

Original Paper

Corporate Social Responsibility: A Stakeholders Perspective Applied to the Lebanese Heart Hospital

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Abstract

This research aims to assess Corporate Social Responsibility (CSR) practice applied to the Heart Hospital, Tripoli, Lebanon. A stakeholders (workers, patients, the local community, and the environment) perspective is considered. The population of the research includes all workers in the target hospital, however the research sample consists of 40 employees. This research is quantitative, descriptive and analytic based on a structured questionnaire designed and distributed to the respondents. The study found that the activities related to CSR were adapted and practiced to different levels. Employees' responses about the dimensions of CSR were varied. Findings show that the hospital does exercise its social responsibilities towards patients (Mean=3.97), it does exercise its social responsibilities towards the environment (Mean=3.96), it moderately exercises its social responsibilities towards the local community (Mean=3.36), and it weakly exercises its social responsibilities towards its workers (Mean=2.75). Therefore, it is recommended that the hospital administrators must review their CSR strategy to reinstate one of the most critical factors for the success of the institution namely the human assets besides giving more attention to its local community needs.

Keywords

Corporate social responsibility, stakeholders, hospital, Lebanon

1. Introduction

With the remarkable widespread concept of corporate social responsibility and its development, social responsibility has become an essential factor in companies' success. Castro-González, Bande, Fernández-Ferrín, & Kimura (2019) contend that Corporate Social Responsibility (CSR) has been recognized as crucial to the competitive advantage, survival and continuity of organizations. Companies can no longer ignore their social role, especially that their success and growth can be linked to the extent of their corporate awareness towards an employee, a customer, a local community, or the

environment (Bosch-Badia, Montllor-Serrats & Tarrazon, 2013). As defined by Peter Drucker quoted by Hamidu et al. (2015), “social responsibility is the commitment of an organization to the environment in which it works, and this commitment extends to the various stakeholders in this society and the divergence of their orientations” (p. 84). Moreover, the EU Commission (2002) asserts that, “... CSR is a concept whereby companies integrate social and environmental concerns in their business operations and in their interaction with their stakeholders on a voluntary basis” (p. 3). Keith Davis (1976) explained that to achieve societal responsibility is to achieve a balance between social goals and economic goals. Therefore, social challenges must be faced voluntarily not forcefully (mandatory). Organizations must respond voluntarily and not out of fear of criticism or the threat of using the law (Brodhag, 2002, p. 2). Business organizations respond to the requirements of the environment and adhere to social responsibility towards it, otherwise, society, in the long run, will take away its position and power for what they called the Iron Law of Social Responsibility” (Low, 2016, p. 59). As a matter of fact, the more companies value their relationships with other parties, the better reputation they have (Hejase et al., 2017).

Furthermore, it is worth mentioning that since the mid-2000s, the notion of CSR as strategy gained much support as manifested by many researchers. For example, CSR is a strategy “for growth” (Golob, Lah & Jancic, 2008); strategy to “leverage their competitiveness, image, reputation, and growth” (Pohle & Hittner, 2008); and strategy to “handle unexpected incidents, long term reduction of gap between stakeholders and their expectations and company performance and finally maintaining relationship with society through interplay between actor, resources and activities” (Vaaland & Heide, 2008). Therefore, most companies have sought to pay attention to being socially responsible and to integrate this concept into their programs. The most prominent of these companies are actually the hospitals. This research aims to assess Corporate Social Responsibility (CSR) practice applied to a selected Lebanese hospital namely the Heart Hospital, Tripoli, northern Lebanon.

1.1 Statement of Problem

Many companies in various countries have adopted social responsibility as part of their public policy and implemented it within their work and outside relationships. This study aims to highlight the extent to which hospitals practice the concept of social responsibility. Based on the aforementioned, the following research question is proposed:

To what extent are Lebanese hospitals socially responsible towards their stakeholders?

From this question, a group of sub-questions branch out, which are:

- What is the level of practicing social responsibility towards stakeholders (workers, patients, local community, and the environment)?
- What is the ranking of stakeholders according to the hospital’s degree of interest in fulfilling its social responsibilities towards them?

1.2 Research Importance

The importance of this research lies in dealing with a topic that modern management studies are interested in. This research actually will assess the practice of hospital’s corporate social responsibility towards its stakeholders. As a matter of fact, this topic based on a case study is not well covered in the Lebanese secondary literature and therefore this research helps to close existent gaps in the theoretical as well as the empirical works pertinent to Lebanon and the surrounding countries. The research findings and recommendations will shed light and contribute to the enhancement of the application of social responsibility dimensions in Lebanese hospitals.

