

Addressing Problems in Accident Management in a Shopping Complex through Action Research

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ABSTRACT

Introduction. Accidents are unpredictable and sometimes unavoidable. Businesses such as shopping complexes need to follow safety protocols to ensure that nobody is hurt. The shopping complex should have preventive measures and an accident management team to offer efficient and timely treatment for these accident victims.

Objective. This paper aims to identify problems experienced by the accident management team in dealing with accidents in a shopping complex. The report will also propose and implement solutions to all issues identified.

Methods. Two action research cycles were conducted for this paper, with the results of the first action research flowing into the second action research cycle. Reeves et al.'s interprofessional teamwork framework addressed concerns related to teamwork. The data used in this action research came from journal entries, informal and formal one-on-one discussions, and discussions with each department.

Results. The workflow for the current post-accident management activities was evaluated. The problems identified were grouped into 5: roles and responsibilities, procedures, knowledge transfer, logistics, and skills. The issues concerning the roles and responsibilities of each team member were addressed by realigning these with their current skills, training, and job description. The remaining and new problems were addressed by developing an accident management policy. Inclusions in the policy are protocols on transporting patients, communication and transportation procedures, letter of authorization (LOA) approval procedures, post-accident evaluation procedures, pre-accident recommendations, policy revision procedures to address organizational changes, changes in the job description or government regulatory mandates, and the evaluation of current skills in case training is needed.

Conclusion. Accident management requires a coordinated effort amongst all the team members, with members from different social and health specialties. Using Reeves et al.'s interprofessional teamwork framework, the team identified the problems and implemented solutions by realigning the roles and responsibilities of each team member and implementing an accident management policy that can improve preventive measures and improve post-accident responses.

Keywords: accident management; policy development; accountability; action research; risk management



eISSN 2094-9278 (Online)
Published: May 29, 2023
<https://doi.org/10.47895/amp.vi0.4810>

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INTRODUCTION

According to Downer, accidents are unpredictable and unavoidable.¹ However, accidents can sometimes be avoided if preventive measures are implemented. Downer also argues that some accidents occupy a blind spot in our “technologies of control” because they are failures without conspicuous errors.¹

Despite having preventive measures, gaps are sometimes only identified after an accident occurs. It is up to management to ensure that they learn from these mistakes and address and seal these gaps. For these situations, having a risk management program can be helpful. A security incident report and a medical report are currently forwarded

