
Corruption Risk Management in Healthcare Institutions in the Area of Canton 10



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ers take bribes, with 19.7% indicating that this occurs entirely, and 19.7% partially. Additionally, 51.2% of respondents stated they would report bribery if they had certain knowledge about it, with 45.7% indicating they would do so entirely, and 5.5% partially.

Abstract

Corruption is a global problem in itself, and it presents a particular issue when it appears in the healthcare system. The healthcare system of every country is sensitive to corruption regardless of the level at which it occurs. The objectives of the research are: to determine the existence of documents that prevent corrupt activities in healthcare institutions; to ascertain whether the institution possesses Standard Operating Procedures that regulate the methods of employment and the induction of new employees; and to examine the knowledge, attitudes, and practices of employees regarding the awareness of anti-corruption prevention mechanisms.

The research is quantitative, exploratory, descriptive, cross-sectional, and comparative. Available strategic documents from institutions were used and analyzed. The research did not require financial costs and investments from the researchers. The results show that 39.4% of respondents believe that healthcare work-

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Introduction

Measuring corruption has been a longstanding challenge for both academics and the political community due to the lack of unanimously agreed definitions and the widespread belief that, due to its informal and hidden nature, corruption is a phenomenon that cannot be easily detected.¹ Healthcare systems consist of complex interactions between multiple different actors with varying knowledge and understanding of the subject and the system.² This complexity makes them particularly vulnerable to corruption, which has a detrimental impact on the functioning of healthcare systems and the health of the population.³ Consequently, reducing corruption in the healthcare sector is imperative for strengthening healthcare systems and improving equity in healthcare, especially in low- and middle-income countries.⁴ Although corruption in the healthcare sector is a global problem, there are key differences in the forms and motives behind corruption in different healthcare systems. Recognizing these differences and understanding the underlying structures of systems that enable corruption are crucial for developing anti-corruption interventions.⁵

Corruption, as a global problem, presents a particular issue when it appears in the healthcare system. The healthcare system of every country is sensitive to corruption, regardless of the level at which it occurs. The healthcare sector is particularly enticing for corruption, especially in societies where the rule of law is not respected, transparency is lacking, and accountability mechanisms are absent. A corruption-ridden healthcare system can be identified by the constant enrichment of corrupt units, regardless of the situation the system is in.⁶

Corruption in the healthcare system can manifest in various forms, such as bribery, misinformation, absenteeism, theft, and informal payments from patients.

The objectives of the research are:

1. To determine whether there are documents that serve to prevent corrupt activities in healthcare institutions.
2. To check whether the institution has Standard Operating Procedures that regulate the processes of hiring and onboarding new employees.

Research Methods

The research was quantitative, exploratory, descriptive, cross-sectional, and comparative. Available strategic documents from institutions were used and analyzed. The research did not require financial costs and investments from the researchers. For the second part of the research, a proprietary questionnaire was used, created based on a review of professional and scientific literature and practical evidence. The questionnaire was made available to respondents in an electronic version via Google Forms. The protection of respondents' identities and professional data related to their organizations (the names of the organizations were not highlighted in the questionnaire) was guaranteed. The respondents in the study included both healthcare and non-healthcare workers (cleaners, psychologists, lawyers, economists, social workers, defectologists, drivers, and porters) from the area of the Canton of Herzegovina. More than 100 respondents employed in public and private healthcare institutions were expected to participate in this study. The research was conducted from May to June 2023. The analysis results are presented in tables and graphs, displaying the number of cases, percentages, arithmetic means with standard deviations, and value ranges. Correlational relationships were tested using Spearman's rank correlation test. The results were considered statistically significant at a 95% confidence level or at $p < 0.05$. The analysis was performed using the IBM Statistics SPSS v 25.0 statistical package.

Research Results

The research included a total of 127 respondents, employees of healthcare institutions in Canton 10, who adequately completed the online questionnaire created via Google Forms, during the period from May 1, 2023, to June 1, 2023. An overview of the healthcare institutions included in the research is presented in Chart 1.