2. Literature Review

2.1 Theoretical Foundations

Two theories which are highly intertwined with CSR are considered in this paper namely, the neoclassical theory and the Stakeholders Theory

2.1.1 CSR and the Neoclassical Theory

Neoclassical theory adopts a minimum of social responsibility, and this theory is based on the work of economist Milton Friedman, who believes that the function of the company is to maximize profits for shareholders (economic responsibility). According to Friedman (1970), “in a free society, there is one and only one social responsibility of business—to use its resources and engage in activities designed to increase its profits so long as it stays within the rules of the game, which is to say, engages in open and free competition without deception or fraud” (p. 6). Moreover, according to O’Connell and Ward (2020), the practice of social responsibility is through decisions directed to improving the return and profitability of shareholders, and the principle of maximizing the value of shares for shareholders is the only social goal of the company. As a matter of fact, Friedman (1970) asserts that in a private free-enterprise, “the responsibility is to conduct the business in accordance with owner’s desires, which generally will be to make as much money as possible while conforming to their basic rules of the society, both those embodied in law and those embodied in ethical custom” (p. 1). In other words, for Milton Friedman and his advocates, the only responsibility for businesses is to their shareholders. “Companies are not required to carry out any social activity because this kind of actions concerns the Government and—if society wishes—NGOs may do it” (Garcia-Madariaga & Rodríguez-de-Rivera-Cremades, 2010, p. 7). In summary, Friedman’s only justification for social responsibility is “—when companies could benefit by some social issue that made them more profitable by paying less tax, obtaining better access to resources, or something similar” (p. 7).

2.1.2 CSR and the Stakeholders Theory

Corporate Social Responsibility (CSR) has gained high interest among academics, professionals and business experts. Since the early years of its development, the concern for the wellbeing of the human-side of business gained more popularity amid the traditional interest on the green environment, the economic and the financial aspects of the organization. Moreover, such an interest on the human side highlighted the importance of the role of stakeholders. Carroll (1991) defines organizational stakeholders to be the groups or individuals who should be considered within CSR orientations while doing business. In fact, stakeholders deal with both internal as well as external customers or simply put the societal members who fall within a close state of urgency requiring a responsive behavior from corporations (Carroll, 1991). However, the aforementioned societal members go beyond the traditional focus on shareholders (Friedman, 1970) to include the community along the broad supply chain of the organization that is, consumers, suppliers, community, and social activist groups and NGOs (Bosch-Badia et al., 2013).

CSR has extended far more than the concept of the “triple bottom line” encompassing the economic, social, and environmental dimensions of business performance (Elkington, 1998; Garriga & Melé 2004). The sought after objective is achieving sustainability through CSR projects (Elkington, 1998; Brin & Nehme, 2019). Sustainability of a business capitalizes on continuity in the market and long-term profit (Brin & Nehme, 2019; Chehimi et al., 2019). Similarly, the “triple bottom line” theory postulates that an organization must satisfy the surrounding society and respect its wellbeing by performing social activities (Brin & Nehme, 2019). Similarly, Hejase et al. (2017) assert that “corporations that apply CSR are actively seeking better recognition, reputation, value, growth, and

relationships with consumers and other stakeholders” (p. 4). Thus, by having the community at large and the surrounding society as a priority, sustainability can be achieved. Finally, the broader dimension in this theory is the natural environment. An organization’s interest to respect and enrich the quality of life of its human actors, for present and future generations, is fundamental and strategic as must be declared in its mission statement and then make sure that the management, conservation and the consumption of resources closely and wisely is maintained at high levels of nature safety. Nevertheless, Elkington (1998) contends that efforts in these dimensions should happen through partnerships. In this case, as Slaper (2013) asserts, the needed urgency to include the stakeholders is properly set since it is a well-established practice to achieve optimization of organizational performance and build partnerships and collaborative engagements across all dimensions.

The importance of stakeholders is actually manifested since Freeman (1984) authored his well-received book “Strategic Management: A Stakeholder Approach”. Indeed, it became the cornerstone of his progressive work that led, after a decade, to what is currently known as the stakeholder theory (Freeman, 2010). Based on the theory, stakeholders are groups or individuals that are affected by or affect the decision-making process of an organization (Freeman & Dmytryiev, 2017). Moreover, the theory was developed in a vivid manner to also include what is presently known as stakeholder management, and how it is connected to the approach of CSR (Kotter & Heskett, 1992). On the other hand, other authors also used the theory as a descriptive tool to define the nature of firm and the corporate decision-making process that acts in the interest of its stakeholders (Brenner & Cochran, 1991). Indeed, Hejase et al. (2012a) contend that “CSR is seen as integrated corporate activities abiding by the legal regulations and going beyond compliance, and investing more in human capital, the environment and the relations with stakeholders” (pp. 2-3). One of the important ideas of this theory is the stakeholders’ interdependence. Freeman and Dmytryiev (2017) reject the notion that value creation for stakeholders involves a tradeoff or a zero-sum game rather is a win-win situation.