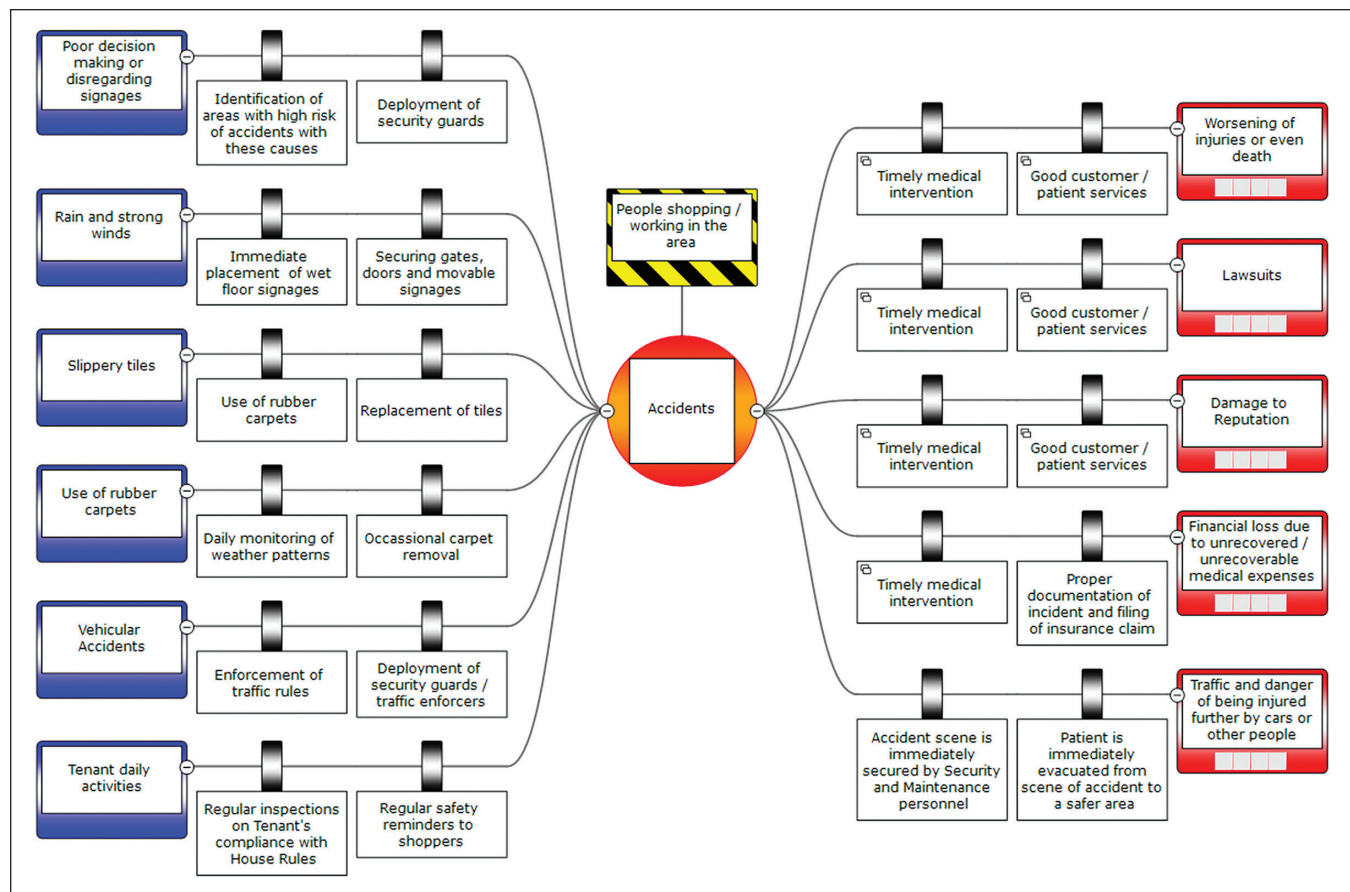


Figure 1. Bowtie Diagram.

to management when an accident occurs. Management assesses the risks and implements preventive measures such as placing warning signages and replacing/repairing defective equipment/fixtures.

Customers can view accidents as negligence of the business, damaging the reputation. The shopping complex must protect its reputation from accidents since they are especially exposed to reputational risk.² Unfortunately, companies often ignore the risk to reputation since it may be difficult to define. Most companies focus on handling threats to their reputation after it has already manifested.³ They take a reactive approach instead of a proactive approach.³

In managing risks, a company reviews several aspects: hazards, top events, threats, threat barriers, recovery preparedness measures, escalation factor, escalation control factor, and consequences. This can be represented using the bowtie method.⁴ Figure 1 is a simplified bowtie representation of how accidents are managed in the shopping complex.

The risk management team works on recommending and implementing controls to prevent accidents by looking at the risk drivers (causes) while implementing post-accident mitigation activities. Risk officers develop, maintain, and periodically review Key Risk Indicators (KRI). These KRIs are associated with the threat barriers in the Bowtie Diagram.

KRIs have monitored and reported thresholds, such as the minimum number of safety inspections per month/year. Some members of the accident management team report to their department superiors that are part of the risk management team, creating a feedback mechanism to recommend measures to prevent more injuries. If any barriers fail to prevent the accident, recommendations are implemented when possible.

As seen in Figure 1, there are already existing preventive measures for the common causes of accidents. In some cases, management has very little or no direct control over people's actions that result in accidents. This includes people slipping in the open parking area during a rainstorm and occasional vehicular accidents.

In recommending and implementing preventive/corrective measures, the risk management team members can only periodically review these events and do what they can to prevent further accidents. It is up to the accident management team to manage post-accident treatment and recommend avoiding similar accidents. It would be difficult to determine if these prevention measures are genuinely effective. Like an anti-virus software on a computer, the lack of accidents can only imply that it is successful. However, unlike anti-virus software, you don't get a notification that an accident was prevented.

Regarding the consequences of accidents, the injuries can range from minor to severe and even death. Non-medical matters usually consist of lawsuits and damage to reputation via news and/or social media. There is also an initial financial loss when the management agrees to shoulder the cost, a cost that is usually recovered. The accident management team keeps all of these in mind as we try to minimize the consequences of the accident.

Concerning reputational risk, when accidents occur, these customers share negative or positive criticism. Moghadas suggests that “there should be a process that provides an opportunity for patients to air the problem and a way for the doctor to remedy the grievance. Addressing grievances can prevent a grievance from becoming a lawsuit”.⁵

The number of accidents in the given shopping complex is not that many. Accidents requiring medical attention may vary in severity, ranging from a simple cut on the arm to amputating a limb. Only the doctor and nurse have medical training, while security personnel is trained in administering first aid. Since shopping complexes run by the company are near hospitals, the tendency is to focus on giving first aid and transporting the patient to the nearest hospital. For these non-life-threatening cases, the accident management team should be able to handle these themselves. Still, there are cases where accidents were not adequately handled. Action research may help the team in addressing these concerns.

