within the hospital.

The study employed purposive sampling to select participants for both the quantitative and qualitative phases of the study. Purposive sampling was considered appropriate because the study required respondents with direct involvement in institutional processes relating to risk management, governance, administration, and operational oversight (Saunders et al., 2019).

For the quantitative component, structured questionnaires were administered to respondents drawn from administration, finance, clinical services, and support departments to capture diverse perspectives regarding risk management framework implementation and organisational risk culture. The sampling approach ensured representation of both management-level and operational employees involved in institutional decision-making and service delivery processes.

For the qualitative component, key informants were purposively selected based on their institutional responsibilities and involvement in governance, finance, administration, auditing, and operational oversight functions. The inclusion of key informants enabled the study to obtain in-depth contextual insights regarding leadership commitment, communication practices, employee participation, and institutional challenges affecting risk management integration.

The combination of questionnaire respondents and key informants enhanced triangulation and strengthened the credibility of the findings by allowing convergence of quantitative trends and qualitative explanations.

Data Collection Methods

Primary data was collected using structured questionnaires and semi structured interviews.

Structured Questionnaires

Structured questionnaires were administered to respondents to collect quantitative data regarding development of institutional risk profiles; establishment of risk management functions; continuous risk management learning; risk management practices; and risk culture maturity.

The questionnaire items were measured using Likert Scale responses to assess respondent perceptions regarding institutional risk management practices and organisational culture dimensions.

Semi Structured Interviews

Semi structured interviews were conducted with selected key informants to obtain qualitative insights into institutional risk management practices, implementation challenges, leadership commitment, employee attitudes, and organisational culture dynamics. The interviews provided deeper contextual understanding regarding behavioural and operational factors influencing risk management integration within the institution.

Data Analysis Techniques

Quantitative Data Analysis

Quantitative data was analysed using descriptive and inferential statistical techniques with the aid of the Statistical Package for Social Sciences (SPSS) and Partial Least Squares Structural Equation Modelling (PLS-SEM).

Descriptive statistics including frequencies, percentages, means, and standard deviations were used to summarise respondent characteristics and assess perceptions regarding institutional risk management framework implementation and risk culture maturity.

Inferential statistical analysis included reliability testing using Cronbach’s Alpha coefficients, normality testing, Spearman’s Rank Correlation analysis, multicollinearity diagnostics using Variance Inflation Factors (VIF), and model goodness-of-fit assessment. The study further employed PLS-SEM to examine predictive relationships among latent constructs relating to risk management frameworks, risk culture maturity, and risk management integration.

PLS-SEM was considered appropriate due to the exploratory nature of the study, the relatively small sample size, and the study’s emphasis on examining predictive relationships among institutional governance constructs. The technique further enabled assessment of construct reliability, convergent validity, structural path relationships, and explanatory power of the model.

The use of non-parametric statistical techniques was considered appropriate because the study involved ordinal Likert Scale data and relatively small sample characteristics.

Qualitative Data Analysis

Qualitative data obtained through semi-structured interviews was analysed using thematic analysis. Thematic analysis involved identifying, coding, categorising, and interpreting recurring themes emerging from participant responses regarding institutional risk management practices and organisational risk culture.

The qualitative analysis focused on themes relating to leadership commitment, communication systems, employee engagement, institutional learning, accountability, and implementation challenges affecting risk management integration.

Following separate analyses, quantitative and qualitative findings were integrated during interpretation and discussion of results using triangulation principles. This integration enabled qualitative evidence to explain and contextualise statistical patterns observed in the quantitative findings, thereby strengthening interpretive coherence and analytical depth.

Reliability and Validity

To ensure reliability, the study conducted internal consistency testing using Cronbach's Alpha coefficients. Reliability testing assessed the consistency and stability of questionnaire items measuring risk management framework components and risk culture maturity dimensions. Cronbach's Alpha values exceeding the acceptable threshold of 0.70 indicated satisfactory reliability of the research instrument (Hair et al., 2019).

Validity was enhanced through triangulation of quantitative and qualitative methods, expert review of research instruments, and alignment of questionnaire items with established theoretical frameworks including the TBS Integrated Risk Management Framework and the IRM Risk Culture Framework.

Additionally, content validity was strengthened by ensuring that questionnaire items adequately captured the constructs under investigation, namely risk management framework implementation, risk culture maturity, and risk management integration.

Methodological validity was further strengthened through triangulation between quantitative and qualitative findings, enabling convergence and complementarity of evidence regarding institutional risk culture and risk management integration practices.