Out of the total number of respondents, 98 were female (77.2%), and only 29 were male (22.8%). The largest number of respondents were aged between 26-36 years

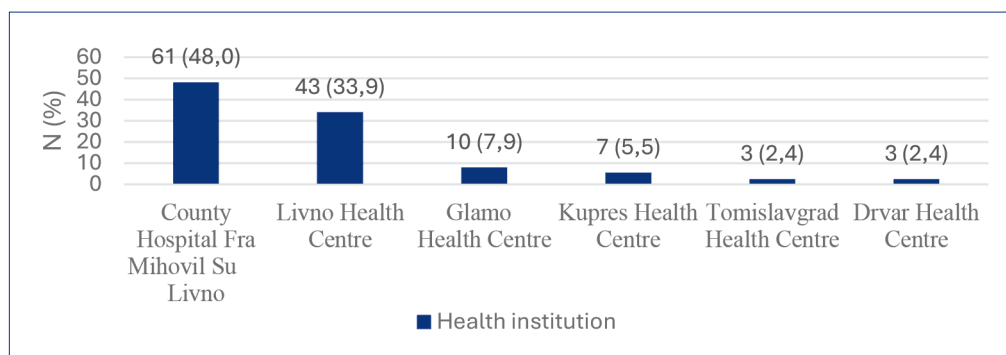


Chart 1. Overview of Respondents' Healthcare Institutions

Table 1. Overview of Respondents' Job Positions - Functions			
		N	%
Job Position	Head of Healthcare Institution	1	0,8
	Head of Department in Healthcare Institution	3	2,4
	Doctor	19	15,0
	Chief Nurse of Institution	5	3,9
	Chief Nurse of Department	12	9,4
	Nurse	62	48,8
	Non-Medical Worker	18	14,2
	Healthcare Associate (Psychologist, Social Worker, Defectologist)	7	5,5
	Total	127	100,0

old (36 or 28.3%). Regarding the educational qualifications of the respondents, 55 (43.3%) had a secondary school education, 12 (9.4%) had a higher education degree, 38 (29.9%) had a university degree, and 22 (17.3%) held a master's, doctoral, or professorial degree. An overview of the respondents' job positions (functions) is presented in Table 1.

From the total number of respondents, the largest group is nurses - 62 respondents (48.8%).

Chart 2 presents an overview of the responses to the question about the existence of an adopted Code of Ethics in the institution. Among the total respondents, the majority, 72 (56.7%), indicated that an adopted Code of Ethics exists in the institution.

Regarding whether the institution is legally established with full authority to fulfill its duties as prescribed by law and statute, the majority of respondents answered affirmatively, with 77 (60.6%). A total of 28 (22%) answered partially, 5 (3.9%) answered negatively, and 17 (13.4%) were unsure.

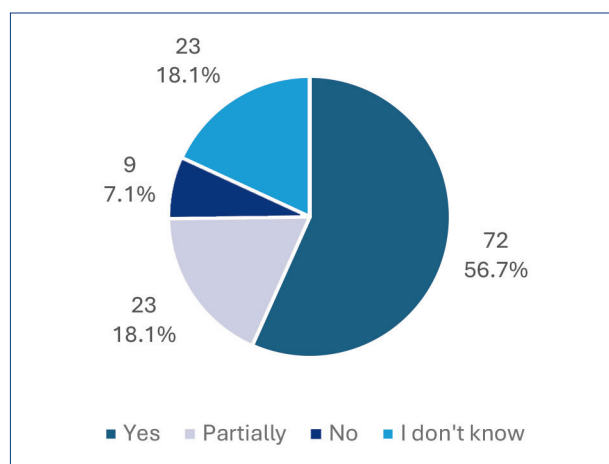


Chart 2. Overview of Responses on the Existence of an Adopted Code of Ethics in the Institution

When asked about the existence of adopted Standard Operating Procedures, 76 (59.8%) answered affirmatively, 25 (19.7%) answered partially, 10 (7.9%) answered negatively, and 16 (12.6%) were unsure whether Standard Operating Procedures exist.

Regarding the applicability of Standard Operating Procedures at all levels, 48 (37.8%) answered affirmatively, 39 (30.7%) answered partially, 17 (13.4%) answered negatively, and 23 (18.1%) were unsure.