Action Research

Reason and Bradbury defined Action Research as a “participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview”.⁶ Action research involves collaboration to develop a process through knowledge building and social change.⁷ In action research, researchers are not neutral. Researchers are participants in the research process and work together with no one person or group. All participants have the same level of power or influence.⁸

Action Research has been used in promoting change in primary care and is primarily used in qualitative research.^{8,9}

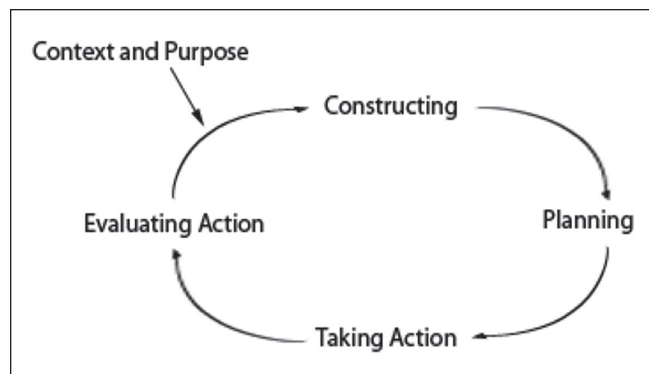


Figure 2. Action Research Cycle.

In 2016, Cordiero and Soares made a scoping review of 124 studies involving action research in the healthcare context. Most of the action research processes included in the scoping review were done in different settings in the healthcare context, with the other participants having different objectives.⁷

Action research is conducted through cycles (Figure 2). The action research cycle “comprises a pre-step and three core activities: planning, action, and fact-finding.”¹⁰ Under the pre-step, the researcher determines the research’s purpose, rationale, and context. Action research revolves around a cyclical four-step constructing, planning, taking action, and evaluating.¹⁰

Inter-professional Teamwork Framework

Since teamwork is essential, Reeves et al.’s inter-professional teamwork framework addresses problems involving different backgrounds and specialties. According to Reeves et al., inter-professional teamwork involves other social and health professionals who share a team identity and work closely together in an integrated and interdependent manner to solve problems and deliver services.¹¹

This framework identifies factors that affect inter-professional teamwork. These factors are grouped into four domains: relational, processual, organizational, and contextual (Table 1).¹¹ It may be beneficial to look at specific factors affecting teamwork and see how they can relate to our setting.

This action research uses this framework to identify issues the accident management team has concerning post-accident activities. As seen in Figure 1, the shopping complex management has preventive measures that are continually updated. The current preventive policies involve following government-mandated safety regulations and studying recommendations made by health and safety officers that handle accidents. Despite these measures, accidents still happen. In some cases, placing a rubber carpet on slippery tiles caused people to fall when their high-heel shoes got stuck.

Thus, it is essential to look at preventive measures and identify problems associated with post-accident management to reduce the effects of the accident on the patient and the

Table 1. Inter-professional teamwork by Reeves et al. (2010)

Relational Factors	Processual Factors
<ul style="list-style-type: none"> Professional power Hierarchy Socialization Team composition Team roles Team processes 	<ul style="list-style-type: none"> Time and space Routines and rituals Information technology Unpredictability Urgency Complexity Task shifting
Organizational Factors	Contextual
<ul style="list-style-type: none"> Organizational support Professional representation Fear of litigation 	<ul style="list-style-type: none"> Culture Diversity Gender Political will Economics

shopping complex. Fortunately, since the accident management team is aware of all aspects of the accident, from the cause of the accident to the patient's treatment, the team is better positioned to make these recommendations that can proactively prevent accidents.

METHODS

Study Design

Two action research cycles were performed for this research activity. The first action research cycle results were used in the second action research cycle. Reeves et al.'s framework for teamwork was used to evaluate factors that may help address any problems discovered during the activity.

All team members consented to be collaborators in this activity (Appendix A). The team is comprised of a doctor, three rotating clinic nurses, members of the Security Department, and the Estate Manager, a representative of the Property Management Department. The nurses are all outsourced employees. The members of the Security Department include the Chief Security Officer and the Assistant Security Officer for the shopping complex. They manage all security guards who are outsourced from security agencies. For now, the Estate Manager requested to exclude the building administrators in his department since they were new and there was an ongoing reorganization. The Estate Manager can include the building administrators once they finish the reorganization in their department.

Data collection

The data used in this action research came from journal entries, informal/formal one-on-one discussions, and group discussions with each department. The researcher used a journal to track experiences related to any issue, allowing the researcher to reflect on any experience, think of what could have been done differently, and be prepared to act differently should the same experience occur.

One-on-one discussions were made initially, allowing each person to share their experiences. Then, we proceeded into small group discussions involving the same personnel type. The researcher guided each conversation since he was familiar with almost all the activities. Each person shared their experiences with handling accidents, focusing on the tasks they perform. Each task relating to the accident was reviewed and discussed, beginning with the point of contact with the person involved. Each team member shared their opinion on whether the task was within their realm of responsibility. We addressed these with the other team members for activities in which they had concerns.