2.1.3 Creating Shared Value

Investments enrich the creation of value. Given the large number of stakeholders involved in the process, initiating, measuring, and succeeding are relative and depend on various expectations and objectives. When it comes to corporations, financial measures justify the selection of a specific investment option over another and allow the decision-maker to track the progress in order to maximize returns and act accordingly. The concept of CSR previously discussed, integrates, to a certain extent, the societal perspective in this business process.

In 2006, Porter and Kramer redefined the bond bringing together CSR and corporate strategy (Porter & Kramer, 2006). The authors assert that the competitiveness of a corporation is inseparable from the wellbeing of the society (Porter & Kramer, 2011; Asemah, Okpanachi & Edegoh, 2013). This affirmation goes hand in hand with Freeman’s approach to stakeholders’ interdependence. Therefore, five years later, Porter and Kramer (2011) asserted that creating value is a common goal that had a shared effect, presented as “creating shared value” (CSV). In fact, the concept of CSV relocates the societal needs from the periphery to the core of the corporate strategy that organizations should implement to maximize profit, solve social problems, and enhance the wellbeing of the whole ecosystem (Kramer & Pfitzer, 2016). CSV had its opponents (Beschoner, 2013) and proponents (Bosch-Badia et al., 2013). Whereby, the first labeled it as built on a narrow consideration and the second described it as parallel evolution of the latter concept. On the other hand, Kramer & Pfitzer (2016) took CSV as a motive to claim that corporate strategy should move beyond its economic classical perspective to the ecosystem’s one, giving opportunities to innovation while creating shared

value (Pfitzer, Bockstette & Stamp, 2013). One key element is that creating shared value is maximized if all stakeholders collaborate together in order to combine their individual efforts, thus leading to a collective impact (Kramer & Pfitzer, 2016). In short, approaching social and environmental challenges through collaboration and engagement of all stakeholders, especially internal ones, allows corporations to achieve long term value to the business and the surroundings (Husted & Allen, 2007; Chehimi et al., 2019).

2.2 Review of Empirical Research

Muhammad et al. (2019) studied how the regulatory environment affects the application of the different dimensions of social responsibility in private sector hospitals in the Kingdom of Saudi Arabia (Najran City). Based on a sample of 50 hospital personnel selected from a private hospital in Najran, the researchers assessed the effect of the elements of the organizational environment on the application of CSR dimensions in their combined categories (economic, ethical, legal and human dimension). Results show a statistically significant effect of the organizational structure and organizational culture on applying CSR dimensions.

Saedan (2017) researched the reality of CSR for Hospitals in the southwest—Bechar Province, Algeria. That is, assessing the CSR practices of hospital institutions towards their stakeholders (workers, beneficiaries, society, the environment, supporting institutions, the local community), by analyzing the responses collected from a sample of 240 employees from various hospital institutions. Findings include: there is an inconsistency in the hospital institutions' commitment to their social responsibilities, as these institutions were very responsible towards the beneficiaries, somewhat responsible towards workers, society, and dealers, and barely responsible towards the environment. Likewise, there were no significant variations in the application of social responsibility due to personal variables such as professional experience, nature of work, age, and gender.

Moreover, Al-Maouchi (2016) studied CSR applications in seven Lebanese commercial banks. The research was based on assessing the triple-line and its role in the development of the Lebanese society. Findings show that banks applied their social responsibility in all dimensions but in a limited way. More specifically, banks had gaps in their development of the society, took CSR more as an advertising mean to attract customers and improve the bank's image. Also, the results showed the absence of a binding legal framework for the application of CSR, which constitutes the biggest challenge facing banks in playing an effective social role.

In addition, Al-Khalidi (2015) studied the impact of hospitals' commitment to social responsibility on the health services' quality perceived by patients in private hospitals located in Amman, Jordan. A descriptive and analytical approach was adopted and 463 questionnaires were analyzed distributed to patients dealing with private hospitals in Amman. Findings showed a statistically important impact of all social responsibility dimensions (Triple-Bottom line) on the perceived quality of health services. The study also found positive perceptions regarding the quality of health services in private hospitals.

Furthermore, Tsegaw (2018) assessed the factors affecting the practices of CSR in the health sector with evidence from local hospitals in Ethiopia. This research studied the influence of government, culture, the organization, competition, clients, employees, and pressure group on the practices of social responsibility in its dimensions (the economic, the legal, the human, and the charitable) as a dependent variable. Three Ethiopian hospitals were involved and 89 questionnaires were distributed to employees in these hospitals. Findings showed a positive impact between each of the organization's culture, government policy, and pressure group on the level of application of social responsibility. It also identified a weak effect among (employees, competition, and customers) on social responsibility. The

ethical dimension came first from the practice of social responsibility in the studied hospitals, and the main motivation for hospitals to adopt social responsibility was pressure groups.