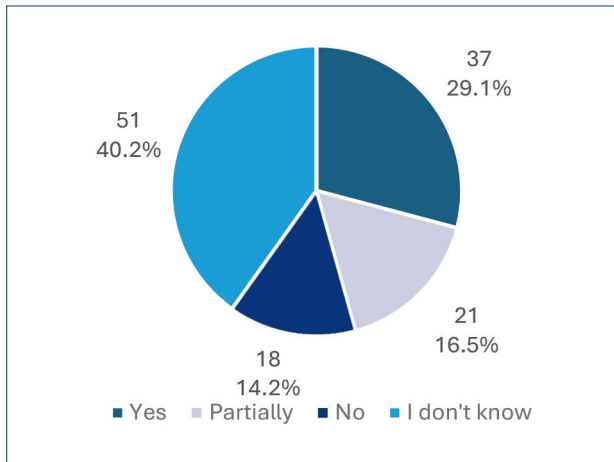


Chart 3. Overview of Sensitive or Vulnerable Positions in the Institution

When asked if reporting lines are clearly defined within the institution, 42 (33.1%) of respondents answered affirmatively, 40 (31.5%) answered partially, 12 (9.4%) answered negatively, and 33 (26%) were unsure.

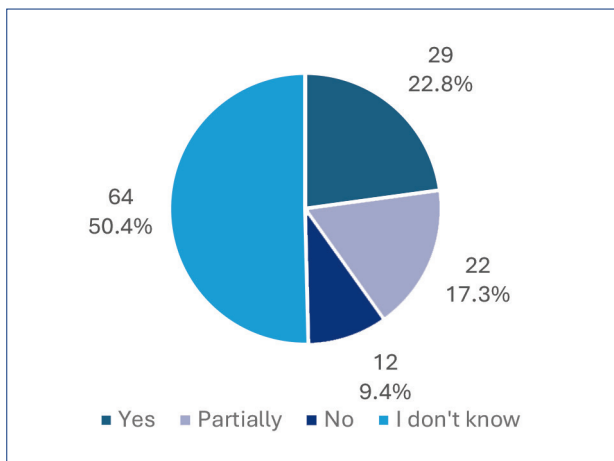


Chart 4. Overview of Internal Control Assessment and Reporting of Weaknesses

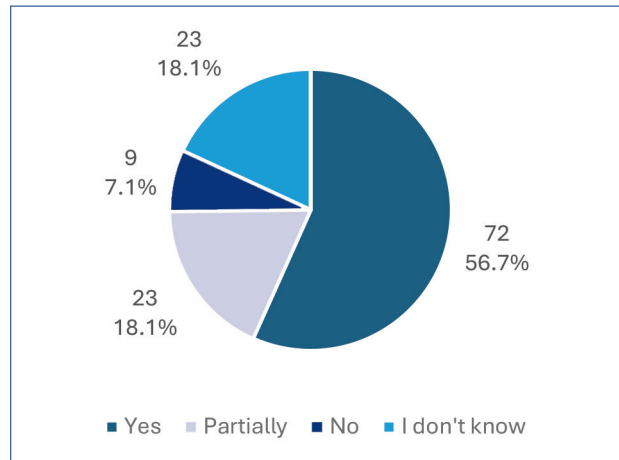


Chart 5. Overview of Responses to Whether Healthcare Workers Accept Bribes

Regarding the question of whether they would be willing to report inappropriate behavior, the distribution of responses was as follows: 58 (45.7%) would be willing, 7 (5.5%) would be partially willing, 32 (25.2%) would not be willing, and 30 (23.6%) were unsure.

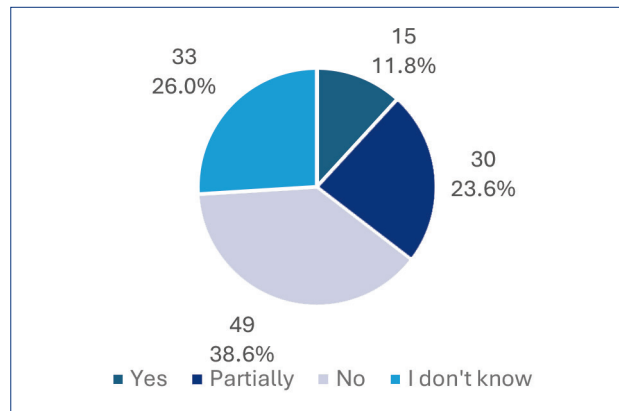


Chart 6. Overview of Respondents' Opinions on Whether Healthcare Employees Are Willing to Report Colleagues' Corrupt Behavior

Chart 7 shows the distribution of opinions regarding whether respondents believe their roles are potentially sensitive to corruption.