Ethical Consideration

This study's proposal and final draft underwent ethics review in the academic institution where the author was enrolled in an MBA program. The action research was a requirement for completing the MBA program of De La

Salle University-Manila. Ethics clearance was obtained from the Research Ethics Review Committee of the academic institution. The ethics clearances consisted of several checklists. Only two checklists were applied to this research: human participants and conducting action research. These were later included with the final research submission.

RESULTS

We wanted to remove any potential problems that may arise due to our different fields and the nature of our work in the shopping complex. Upon reviewing Reeves et al.'s framework for teamwork, we decided to focus on the relational factors (hierarchy, team roles, and team processes) and processual factors (routines and rituals). We addressed the hierarchy problem by having one-on-one meetings where each person was free to share their inputs. Team roles and routines, and rituals were factors that we planned to discuss within the action research cycles. The team will address the other factors within the action research cycles.

First Action Research Cycle

In our one-on-one discussions, each team member shared their roles, responsibilities, and tasks they performed regarding accidents. Then, we collated the data and made a complete flowchart for all current processes. The current tasks done by the team involve two significant processes. The first process consists in getting initial treatment for the patient. The second process addresses the financial aspects concerning any treatment done to the patient, including any follow-up treatment. Figure 3 represents the current workflow in managing accidents in the shopping complex. This workflow starts when the person in an accident is either identified or makes themselves known to any security or medical personnel in the shopping complex. Then, any medical needs are addressed at the clinic or the hospital. The workflow ends when the patient is sent home after leaving the emergency room or receiving in-patient treatment.

Figure 4 represents the current workflow on how requests for reimbursements are processed. The process starts when the team receives receipts or payment notices from either the patient or the billing department of hospitals. The process ends once the reimbursement is settled.

While reviewing the workflows, we saw that many of the tasks were done by either the nurse or the security staff. Property Management had limited participation in the process. Each team member identified their current roles (Table 2).

Each team member also shared the specific problems they were having in performing their duties related to handling accidents. The issues identified were categorized by problem type (Table 3).

We grouped the specific problems by type: roles and responsibilities, procedures, knowledge transfer, logistics, and skills. We decided to focus on roles and responsibilities