Also, Lubis (2018) studied the impact of corporate social accountability in the health sector, especially government hospitals, on the hospital's reputation and customer loyalty. A descriptive and analytical approach was adopted. 200 questionnaires were analyzed and distributed to patients in four government hospitals in Indonesia. The study found an impact of social responsibility in its combined dimensions (economic, legal, and charitable) on the hospital's reputation, as well as the existence of an impact of social responsibility in its combined dimensions (economic, legal, and charitable) on the loyalty of patients.

Finally, as Gharaee et al. (2013) defined it, the social responsibility of hospitals "is the ethical obligation that requires hospitals and other health sector organizations to carry out their usual duties, ethical principles and provide services that benefit all stakeholders in society" (p. 843).

2.3 Research Hypotheses

The main hypothesis is as follows:

H1: The hospital does not exercise its societal responsibilities towards stakeholders.

There are four other sub-hypotheses:

H2: The hospital does not exercise its social responsibilities towards workers.

H3: The hospital does not exercise its social responsibilities towards patients.

H4: The hospital does not exercise its social responsibilities towards the local community.

H5: The hospital does not exercise its social responsibilities towards the environment.

3. Materials and Methods

This research is quantitative, descriptive and comparative. Its philosophy is based on positivism. Hejase & Hejase (2013) contend that "Positivism is when the researcher assumes the role of an objective analyst, is independent, and neither affects nor is affected by the subject of the research" (p. 77). The research being quantitative then the approach followed is deductive. "A deductive approach is useful if the general aim was to test a previous theory in a different situation or to compare categories at different time periods" (Elo & Helvi, 2008, p. 107). Moreover, the research tool is survey questionnaire administered to a sample of hospital employees. Furthermore, secondary information and data were extracted from various references and sources (books, articles, research, and previous studies) to form an integrated background of the research.

3.1 Sampling

The study population consisted of all employees working in one selected hospital, being the case under exploration. On the other hand, the study sample, chosen randomly, included 40 hospital workers chosen based on a computer generated random numbers (00-99) (Hejase et al., 2012b, p. 497). In fact, all names were numbered and then the selection was based on choosing random numbers starting with the first column counting downwards and then moving right to the next column, till the 40 employees were selected.

3.2 Research Design

The choice of the hospital was based first on selecting a Lebanese territory far from the capital Beirut. Then, selecting one of the newly established hospitals. The reason is to explore the case of a new specialty hospital in a time where CSR has been researched in the Lebanese industry and the service sector though concentrating more on banking. Therefore, the expectation is that the top management

administrators of the hospital are aware about CSR applications and have been exposed to it frequently especially that CSR conventions have been popular before the COVID-19 era.

Therefore, the chosen hospital is the Lebanese Heart Hospital located in Al-Bahsas, North Lebanon, and is the first specialized hospital for heart patients in the north. The hospital provides the necessary medical care to patients with cardiovascular disease, and its vision is to become a center of excellence in heart health care in Lebanon. The hospital aims to provide high quality care, and provide the best treatments and services to patients.

The hospital was established in 2014, and it is a 4-story building, which includes the emergency room, operating room, radiography room, in addition to the analytical laboratory. It includes 70 beds for patient care, and about 100 employees distributed in the different work functions.

3.3 Questionnaire Design

The introduction to the questionnaire consists of an opening statement about the topic, its motivation, and confidentiality. The researchers transparently and using a simple language pledge that the information is voluntary and its use is solely for academic purposes whereby no identities are disclosed whatsoever and that the anonymity of the respondents is guaranteed. The questionnaire consists of 33 questions divided into five sections. The research tool used in the current project is a systematic and structured questionnaire that is divided into five parts:

- 1) Section one is designed to assess the respondents' demographics with four questions (sex, age, educational qualifications, and years of experience).
- 2) Section two is designed to assess the respondents' attitude and behavior towards the hospital's social responsibility practices towards workers. It consists of questions 1 to 7.
- 3) Section three is designed to assess the respondents' views about the hospital's CSR practicing towards its patients. In this section also 7 questions explore the respondents' views about the hospital implement of CSR for their patients.
- 4) Section four with seven questions is designed to assess the respondents' attitudes toward the hospital CSR practices towards the local community.
- 5) Section five with seven questions is designed to assess the respondents' attitudes toward the hospital CSR practices towards the environment.

Finally, the questionnaire ends with one open-ended question through which respondents are free to express themselves freely regarding the research subject.

3.4 Data Analysis

Collected data were input into the Statistical Product and Service Solutions, SPSS version 25, an IBM product since 2009 (Hejase & Hejase, 2013, p. 58). Descriptive statistics were used in the form of frequencies and percentages as well as means and standard deviations. Tables of data were formed to support the analyses needed for the hypotheses. Furthermore, Internal Reliability of the questionnaire sections were studied using Cronbach's Alpha to ensure internal consistency of questionnaire statements.