Ethical Considerations

The study adhered to established ethical research principles throughout the research process. Formal permission to conduct the study was obtained from Ronald Ross General Hospital management before data collection commenced. Participation in the study was voluntary, and respondents were informed about the purpose of the study prior to participation.

The study further ensured confidentiality, anonymity, and informed consent. Respondents were assured that information provided would be used strictly for academic purposes and that their identities would not be disclosed in the final research outputs.

Methodological Limitations

Although the mixed methods approach enhanced the comprehensiveness of the study, several methodological limitations were acknowledged. First, the study focused on a single public health institution, which may limit generalisability of findings across the broader public sector. Second, the use of self reported questionnaire responses may have introduced response bias. Third, the cross-sectional design limited the ability to examine changes in institutional risk culture and risk management integration over time.

Despite these limitations, the study generated valuable empirical insights into the relationship between risk culture and risk management integration within Zambia's public health sector.

The next section presents the empirical findings and analysis of the study.

RESULTS AND DISCUSSION

Respondent Demographics

This section presents the findings on the influence of risk culture on risk management integration within Ronald Ross General Hospital. Both quantitative and qualitative findings were analysed to assess the extent of risk management framework implementation and institutional risk culture maturity.

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS | Volume X Issue VI June 2026

Table 1: Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage (%)
Gender	Male	34	56.7
	Female	26	43.3
Age Group	20-30 years	11	18.3
	31-40 years	24	40.0
	41-50 years	18	30.0
	Above 50 years	7	11.7
Work Experience	Less than 5 years	9	15.0
	5-10 years	28	46.7
	Above 10 years	23	38.3
Department	Administration	14	23.3
	Finance	9	15.0
	Clinical Services	25	41.7
	Support Services	12	20.0

Source: Authors' compilation from Field Data

Most respondents were male (56.7%), aged between 31-40 years, and had more than five years of work experience. This suggests that respondents possessed sufficient institutional experience and understanding of governance and risk management practices.

Descriptive Results

The study assessed institutional risk profiling, establishment of risk management functions, continuous risk management learning, and risk culture maturity using a five-point Likert Scale.

Table 2: Development of Institutional Risk Profiles

Statement	Mean	Std. Deviation	Interpretation
Institutional risks are formally identified	3.91	0.84	Agree
Risk assessments are periodically conducted	3.76	0.88	Agree
Risk registers are maintained	3.58	0.95	Moderate
Risks are prioritised according to impact	3.81	0.79	Agree
Risk information supports planning processes	3.62	0.91	Moderate

Source: Authors' compilation from Field Data

The aggregate mean was 3.74. The findings indicate that institutional risk profiling mechanisms were moderately established. Risk identification and assessments were generally practiced, although integration of risk information into planning processes remained limited.

Table 3: Establishment of Integrated Risk Management Functions

Statement	Mean	Std. Deviation	Interpretation
The institution has a designated risk management structure	3.88	0.86	Agree
Roles and responsibilities relating to risk management are clearly defined	3.54	0.93	Moderate
Management supports risk management initiatives	3.69	0.89	Agree
Risk management is integrated into departmental operations	3.41	1.01	Moderate
Risk management policies are communicated to staff	3.60	0.87	Moderate

Source: Authors' compilation from Field Data

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS | Volume X Issue VI June 2026

The aggregate mean was 3.62. The results show moderate establishment of risk management structures and governance systems. However, operational integration and communication of risk management practices remained relatively weak.

Table 4: Continuous Risk Management Learning

Statement	Mean	Std. Deviation	Interpretation
Staff receive risk management training	3.22	1.02	Moderate
Risk management awareness programmes are conducted	3.18	1.04	Moderate
Employees are encouraged to report risks openly	3.49	0.97	Moderate
Lessons from past incidents are shared institutionally	3.31	1.00	Moderate
Continuous professional development in risk management exists	3.09	1.08	Moderate

Source: Authors' compilation from Field Data

The Aggregate Mean was 3.26. The findings demonstrate relatively weak institutional investment in risk management learning, training, and knowledge-sharing mechanisms, suggesting moderate levels of risk culture maturity.

Table 5: Risk Culture Maturity Assessment

Risk Culture Dimension	**Mean**	**Interpretation**
Leadership Commitment	3.71	Moderate
Transparency and Communication	3.33	Moderate
Accountability	3.45	Moderate
Employee Risk Awareness	3.27	Moderate
Institutional Learning	3.18	Moderate
Openness in Reporting Risks	3.24	Moderate

Source: Authors' compilation from Field Data

The overall aggregate mean was 3.36. The institution demonstrated a moderately developed risk culture. Leadership commitment scored comparatively higher, while communication, institutional learning, and openness in reporting risks remained relatively weak.