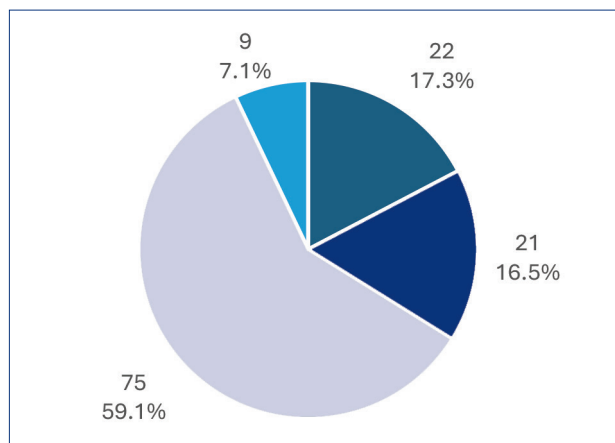


Chart 7. Overview of Respondents' Opinions on Whether Their Role Is Potentially Sensitive to Corruption

Discussion

For the purposes of this study, research was conducted on a sample of 127 respondents.

The analysis of leading positions revealed that the majority of respondents (57 or 44.9%) believe positions are established based on rules, followed by those who think this occurs partially (48 or 37.8%), and those who believe positions are not established according to rules (15 or 11.8%). Additionally, the largest number of respondents reported that an Ethical Business Code has been adopted (72 or 56.7%). Respondents indicate in 82.6% of cases that their healthcare institution is legally established with full authority to fulfill its duties as prescribed by law and statute, with full agreement in 60.6% of cases and partial agreement in 22.0% of cases.

Regarding the issue of bribery within healthcare institutions, 39.4% of respondents believe that healthcare workers accept bribes, with 19.7% fully agreeing and 19.7% partially agreeing. Additionally, 40 (31.5%) respondents were unsure whether healthcare workers accept bribes. In most cases (51.2%), respondents stated they would report bribery if they had reliable knowledge of it, with full willingness in 45.7% and partial willingness in 5.5% of cases. Conversely, 32 (25.2%) respondents indicated they would not report bribery. Furthermore, the largest number of respondents be-

lieve that healthcare employees are not willing to report their colleagues' corrupt behavior (49 or 38.6%).

The majority of respondents also reported that they have never been in a position to abuse their role (117 or 92.1%). Only two respondents confirmed they had.

Kovačević (2022) investigated corruption in the healthcare system in Croatia. The most well-known form of corruption is certainly bribery, which can take the form of gifts or money. Its main characteristic is that it allows the giver to achieve certain benefits that would otherwise be unattainable through legal means. Nepotism, simply put, involves employing family members and acquaintances or giving hiring preferences where expertise and capability are not considered. In the healthcare system, the most sensitive areas to corruption include patients, doctors, drug procurement, medical equipment, profit-driven institutions, ministries, and ruling parties. Measuring corruption in healthcare is challenging because, for instance, payments for unnecessary exams can be interpreted as clinical errors or simple mistakes, and doctors' profits from pharmaceutical industries may not necessarily be considered corruption. Measurement can be done through perception surveys, cost assessments, public opinion research, risk audits, and quality data collection. Limited research on healthcare corruption shows that in Croatian healthcare, connections are often used to receive services without waiting, assistance is usually sought from friends, and most respondents expressed only verbal thanks. Croatian patients often use informal payments, such as food and drinks, for doctors and nurses.