3.4.1 Internal Reliability Analysis

The validity of the survey questionnaire was measured by calculating Cronbach's alpha. Table 1 shows that alpha coefficient is 0.924, which is higher than 0.7, which indicates that the form has the required stability.

The Internal Reliability of the 28-item scale is assessed using the Cronbach's Alpha technique. Table 1 shows that the 28-item scale produced a Cronbach's Alpha=0.924 matching the range 0.9-1.0 labeled "Excellent" (Burns & Burns, 2008, p. 481; Hejase & Hejase, 2013, p. 570). According to Chehimi et al.

(2019), “This indicates a very good strength of association and proves that the selection of the questions is suitable for the questionnaire purpose” (p. 1915).

Table 1. Cronbach’s Alpha

Cronbach’s alpha	Number of answers
0.924	40

The five-level Likert scale was used to measure the respondents’ choices to the questionnaire sections pertaining to CSR analysis. Table 2 depicts the details.

Table 2. Five-point Likert Scale

Degree of approval	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Code	1	2	3	4	5

This study adopted the following limits to help analyze the arithmetic mean of the terms and assessing the adoption level. The following scale is used:

$$\text{Level Difference} = [\text{Upper bound} - \text{Lower bound}] / \text{Number of levels} = [5 - 1] / 5 = 0.80$$

Thus, the modified scores are distributed as shown in Table 3.

Table 3. Modified 5-level Likert Scale

Relative Importance	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Arithmetic Mean Intervals	1-1.80	1.81-2.60	2.61-3.40	3.41-4.20	4.21-5

4. Results and Findings

4.1 Demographics

Respondents are 40% females and 60% males. As for respondents’ age, their mean average age is 32 years; they are split into three groups: 52.5% for under 30 years old, 32.5% for 30 to 39 years range, and 15% for 40 to 49 years range. Moreover, 47.5% of the respondents hold a technical certificate, 40% hold a bachelor degree, and 12.5% hold a Master degree. In addition, results show that 20% of the respondents have experience of less than 5 years, 47.5% of them have experience between 5 years and less than 10 years, 7.5% have between 10 to less than 15 years of experience, while the percentage of respondents with experience of more than 15 years’ is 25%.

4.2 CSR Practices towards Workers

Results in Table 4 show that the overall average of the respondents’ agreement on seven statements representing the hospital’s social responsibility towards its workers falls in the Neutral range [2.61<2.75<3.40]. However, when considering individual mean average values, one finds that there are serious problems in the following areas: provision of fair salaries (mean=2.33, std. dev.=1.093), offering

appropriate incentives and rewards (mean=2.17, std. dev.=1.104), provision of fair promotion opportunities for employees without discrimination (mean=2.50, std. dev.=1.137), and provision of social and recreational services for workers and their families (mean=2.37, std. dev.=1.159). These results are strong reasons which may probably lead to high turnover and dissatisfaction among workers. In fact, the aforementioned results contradict what has been reported about CSR and employees. For example, Marom & Lussier (2020) stress that “CSR toward employees may include multiple aspects such as job security, fair remuneration and compensation, health and safety, suitable working conditions, organizational justice, avoid discrimination-diversity and inclusion, training and career path, and more” (p. 253). Consequently, there are deficiencies in 4 out of 7 areas tested in this dimension. The four areas mentioned above fall in the employees’ disagreement range with means between 1.81 and 2.61. On the other hand, the hospital is doing better when it comes to three areas namely, the provision of safe and comfortable working conditions (mean=3.53, std. dev.=0.819), provision of training courses of employees (mean=3.20, std. dev.=1.349) and developing employees’ skills and capabilities (mean=3.17, std. dev.=1.206). These last three more positive areas are actually part of the specific tasks performed in the hospital, that is, safety, training and development. However, not having a fully integrated Human Resource benefits to the employees may jeopardize the long-term continuity of employees with the hospital. Nevertheless, Marom & Lussier (2020) contend that it goes without saying that job security, compensation and health and safety are highly important in the current situation of COVID-19 environment.

Table 4. Arithmetic Means and Standard Deviations of the Opinions of the Study Sample on Practicing Social Responsibility towards Workers

No.	Statement	SMA	Standard deviation	Rank	The level of adoption
1	The hospital administration aims to provide safe and comfortable working conditions for its workers.	3.53	0.819	1	High
2	The hospital administration provides fair salaries to its employees.	2.33	1.093	6	Weak
3	The hospital administration offers appropriate incentives and rewards.	2.17	1.104	7	Weak
4	The hospital administration provides fair promotion opportunities for its employees without discrimination between them.	2.50	1.137	4	Weak
5	The hospital administration provides training courses for its workers.	3.20	1.349	2	Average

6	The hospital is keen to develop the skills and capabilities of its employees by involving them in training courses, workshops and seminars.	3.17	1.206	3	Average
7	The hospital administration provides social and recreational services for workers and their families.	2.37	1.159	5	Weak
	The overall average	2.75	1.243		Average

Source: Researcher's preparation based on the results of the (SPSS) program.