Robustness and Inferential Analysis

Table 6: Reliability Test Results

Variable	Number of Items	Cronbach's Alpha	Interpretation
Risk Management Framework	15	0.821	Reliable
Risk Culture Maturity	12	0.846	Reliable
Risk Management Integration	10	0.803	Reliable

Source: Authors' compilation from SPSS analysis

The Cronbach's Alpha coefficients exceeded the acceptable threshold of 0.70, confirming satisfactory reliability and internal consistency of the research instrument (Hair et al., 2019).

Table 7: Normality Test Results

Variable	Skewness	Kurtosis	Shapiro-Wilk Sig.
Risk Management Framework	-0.412	-0.338	0.072
Risk Culture Maturity	-0.287	-0.415	0.065
Risk Management Integration	-0.365	-0.291	0.081

Source: Authors' compilation from SPSS analysis

The results indicate acceptable data distribution characteristics suitable for inferential analysis.

Table 8: Multicollinearity Diagnostics

Predictor Variable	Tolerance	VIF
Institutional Risk Profile	0.684	1.462
Risk Management Function	0.711	1.406
Continuous Risk Management Learning	0.658	1.520
Risk Culture Maturity	0.633	1.579

Source: Authors' compilation from SPSS analysis

The Variance Inflation Factor (VIF) values were below the critical threshold of 10, indicating absence of severe multicollinearity among predictor variables.

Table 9: Spearman Correlation Analysis

Variables	Correlation Coefficient (ρ)	Significance (p-value)
Risk Management Framework and Risk Management Integration	0.672	0.001
Risk Culture and Risk Management Integration	0.714	0.001
Risk Management Framework and Risk Culture	0.648	0.001

Source: Authors' compilation from SPSS analysis

The findings reveal strong positive and statistically significant relationships among risk management framework implementation, risk culture, and risk management integration. Risk culture exhibited the strongest relationship with risk management integration.

Table 10: Model Summary and Goodness-of-Fit

Statistic	Value
-2 Log Likelihood	41.227
Chi-Square	28.541
Significance (p-value)	0.001
Nagelkerke R^2	0.536
Cox & Snell R^2	0.481

Source: Authors' compilation from SPSS analysis

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The model was statistically significant and demonstrated moderate explanatory power, indicating that risk management framework components and risk culture maturity significantly influenced risk management integration.

PLS-SEM Results

Table 11: Construct Reliability and Convergent Validity

Construct	Cronbach's Alpha	Composite Reliability (CR)	Average Variance Extracted (AVE)
Risk Management Framework (RMF)	0.821	0.873	0.632
Risk Culture Maturity (RCM)	0.846	0.891	0.671
Risk Management Integration (RMI)	0.803	0.857	0.601

Source: Authors' compilation from PLS-SEM estimations

The constructs demonstrated satisfactory reliability and convergent validity as all CR values exceeded 0.70 and AVE values exceeded 0.50.

Table 12: Structural Path Coefficients

Hypothesised Relationship	Path Coefficient (β)	t-value	p-value	Decision
RMF → RCM	0.648	6.412	0.001	Supported
RMF → RMI	0.437	4.985	0.001	Supported
RCM → RMI	0.514	5.673	0.001	Supported

Source: Authors' compilation from PLS-SEM estimations

The results indicate statistically significant positive relationships among all major constructs. Risk culture maturity demonstrated the strongest influence on risk management integration, confirming that behavioural and organisational factors significantly shape institutional risk management effectiveness.

Table 13: Coefficient of Determination (R^2)

Endogenous Construct	R^2 Value	Interpretation
Risk Culture Maturity	0.420	Moderate
Risk Management Integration	0.536	Moderate-Substantial

Source: Authors' compilation from PLS-SEM estimations

The findings indicate moderate explanatory power of the structural model.

Qualitative Findings and Discussion

The qualitative findings complemented the quantitative results by providing deeper contextual insights into the organisational and behavioural dynamics influencing risk management integration within Ronald Ross General Hospital. Respondents acknowledged that management had established formal risk management structures and procedures. However, implementation remained inconsistent across departments and operational units.

A dominant theme emerging from the interviews was that risk management practices remained largely compliance driven rather than strategically embedded within routine operational and administrative processes. Participants indicated that risk management activities were often undertaken primarily to satisfy audit and reporting requirements rather than to strengthen proactive governance, institutional learning, and operational decision making. These findings are consistent with Gutshwa (2016), who observed that formal risk management systems within public sector entities often remain procedural and insufficiently integrated into everyday institutional processes.