Marasović and Šušnjara (2014) researched the topic of corruption and the healthcare system. Corruption is a global problem, with a particular focus in the healthcare system. The large number of participants in the healthcare system and their numerous interactions facilitate various forms of corruption, whether bribery, theft, bureaucratic corruption, or misinformation. Measuring corruption in medicine is difficult, but tools are available that allow for the development of frameworks for potential interventions. Various countries have attempted to address the problem of corruption with varying degrees of success. Effective general anti-corruption policies and actions (independence and effectiveness of the judiciary, anti-corruption legislation and strategies), as well as general health policies and practices (changes and reforms in the healthcare system) are essential for successfully addressing targeted forms of corruption in the healthcare system. The example of Austria demonstrates the positive effects of

general anti-corruption regulations and policies in the healthcare system. The 2008 Criminal Code reform, with amendments in 2009, and the establishment of the Office of the Public Prosecutor for Corruption and the Federal Anti-Corruption Agency (both new agencies of this kind in Austria) were seen as significant steps in combating corruption. High penalties for bribery under the new law, covering all forms of gifts, i.e., all gifts worth over 100 euros, have led to changes in attitudes and more cautious behaviors.

Popović (2019), in her work “Corruption as a Threat to Human Security in Bosnia and Herzegovina”, addressed the state of corruption in Bosnia and Herzegovina. Although corruption is seen as a problem, it is accepted as an integral part of life in Bosnia and Herzegovina. This is evident from the extent of the problem and its prevalence, both large and small corruption. Corruption has further slowed the already extensive bureaucracy, conditioning citizens and public officials to believe that nothing is achieved without bribes. Political corruption prevents the realization of projects that improve life in Bosnia and Herzegovina, as the status quo seems to maintain the political elite in power. Crucial problems faced by the state and communities, including the vicious cycle of corruption, inefficient public services, and apathetic political elites, hinder the development of human security. As a result, living conditions become increasingly difficult, and those who fail to “navigate” this job market slowly leave Bosnia and Herzegovina. Addressing corruption and strictly punishing those engaged in illegal and harmful activities could create opportunities for young people who see potential in this country and community.

Conclusions

- ▶ Of the total number of respondents, 72 (56.7%) reported that an Code of Ethics has been adopted in their institution.
- ▶ 76% of respondents affirmed the existence of Standard Operating Procedures.
- ▶ Respondents believe that procedures are fully applied in 37.8% of cases, while in 30.7% of cases, they think the application is partial.

- ▶ Of the total number of respondents, 48 (37.8%) reported no established system for monitoring corruption risks, and 54 (42.5%) are unsure whether such a system is in place.
- ▶ Regarding bribery in healthcare institutions, 39.4% of respondents believe that healthcare workers accept bribes, with 19.7% fully agreeing and 19.7% partially agreeing. Additionally, 40 (31.5%) respondents were unsure if healthcare workers accept bribes.
- ▶ In most cases (51.2%), respondents stated they would report bribery if they had reliable knowledge of it, with full willingness in 45.7% and partial willingness in 5.5% of cases.

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UPRAVLJANJE RIZIKOM KORUPCIJE U ZDRAVSTVENIM USTANOVAMA NA PODRUČJU KANTONA 10

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djelomično. Dodatno, 51,2 % ispitanika izjavilo je da bi prijavilo uzimanje mita kada bi imalo određena saznanja o tome, pri čemu je 45,7 % izjavilo da bi to učinilo u cijelosti, a 5,5 % djelomično.

Sažetak

Korupcija je sama po sebi globalni problem, a poseban problem predstavlja kada se pojavi u zdravstvenom sustavu. Zdravstveni sustav svake zemlje osjetljiv je na korupciju bez obzira na kojoj se razini javlja. Ciljevi su istraživanja: utvrditi postojanje dokumenata koji sprječavaju koruptivne radnje u zdravstvenim ustanovama; utvrditi posjeduju li institucije standardne operativne procedure koje reguliraju metode zapošljavanja i uvođenja u rad novih zaposlenika te ispitati znanja, stavove i prakse zaposlenika o svijesti o mehanizmima suzbijanja korupcije.

Primijenjena je kvantitativna, eksplorativna, deskriptivna, presječna i komparativna metoda istraživanja. Analizirani su dostupni strateški dokumenti institucija. Istraživanje nije zahtijevalo financijska ulaganja i ulaganja istraživača. Rezultati pokazuju da 39,4 % ispitanika smatra da zdravstveni radnici primaju mito, pri čemu 19,7 % navodi da se prima mito u cijelosti, a 19,7 %

Cljučne riječi: korupcija, standardi, procedure, mehanizmi, prevencija