4.3 CSR Practices toward Patients

Table 5 demonstrates a very positive view of how respondents agree that their hospital is performing very well towards the patients. The mean average of the seven statements characterizing the hospital's social responsibility practices in the eyes of the employees is 3.97 which falls in the agreement range [3.41<3.97<4.20]. The fact that the hospital is specialized in heart diseases, obliges it to abide by the highest standards of the profession and the governmental public health requirements as shown by the statements related to the patients' rights in compliance with the laws and health (mean=4.10, std. dev.=0.305), confidentiality and privacy (mean=4.13, std. dev.=0.571), equality and no discrimination (mean=4.03, std. dev.=0.414) and safety measures (mean=3.80, std. dev.=0.407). Moreover, the hospital provides a comfortable environment (mean=4.0, std. dev.=0.00), listens to patients' needs (mean=4.11, std. dev.=0.305), and resolves their problems and complaints (mean=3.67, std. dev.=0.661). As a matter of fact, the aforementioned seven dimensions fit well the hospital vision and mission statements stating, "Our vision is to become a center of excellence for the care of heart health in Lebanon", and "Our mission is to deliver an exceptional and innovative healthcare solutions and services, developed in ethical collaboration with medical professionals, to all cardiac/vascular patients, using the latest medical technological innovations in a frame of a compassionate patient focused approach" (Lebanon Heart Hospital, 2021).

Table 5. Arithmetic Means and Standard Deviations of the Study Sample Views on Practicing Social Responsibility towards Patients

No.	Statement	SMA	Standard deviation	Rank	The level of adoption
8	The hospital vows to provide patients' rights in compliance with the laws.	4.10	0.305	3	High
9	The hospital adheres to public health and safety measures and provides a safe environment for patients.	3.80	0.407	6	High
10	The hospital administration seeks to treat patients without any discrimination.	4.03	0.414	4	High
11	The hospital administration is committed to maintaining the privacy and confidentiality of patient information.	4.13	0.571	1	High
12	The hospital provides comfortable conditions for patients.	4.00	0.000	5	High
13	The hospital administration takes care of patients' complaints and works to resolve them urgently.	3.67	0.661	7	High
14	The hospital staff is always ready to cooperate with patients.	4.11	0.305	2	High
	The overall average	3.97	0.380		High

4.4 CSR towards Local Community

Results in Table 6 are divided into two parts. The first part describes the respondents' extent of agreement on CSR applications to the local community in what pertains to offering new job opportunities (mean=3.23, std. dev.=.898), to supporting people with special needs (mean=2.80, std. dev.=1.243), and sponsoring cultural and sporting activities (mean=3.33, std. dev.=0.958). The overall mean of the three areas fall in the range of Neutrality [2.61<3.12<3.40]. Actually, this result is commensurate with that of the observed CSR toward employees, whereby salaries, incentives, job promotion opportunities and providing entertainment to workers are weak. Such an observation reflects that the hospital administration is really lagging behind in the CSR applications to the human factor as per jobs, employees support and local community support. These practices are against what researchers (Lipiec, 2001; Murphy, 2020; Hejase, 2020), are recommending on how to deal with employees. In fact, the aforementioned does not fit with the recommendation that the dimension of society under CSR must "guard for the best practices applied to employees' satisfaction mediated through empowerment,

flexibility, creativity & innovation, and servicing the customer” (Hejase, 2020, p. 2).

The second part deals with the hospital preparations to deal with the epidemics and seasonal diseases (mean=3.73, std. dev.=0.691), celebrating religious and national occasions (mean=3.03, std. dev.=1.189), contributing to enriching health awareness (mean=3.43, std. dev.=1.135) as well as respecting societal traditions and norms (mean=3.97, std. dev.=0.556). The lowest score was celebrating religious and national occasions simply because it is a hospital and does not actually abide by official holidays due to the continuous preparedness to deal with healthcare needs. However, the highest two scores were related to the hospital preparedness to seasonal diseases and epidemics as well as doing an above the average work in creating awareness. Most possibly, this specific dimension as a whole lacks budgeting and/or considered of a lower priority to the hospital administration.