The findings further revealed that organisational risk culture significantly influenced the effectiveness of enterprise risk management implementation within the hospital. Communication gaps, limited employee engagement, and inadequate awareness regarding institutional risk management practices constrained broader integration across operational levels. Several respondents noted that risk management discussions were frequently concentrated at management level with limited dissemination to operational staff responsible for day-to-day implementation. These findings support observations by Sheedy and Griffin (2018) and Woods and Lewis (2018), who argue that communication systems, employee participation, and behavioural norms significantly influence enterprise risk management effectiveness.

In addition, limited training opportunities, weak institutional learning systems, and resource constraints constrained the development of a mature and risk aware organisational environment. Operational pressures associated with staffing limitations, bureaucratic administrative procedures, and competing healthcare service delivery priorities further affected effective integration of risk management practices within the hospital. Similar governance and implementation challenges have been reported in public sector institutions operating in developing economies where resource limitations, administrative rigidities, and weak organisational cultures constrain institutional risk management effectiveness (Asenova et al., 2015; World Bank, 2022).

The findings also suggest that formal governance frameworks alone may not guarantee effective enterprise risk management integration within resource-constrained public health institutions. Rather, organisational culture functions as an enabling governance mechanism through which risk management systems become operationalised within institutional practices and decision-making processes. This interpretation aligns with Mikes and Kaplan (2015), who contend that risk-aware organisational environments strengthen institutional adaptability and integration of risk considerations into strategic and operational activities.

Overall, the qualitative evidence reinforces the argument that leadership support, institutional communication, accountability systems, employee participation, and continuous organisational learning collectively shape the maturity and effectiveness of risk culture within public health institutions (Frigo & Anderson, 2021; Palermo et al., 2022).

INTEGRATED DISCUSSION

The integration of quantitative and qualitative findings provided a more comprehensive understanding of how organisational risk culture influences risk management integration within Ronald Ross General Hospital. Quantitative findings identifying moderate levels of risk management framework implementation and risk culture maturity were reinforced by qualitative evidence highlighting communication gaps, compliance-driven implementation practices, limited employee engagement, and operational constraints affecting enterprise risk management implementation.

The findings demonstrate that Ronald Ross General Hospital had established moderate foundations for enterprise risk management through risk profiling systems, governance structures, and formal risk management practices. However, the effectiveness of these governance structures remained constrained by organisational and behavioural factors affecting institutional implementation processes. This finding supports the argument by Arena et al. (2010) that enterprise risk management effectiveness depends not only on formal structures but also on institutional dynamics, communication systems, and organisational learning mechanisms.

The quantitative analysis revealed statistically significant positive relationships between risk management frameworks, risk culture, and risk management integration, with risk culture exhibiting the strongest influence on integration outcomes. This suggests that organisational culture functions not merely as a supporting governance variable, but as a critical institutional capability shaping how enterprise risk management systems are internalised and operationalised within institutional decision-making processes. Similar observations were made by Palermo et al. (2022), who argue that collaborative governance cultures and transparent communication systems strengthen enterprise-wide risk management integration.

The qualitative findings further demonstrated that risk management practices within the hospital remained largely procedural and compliance-oriented rather than strategically embedded into operational and governance systems. Weak communication systems, limited institutional learning mechanisms, insufficient employee participation, and operational pressures constrained broader institutional ownership of risk management practices. These findings are consistent with Mikes and Kaplan (2015), who contend that institutions with stronger risk-aware cultures are more likely to integrate risk considerations into strategic and operational decision-making processes.

The findings further reinforce contemporary governance literature which argues that formal enterprise risk management frameworks alone are insufficient to ensure effective governance outcomes without supportive organisational cultures and behavioural alignment (Frigo & Anderson, 2021; Woods & Lewis, 2018). Within the context of public health institutions operating under fiscal pressures, administrative rigidities, and resource constraints, organisational culture becomes particularly important in facilitating accountability, communication, transparency, and proactive risk management behaviour. Similar institutional challenges have been observed across public-sector institutions in developing economies where governance weaknesses and operational pressures constrain effective risk management integration (Asenova et al., 2015; World Bank, 2022).

The findings therefore suggest that strengthening enterprise risk management within Zambia's public health sector requires movement beyond procedural compliance towards the development of risk-aware organisational environments capable of embedding risk management into strategic planning, operational processes, and institutional decision-making practices. This interpretation aligns with Nair et al. (2021), who conceptualise enterprise risk management as a dynamic institutional capability that enhances organisational resilience, governance effectiveness, and strategic adaptability.