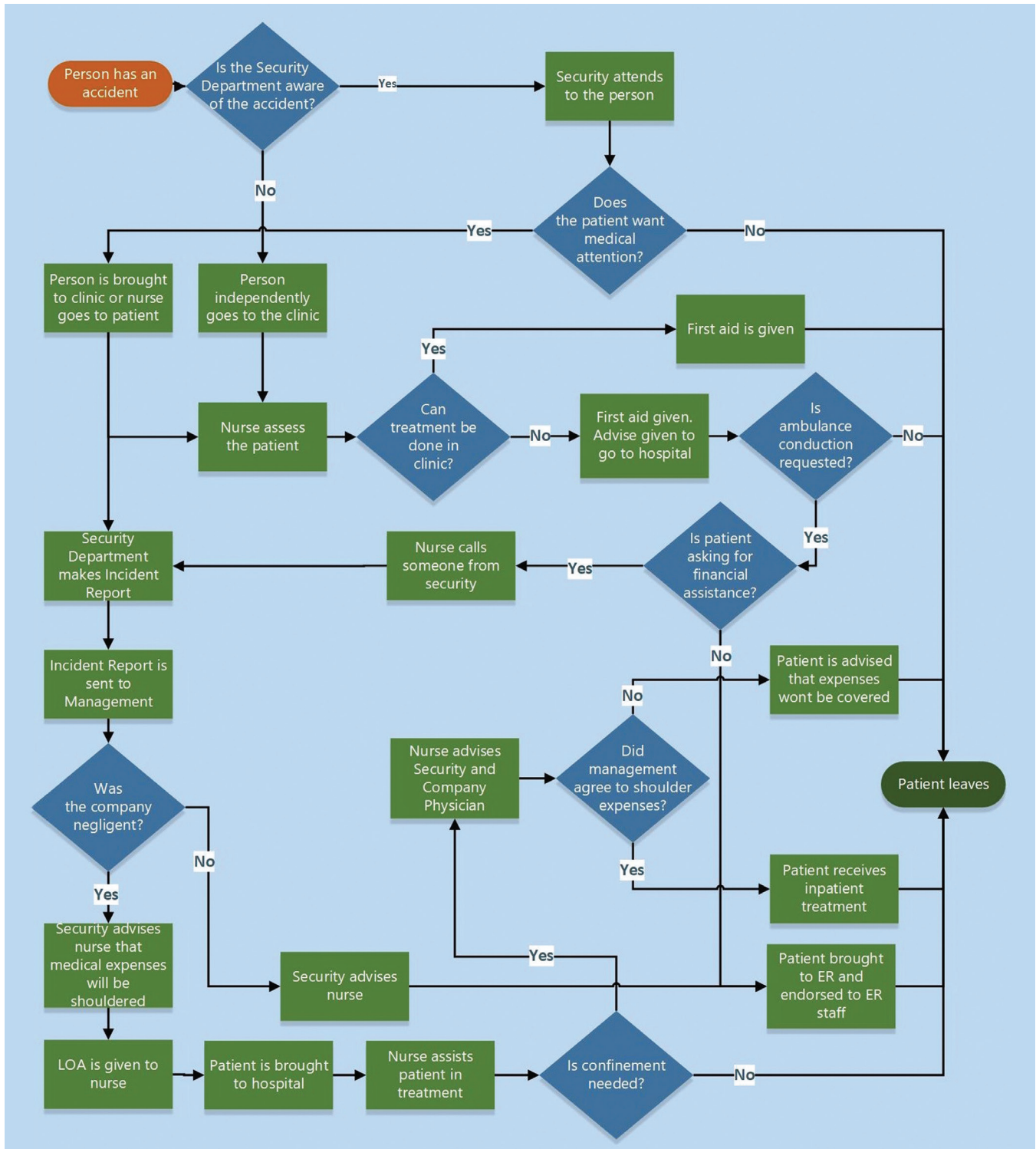


Figure 3. Flowchart for treatment of accident patient.

since it was a common problem. In our discussions, each team member listed their responsibilities using the workflow as a reference guide. Everyone reviewed these responsibilities and compared them with their existing skills, training, and current job description. Team members

agreed to be accountable for responsibilities related to their field. There were at least two team members with similar responsibilities in some cases.

Team members who disagreed with their responsibilities shared their opinion on which team members should handle

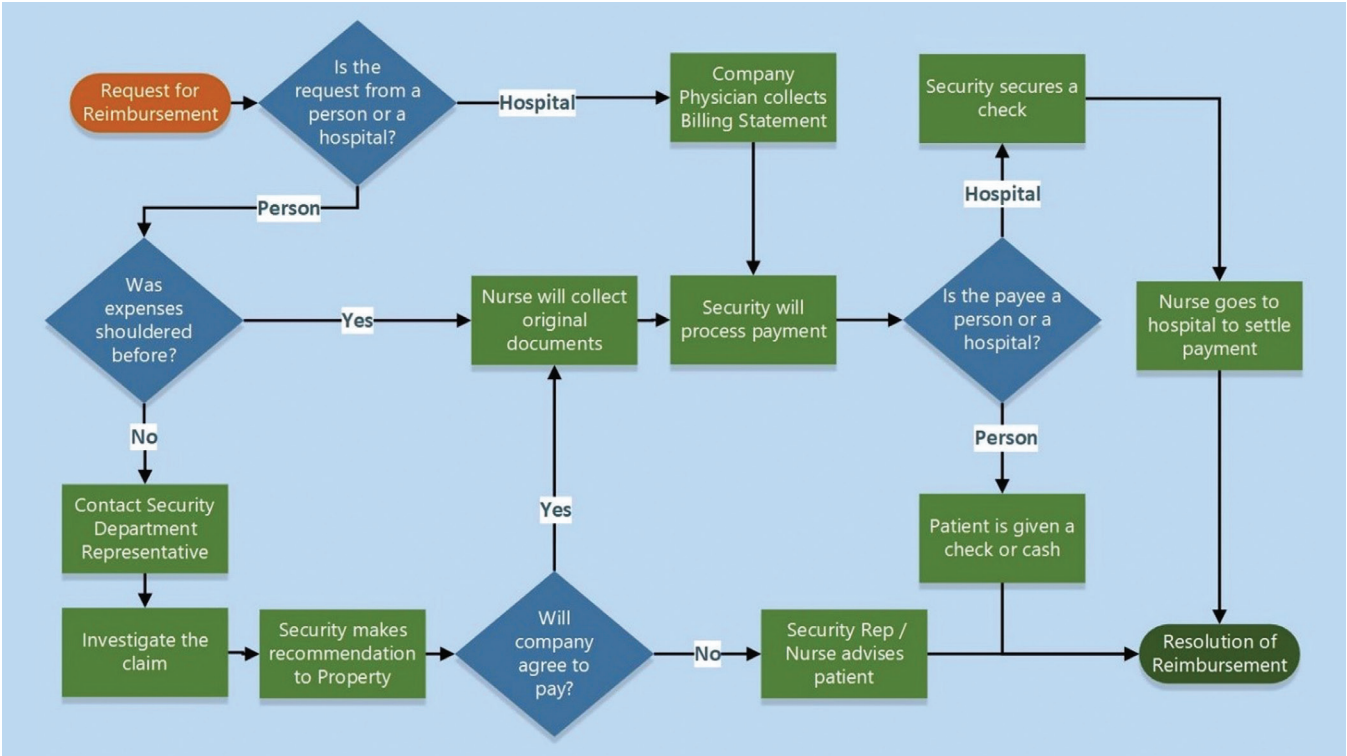


Figure 4. Flowchart for payment and reimbursement.