Table 6. Arithmetic Means and Standard Deviations of the Opinions of the Study Sample on Practicing Social Responsibility towards the Local Community

No.	Statement	SMA	Standard deviation	Rank	The level of adoption
15	The hospital administration seeks to provide suitable job opportunities for community members.	3.23	0.898	5	Average
16	The hospital administration improved in dealing with epidemics and seasonal diseases.	3.73	0.691	2	High
17	The hospital administration supports the holding of festivals and celebrations on religious and national occasions.	3.03	1.189	6	Average
18	The hospital contributes to preparing and holding scientific seminars and conferences to enrich culture and work to spread health awareness among members of society.	3.43	1.135	3	High
19	The hospital cares for special groups with special needs and provides work positions for them.	2.80	1.243	7	Average
20	The hospital administration respects the customs, traditions and norms prevailing in the society in which it is active.	3.97	0.556	1	High
21	The hospital sponsors cultural and sporting activities and events in the community.	3.33	0.994	4	Average
	The overall average	3.36	0.958		Average

4.5 CSR toward the Environment

The seven statements characterizing the CSR environment dimension are actually highly scored by the respondents. The overall mean average falls in the high-end of the respondents' agreement to the statements [3.41<3.96<4.20]. In fact, most of the Lebanese organizations fall under the same category of being more concerned about environmental issues as compared to societal-employees issues. Several researchers report similar tendencies including Jahamani (2003) who reported that United Arab Emirates' managers are aware of green accounting which concentrates on CSR issues of environment; Hejase et al. (2017) who asserted that Lebanese corporations concentrate their CSR activities or initiatives along two dimensions: societal philanthropic and environmental perspectives. Also, Jamali et al. (2006) concluded that "the problem faced in the Lebanese and other contexts is the absence of a precise management framework that provides for the linking of these fundamental, yet seemingly disparate pillars of sustainability and for reconciling traditional financial performance with environmental and social contributions" (p. 410) and finally D'Amato, Henderson, and Florence (2009) stressed the fact that, "organizations are being called upon to take responsibility for the ways their operations impact societies and the natural environment" (p. 1).

Table 7. Arithmetic Means and Standard Deviations of the Opinions of the Study Sample on Practicing Social Responsibility towards the Environment

No.	Statement	SMA	Standard deviation	Rank	The level of adoption
22	The hospital administration is concerned with the cleanliness of work places and surroundings.	3.95	0.254	4	High
23	The hospital uses scientific methods to dispose of waste.	4.13	0.346	2	High
24	The hospital is keen on the rational exploitation of resources and energy.	3.67	0.758	7	High
25	Hospital business does not pollute water, air or soil.	3.93	0.450	5	High
26	The hospital adheres to the applicable laws and regulations related to environmental protection.	3.97	0.254	3	High
27	The hospital administration works to beautify the surrounding area and afforest it to preserve the environment.	4.17	0.379	1	High
28	The hospital administration participates with the relevant authorities in preserving the environment.	3.90	0.254	6	High
	The overall average	3.96	0.385		High

5. Discussion

This research aimed to study the extent to which the Heart Hospital practices social responsibility towards all stakeholders including workers, patients, the local community, and the environment. Based on the previous results, and to understand the extent to which the Heart Hospital in Tripoli has adopted the dimensions of social accountability and the level of importance of implementing social accountability in the hospital, the relative importance of all social responsibility dimensions has been grouped in Table 8.

Table 8. Top-to-Bottom Ranking of the Importance of the Hospital's CSR Adoption

Dimensions of Social Responsibility	SMA	Ranking	Classification of Statements within each dimension
Social responsibility towards patients	3.97	1	7 High
Social responsibility towards the environment	3.96	2	7 High
Societal responsibility towards the local community	3.36	3	4 Average & 3 High
Social responsibility towards workers	2.75	4	4 Weak & 3 Average
The total arithmetic mean	3.51		High

Table 8 indicates that the level of adoption of CSR activities in the hospital under study is marginally high [Neutral: 2.61-3.40 & Agree 3.41-4.20], as the general arithmetic mean of the social responsibility dimensions is 3.51, which is located at the lower end of respondents' agreement. However, going through the individual analysis of the dimensions, the following is observed: The hospital has its highest priority its patients who usually are insured by several Lebanese private and public bodies, which means the hospital serves its purpose of being a choice for Heart problems treatment in the northern territories of Lebanon, and at the same time it shows that the financial objectives are also satisfied. As a matter of fact, Heart problems are usually on the high-end cost and all sorts of operations are usually paid beforehand. This dimension ranked first with a mean of 3.97 (high-end of the agreement scale). In second place is the natural environment with almost an equal mean of 3.96 (high-end of the agreement scale). This choice is also typical of Lebanese institutions due to its high exposure in the media, and the hospital took special attention to the green areas in its layout besides its contribution to environmental campaigns. For example, its role in the "Clean your hand save your world" October 15, 2018 world campaign (Lebanon Heart Hospital, 2018a). In third place is the societal responsibility towards the local community with a mean of 3.36 which falls in the neutral side of the agreement with statements representing this dimension. There are three statements that scored high and four statement scored average. In fact the high scores include "The hospital administration improved in dealing with epidemics and seasonal diseases" which is supported by the hospital activities realized in different dates, for example, October 10, 2018 [Breast cancer awareness month]; in September 28, 2018 [World prostate cancer day]; and September 29, 2018 [World heart Day]. Another