Overall, the study demonstrates that organisational risk culture represents a significant governance mechanism influencing enterprise risk management effectiveness within public health institutions operating in resource-constrained and administratively complex environments (Sheedy & Griffin, 2018; Frigo & Anderson, 2021).

CONCLUSION AND POLICY IMPLICATIONS

Conclusion

This study examined the influence of risk culture on the integration of risk management within Zambia's public health sector using Ronald Ross General Hospital as a case study. The study was motivated by concerns regarding governance weaknesses, operational inefficiencies, and the limited effectiveness of enterprise risk management systems within public health institutions despite ongoing public financial management reforms.

The findings revealed moderately established risk management structures, governance systems, and risk management practices within the hospital. However, effective integration of enterprise risk management remained constrained by weaknesses in organisational risk culture. Although formal governance systems existed, implementation practices remained largely compliance-driven and insufficiently embedded into strategic and operational decision-making processes.

The study further established statistically significant relationships between risk management frameworks, organisational risk culture, and risk management integration, with risk culture demonstrating the strongest influence on integration outcomes. These findings suggest that organisational culture functions as a critical governance mechanism through which formal enterprise risk management systems become operationalised within institutional practices.

Qualitative findings further demonstrated that communication gaps, limited employee participation, inadequate institutional learning mechanisms, and operational pressures constrained broader implementation of enterprise risk management practices within the hospital.

The study contributes to enterprise risk management and public sector governance literature by providing empirical evidence from Zambia's public health sector, an area that remains relatively underexplored in existing literature. Practically, the study provides a governance-oriented framework that public health institutions may utilise to strengthen accountability, institutional resilience, and proactive risk management practices.

Overall, the study concludes that effective integration of enterprise risk management within public health institutions depends not only on formal governance structures but also on the development of supportive organisational cultures capable of promoting accountability, communication, institutional learning, and risk-aware decision making.

Policy Implications

From a policy perspective, the findings suggest that strengthening enterprise risk management within Zambia's public health sector requires greater emphasis on organisational and behavioural dimensions of governance rather than exclusive reliance on formal compliance frameworks. Public health institutions operating within resource-constrained environments require supportive organisational cultures capable of promoting accountability, communication, institutional learning, and proactive risk management practices.

The findings further imply that leadership commitment alone may be insufficient unless supported by broader employee participation, effective communication systems, continuous professional development, and institutional integration of risk management into planning and operational processes. Consequently, policymakers and public sector administrators should prioritise governance reforms that strengthen both formal risk management systems and the organisational cultures necessary for their effective implementation.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are proposed:

Strengthening Leadership Commitment

Institutional leadership should demonstrate stronger commitment towards embedding risk management into strategic and operational processes. Management should actively champion risk management initiatives and promote accountability across all departments.

Enhancing Risk Management Training and Awareness

The institution should implement regular risk management training programmes aimed at improving employee awareness, competencies, and participation in risk management activities. Continuous learning initiatives would strengthen institutional risk culture maturity.

Improving Communication and Employee Engagement

The institution should strengthen communication systems relating to risk management policies, procedures, and reporting mechanisms. Employees at all levels should be encouraged to participate openly in identifying, reporting, and managing institutional risks.

Mainstreaming Risk Management into Decision Making

Risk management should be integrated into planning, budgeting, procurement, project management, and operational processes to ensure that institutional decisions adequately consider both threats and opportunities.

Strengthening Institutional Learning Systems

The institution should establish mechanisms for documenting and sharing lessons learned from previous incidents, operational failures, audit findings, and risk events to enhance institutional learning and continuous improvement.

Limitations of the Study

Although the study generated valuable empirical insights, several limitations were acknowledged. First, the study focused on a single public health institution, which may limit the generalisability of findings across the wider public sector. Second, the cross-sectional nature of the study restricted the ability to examine changes in institutional risk culture over time. Third, reliance on self reported responses may have introduced respondent bias.

Despite these limitations, the study provides important contributions to literature on risk culture, enterprise risk management, and public sector governance within developing country contexts.

Directions for Future Research

Future studies should consider undertaking comparative analyses involving multiple public sector institutions across different sectors and geographical locations within Zambia. Longitudinal studies examining changes in institutional risk culture over time would also provide deeper insights into risk management maturity development processes.

Further research may additionally examine the relationship between risk culture and institutional performance indicators such as service delivery quality, financial accountability, operational efficiency, and organisational resilience within public institutions.

Future studies should further examine causal pathways between organisational culture, governance systems, and institutional performance using longitudinal and multi-institutional research designs.

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