Table 2. Initial Set of Roles

Team Member	Roles
Nurse(s)	Front liner First responder Company representative
Security Officer(s)	First responder Company representative Logistics support Letter of Authorization (LOA) decision support
Medical Officer	Medical consultant Company representative Claims processor LOA person-in-charge
Estate Manager	LOA decision maker

the responsibility. We brought these concerns to the other team members, who later accepted the responsibilities. Table 4 shows each team member's roles after the realignment of responsibilities. The Estate Manager is now the primary company representative and is responsible for facilitating all payments and follow-ups with patients. Some people still have the same roles; however, the responsibilities for those roles are either shared or reduced.

The first action research cycle ended once at least one team member accepted all responsibilities. This activity resulted in shifting much of the responsibilities to the Estate Manager. A sample evaluation form is found in Appendix B. A second action research cycle was conducted to address

the remaining problems and new problems that resulted from the first action research cycle.

Second Action Research Cycle

Before working on the policy, we had another set of discussions and reviewed our current problems, including issues after the first action research cycle concluded (Table 5).

We addressed the problems by developing a formal accident policy to address the issues related to procedures and knowledge transfer. We agreed that logistics problems could be addressed at another time since this involves adding additional resources, which we had little control over. The lack of skills was solved when some responsibilities were accepted by team members who already possessed these necessary skills.

The team started developing the policy by letting each person review their responsibilities before and still have now. For these responsibilities, the person shared what tasks they perform and how they performed them in detail. This was then shared with the team members who inherited the responsibility. Team members with new and inherited responsibilities had to determine for themselves if they would continue existing practices or improve on them since they are the ones who will be ultimately accountable. Items were color-coded to validate that no entries were made or volunteered by others. While we were drafting the accident management policy, each team member had a copy of the guidelines evaluation form (Appendix C). This was used by

Table 3. List of problems identified by team members for Cycle 1

Problem Type	Specific Problems Identified	Team Member
Roles and Responsibilities	Asked by the hospital to guarantee all expenses on behalf of the shopping complex management	Nurse
	Some responsibilities given are not part of the job description	Chief / Assistant Chief Security Officer
	Some responsibilities given are not part of the function of the department	
	Become default representatives of management	
	Experienced ethical problems when addressing patient's and management's interests	Medical Officer
	Medical Officer is no longer physically in the shopping complex area	
	Reduced involvement of the Medical Officer	
	Unsure of his specific role(s) and responsibilities	Estate Manager
Procedures	Incorrect usage and releasing of LOA for emergency room treatment	Nurse
	Non-medical team members making medical treatment decisions	
	Unable to contact the building administrator	
	Payment processing delays	Medical Officer
	Difficulty in contacting the building administrator	
	No notification of reassignment of building administrators	
	Unfamiliar with our current practices	Estate Manager
Knowledge Transfer	Need to train the Assistant Chief Officer who rotates from other shopping complexes	Security Officer
	No endorsement from predecessor	Estate Manager
	Lack of post-accident evaluation of incident and team member performance	Medical Officer
Logistics	Lack of nurses after operating hours	Nurse
	Ambulance use in non-emergencies	
Skills	No customer service experience/training	Chief / Assistant Chief Security Officer

Table 4. Revised Set of Roles

Team Member	Roles
Nurse(s)	Front liner First responder Company representative
Security Officer(s)	First responder Logistics support LOA decision support
Medical Officer	Medical consultant Company medical representative Claims processor LOA person-in-charge
Estate Manager	LOA decision maker Company representative Payment processor

each team member as a form of validation, ensuring that the execution of their responsibility was documented correctly and reflected in the policy. The summary of provisions included in the policy to address the remaining problems is seen in Table 6. The team completed the second action research cycle after accepting the second version of the policy.

Significant provisions were included in the accident management policy to address the remaining problems (Table 6). Additional items included in the policy involved early activation of any transportation services, policy revision procedures to manage organizational changes, changes in

the job description or government regulatory mandates, and the evaluation of current skills if training is needed.

DISCUSSION

We used action research to address the accident management concerns that we were having in the shopping complex. The collaboration done in the action research cycles allowed all stakeholders to engage in an interactive process, using shared rules, norms, and structures, to act or decide on issues.¹² Using the action research methodology, we addressed the problems we had and developed solutions. The process worked well, facilitated good exchanges of ideas and information, and provoked participants to consider new ways in which the team could address issues relating to accidents. Participants collaborated without the possibility of management knowingly or unknowingly imposing their views on what each team member should be doing. Two action research cycles had to be conducted since all identified problems could not be addressed within one cycle. We could not immediately work on an accident management policy since any policy developed would incorporate existing issues.