high scored item was “The hospital contributes to preparing and holding scientific seminars and conferences to enrich culture and work to spread health awareness among members of society” which was represented with the professional training activity [communication skills training] on June 6, 2018. The third high score is related to “The hospital administration respects the customs, traditions and norms prevailing in the society in which it is active” which was actually represented by celebrating Christmas day in December 23, 2017 and the month of Ramadan annual gathering in May 28, 2018. However, these activities are declared to the public through the Hospital’s Facebook site which was launched in December 20, 2017. The aforementioned activities are the typical societal involvement during the next years until before the COVID-19 state of events that was first reported from Wuhan, China, on December 31, 2019 (Hejase et al., 2021). Indeed, on November 15, 2019, the hospital stopped uploading news of activities involving gatherings of people. Finally, the fourth ranked dimension is that related to CSR activities for workers/employees. The mean average is 2.75 which falls mid average (Neutral) scale. This result is surprising especially for an institution that was established in 2014 whereby top management is actually trained to respect and value the human assets of an organization. The very few activities published on Facebook was the annual celebration of the Month of Ramadan [Fasting, June 11, 2018]. In addition to few pictures on Instagram involving scattered shots of workers/employees and patients (Lebanon Heart Hospital, 2018b).

5.1 Hypotheses Evaluation

Finally, it remains to assess the main hypothesis as well as the sub-hypotheses [there are four sub-hypotheses] of the research based on the findings discussed in the aforementioned paragraphs. For this purpose it is best to represent the findings in Table 9 herein:

Table 9. Hypotheses Testing

Dimensions of Social Responsibility	SMA	Classification of Statements	Hypotheses Status
H3- The hospital does not exercise its social responsibilities towards patients	3.97	7 High	Rejected
H5- The hospital does not exercise its social responsibilities towards the environment	3.96	7 High	Rejected
H4- The hospital does not exercise its social responsibilities towards the local community	3.36	4 Average & 3 High	Weakly Rejected
H2- The hospital does not exercise its social responsibilities towards workers	2.75	4 Weak & 3 Average	Weakly Accepted

As for the main hypothesis,

H1: The hospital does not exercise its societal responsibilities towards stakeholders.

The main hypothesis is moderately rejected for the simple fact that the hospital is not acting socially responsible towards its main asset, the human asset, and not fully serving the local community except in certain marginal campaign activities ignoring job opportunities and general wellbeing. This result is

consistent with those obtained by Saeedan (2017), Al-Maouchi (2016), and Khalidi (2015), which indicated that most of the CSR dimensions were averagely applied. Nevertheless, Jamali et al. (2006) were right in their conclusion that there is an absence of a “precise management framework that provides for the linking of all CSR pillars” (p. 410). Similarly, Brin & Nehme (2019) ascertain that an organization must satisfy the surrounding society and respect its wellbeing by performing social activities, especially its employees and the surrounding community. Therefore, for the Hospital to attain an integrated CSR performance, that is, satisfying all dimensions, “it must seek better recognition, reputation, value, growth, and relationships with consumers and other stakeholders” (Hejase et al., 2017, p. 4).

6. Conclusion

The study offers a new insight on CSR applicability in a recently founded specialized hospital. The results are still similar to many Lebanese organizations’ behavior towards the different CSR pillars, especially to what pertains to employees and workers who actually must be taken care of their welfare to a much better degree. However, this work have shown that specialized medical administrators still lack the expertise to deal with concepts like CSR and to safeguard the integrated nature of the different recommended dimensions. Nevertheless, the findings cannot be generalized for several reasons including the fact that this is a case of one hospital, few respondents, and particular to one region of Lebanon. Consequently, future research may close the aforementioned gaps in number of organizations involves, sample size and multi-territorial coverage. Researchers are invited to duplicate the research process involving the various healthcare institutions. Notwithstanding, that cross-country research is also recommended.

7. Recommendations

Based on the previous findings, the researchers suggest the following:

- The administration of the hospital should pay more attention to its responsibilities towards the local community and to its employees in particular. For such an endeavor, the Human Resource function must pay more attention to the employees/workers wellbeing including remuneration upgrades, richer benefits, more engagement activities, and better reward and incentive system. In fact, Murphy (2020) proposed 18 different outlooks that enforce engagement that must be seriously considered to upgrade the societal dimension within CSR as it supports the positive assertiveness between employer and employees. “it goes without saying that job security, compensation and health and safety are highly important in this context” (Marom & Lussier, 2020).
- The hospital should diversify its programs that are concerned with its responsibilities towards its local community and try to develop them permanently. That is, job opportunities, internships, and training & development in terms of creating awareness about hospital-related jobs on one hand and from another hand, participate more in community social and sports activities beyond the green environment capacity.
- The hospital needs to intensify its social participation towards its local community, through volunteer activities and work to employ groups with special needs.
- The hospital needs to maintain its community practice towards its patients and its environment with permanent improvement and increase its social responsibilities towards them.

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