Reeves et al.'s framework for inter-professional teamwork was helpful in our setting, given that team came from different fields. It is essential to focus on each team member as an individual and not just a skilled worker. As mentioned earlier, not all the factors present in the framework are

Table 5. List of problems identified by team members for Cycle 2

Problem Type	Specific Problems Identified	Team Member
Procedural	Incorrect usage and releasing of LOA for emergency room treatment	Nurse
	Non-medical team members making medical treatment decisions	
	Unable to contact the building administrator	
	Payment processing delays	Medical Officer
	Difficulty in contacting the building administrator	
	Unsure of how to share responsibility with the property manager	
	No notification of reassignment of building administrators	Estate Manager
	Focus on reducing risk and streamlining procedures	
	Unfamiliar with our current practices	
	Applicability of accident management practices from the hotel industry in the shopping complex setup	
Knowledge Transfer	Need to train the other Assistant Chief Officer who may rotate from other shopping complexes	Chief / Assistant Chief Security Officer
	No endorsement from predecessor	Estate Manager
	Lack of post-accident evaluation of incident and team member performance	Medical Officer
Logistics	Lack of nurses after operating hours	Nurse
	Ambulance use in non-emergencies	

Table 6. Major Provisions in Policy

Specific Problems Identified	Provisions in policy
Incorrect usage and releasing of LOA for emergency room treatment	Provisions for LOA tracking and proper use.
Non-medical team members making medical treatment decisions	Patient screening Emergency treatment evaluation Development of a patient treatment expenses coverage flow chart
Unable to contact the building administrator (Nurse)	Clear communication lines between all team members during an emergency
Difficulty in contacting the building administrator (Medical Officer)	
Payment processing delays	Streamlined payment processing
Unsure of how to share responsibility with the property manager	Coordinated patient visits at home or hospital Decision tree on post-accident treatment
No notification of reassignment of building administrators	Periodic updates to communication lines address team member changes
Focus on reducing risk and streamlining procedures	Defined minimum service levels for tasks
Unfamiliar with our current practices	Training and turnover procedures
Applicability of accident management practices from the hotel industry in the shopping complex setup	Review of accident management practices and policies from other similar industries
Need to train the other Assistant Chief Officer who may rotate from other shopping complexes	Training and turnover procedures
No endorsement from predecessor	
Lack of post-accident evaluation of performance	Post-accident evaluation process
Lack of nurses after operating hours	First aid training of security guards
Ambulance use in non-emergencies	Proper use of ambulance

applied in our setting. It doesn't necessarily need to. However, we should investigate the factors which may impact us significantly if these are not addressed.

The first factor we addressed was Hierarchy. Having a hierarchical structure can provide order. Hierarchies can ensure that experienced persons can help less experienced people. However, hierarchical structures can also have an inhibiting effect on teamwork.¹¹ Team members with

less seniority may not be willing to offer insights or observations. Managing accidents fell on the security and medical staff in our setting, resulting in decision-making delays. It was essential for us to start the action research cycles equally. The one-on-one meetings allowed each person to share their inputs, limiting the possibility of one person agreeing with what others who have the same experience level are sharing.

The second factor we addressed was Team Roles. According to West and Markiewicz, forming and preserving clear professional roles is essential for inter-professional team relations.¹¹ Having clear roles helps define tasks, responsibilities, and scope of practice.¹¹

There is an implied responsibility to perform certain functions associated with roles.¹³ Roles may refer to a job description that, in turn, encompasses function. A job or a function can have many responsibilities or obligations under it. After our team had identified the roles that matched what they were doing, we reviewed the responsibilities that they were performing concerning these roles. According to Fitzpatrick, responsibility could be viewed as a bundle of obligations associated with a job or function.¹³ Responsibility also refers to the multiple facets of a function, such as processes, outcomes, and the consequences of the acts performed as part of the bundle of obligations.¹³ Team members must always keep in mind that they are accountable for the consequences of performing or not performing functions related to their obligations.

Responsibility and accountability are not interchangeable. According to Khanka, “while responsibility may be bestowed, accountability must be taken. In other words, responsibility can be given or received or even assumed, but that doesn’t happen automatically with accountability”.¹⁴ The worker must accept the responsibility given or assigned to be accountable for it. It is not advisable to assume that your worker has taken accountability for any critical task. The security representatives would do what they were asked to do by management. Personal choice was unknowingly taken away from them. The risk of imposed roles and responsibilities on others through influence or position was reduced using one-on-one discussions. The first action research cycle was able to achieve full accountabilities for all tasks done by the entire accident management team. The reduced responsibilities also resulted in the reduced need to multitask, which has been shown to have associated risks. People become less efficient and are more likely to make mistakes when switching between tasks requiring active attention.¹⁵ Switching back and forth between responsibilities can impair our ability to function optimally.¹⁶ Humans perform best one thing at a time. The realignment of roles and responsibilities allows the team to focus their time and energy on tasks they are qualified to do.

The third and last factor that we addressed was Routines and Rituals. Implementing Rules and policies is necessary since they document processes and outcomes involved in executing duties. According to Reeves et al., routines are a course of standardized actions or procedures regularly followed across health and social care settings.¹¹ The second action research cycle addressed this need and resulted in a working accident management policy. Policies and procedures explain what management wants to happen. Big companies take time to develop, implement, and maintain policies and procedures. Companies with mature policies better understand their risks

and operate far more sustainably.¹⁷ Clear policies can also help prevent communication problems since “communication failures are the leading cause of inadvertent patient harm.”¹⁸

We had to incorporate activities unrelated to patient treatment in developing our policy. One such activity was post-accident review. In the past, after treating the patient and sending them home, everybody returned to their regular duties that were not related to accident management. Clear communication protocols were also added, speeding up decision-making and coordination. According to Leonard, “effective communication and teamwork” and creating a shared mental model to “get everyone in the same movie” are essential.¹⁸ The ability to demonstrate teamwork and communication skills also allows individuals to succeed in their profession.¹⁹

The accident management policy that we developed was designed to grow and adapt to changes in the property area, organizational policies, and team member composition. As team members leave and are replaced with others, our level of service to the people we are responsible for will not be affected. Our policy also allows us, as front liners, to recommend preventive measures to prevent repeat accidents and share concerns involving training and equipment. The accident management policy was also included in the safety protocols of our enterprise-wide risk management program. This policy will augment the preventive barriers presented in Figure 1. Until now, the company is still working on creating/ revising policies to address all the company’s risks, not just the risks related to accidents.

The team may encounter additional problems in the future. In that case, the team can quickly address these problems to ensure that the next accident victim receives treatment promptly and is sent home, satisfied that the shopping complex management addressed their medical needs. As mentioned in the introduction of this paper, accidents are unpredictable and sometimes unavoidable. With the changes we have implemented, the shopping complex management is in a better position to prevent accidents and, at the same time, address the needs of the patient.

CONCLUSION

Accident management requires a coordinated effort amongst all the team members, with members from different social and health specialties. Having the correct people do the right task at the proper time is crucial. Identifying and addressing factors that may affect the coordination and performance of their tasks can lead to improved responses to the needs of accident patients. As for Reeves et al.’s framework, we can only say that it was useful in our setting since it allowed the team to identify the problems and work on solutions such as the realignment of roles and responsibilities and the implementation of an accident management policy. Its usefulness in similar settings can be determined in future research studies.

Statement of Authorship

The author confirms sole responsibility for the conception and preparation of the manuscript and approved the final version submitted.

Author Disclosure

The author was no longer under the shopping complex management at the research time. The author had transferred to another division of the parent company of the shopping complex. The author declared no conflicts of interest.

Funding Source

This study has no funding support.

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APPENDICES

Appendix A. Consent Form

INFORMED CONSENT

I have read and agree to the rationale, objectives, proposed methods and schedules of this Insider Action Research Proposal to be made in _____. I agree to participate in it as a stakeholder of the organization. My participation is voluntary. I am aware of my right to discontinue my participation at any time during the study.

It is my understanding that my right to choose not to disclose information about which I am not comfortable will be respected. I have indicated below the information that may be disclosed in the research report:

- ☐ Name
- ☐ Designation
- ☐ Duties and Responsibilities
- ☐ Years in the Company
- ☐ Others (as specified) _____

I understand that all other information other than those indicated above will be handled with utmost confidentiality. I can also be provided any academically-related report using the inputs I have provided upon my request.

My signature below signifies my consent to participate in this study.

Signature over Printed Name/Date

Position

Name of Organization

Appendix B. First Action Research Cycle Evaluation Form (Sample)

EVALUATION FORM OF CURRENT ROLES IN ACCIDENT MANAGEMENT TEAM

Name of Team Member: _____

Current Roles: _____

Responsibilities	Agree	If Disagree, who should handle this responsibility and why?
	Yes	
	Yes	
	Yes	
	Yes	
	Yes	
	Yes	
	Yes	
	Yes	
	Yes	
	Yes	
	Yes	

Status: ☐ For Revisions ☐ Approved

Revised by / Approved by _____

Appendix C. Second Action Research Cycle Evaluation Form (Sample)

EVALUATION OF ACCIDENT GUIDELINES

Name of Team Member: _____

Current Roles: _____

Responsibilities	Is this responsibility adequately depicted in the Accident Guidelines (Yes or No)
	Yes / No
	Yes / No
	Yes / No
	Yes / No
	Yes / No
	Yes / No
	Yes / No
	Yes / No
	Yes / No
	Yes / No
	Yes / No

Status: ☐ For Revisions ☐ Approved

Revised by / Approved by _____