



# Corporate Social Responsibility of Hospitals in Southern Thailand

Amarawan Pentrakan

A Thesis Submitted in Partial Fulfillment of the Requirements for the  
Degree of Master of Business Administration (International Program)

Prince of Songkla University

2017

Copyright of Prince of Songkla University

**Thesis Title** Corporate Social Responsibility of Hospitals in Southern Thailand  
**Author** Miss Amarawan Pentrakan  
**Major Program** Business Administration (International Program)

---

**Major Advisor**

.....

(Dr. Muttanachai Suttipun)

**Examining Committee:**

.....Chairperson

(Asst.Prof.Dr. Walapa Phathana)

.....Committee

(Dr. Muttanachai Suttipun)

.....Committee

(Dr. Daraneekorn Supanti)

The Graduate School, Prince of Songkla University, has approved this thesis as partial fulfillment of the requirements for the Master of Business Administration (International Program).

.....

( Assoc.Prof.Dr. Teerapol Srichana)

Dean of Graduate School

This is to certify that the work here submitted is the result of the candidate's own investigations. Due acknowledgement has been made of any assistance received.

..... Signature

(Dr. Muttanachai Suttipun)

Major Advisor

..... Signature

(Miss. Amarawan Pentrakan)

Candidate

I hereby certify that this work has not been accepted in substance for any degree,  
and is not being currently submitted in candidature for any degree.

..... Signature  
(Miss. Amarawan Pentrakan)

Candidate

ชื่อวิทยานิพนธ์                      ความรับผิดชอบต่อสังคมของโรงพยาบาลในภาคใต้ของประเทศไทย  
ผู้เขียน                                      นางสาว อมรารวรรณ เพ็ญตระการ  
สาขาวิชา                                  บริหารธุรกิจ (หลักสูตรนานาชาติ)  
ปีการศึกษา                                2559

### บทคัดย่อ

ความรับผิดชอบต่อสังคม เป็นแนวคิดที่สำคัญที่ก่อให้เกิดประโยชน์แก่องค์กร บริษัท ชุมชนและสิ่งแวดล้อม ซึ่งปัจจุบันพบว่ายังไม่มีข้อมูลที่เป็นระบบเกี่ยวกับความรับผิดชอบของโรงพยาบาล การวิจัยครั้งนี้จึงมีวัตถุประสงค์เพื่อศึกษาขอบเขตและระดับความรับผิดชอบต่อสังคมของโรงพยาบาล 154 โรงพยาบาลในภาคใต้ โดยใช้เครื่องมือวิจัยเป็นแบบสอบถามที่แบ่งออกเป็น 4 ส่วน ได้แก่ ลักษณะองค์ประกอบของโรงพยาบาล, โครงสร้างของคณะกรรมการ และภาวะผู้นำการเปลี่ยนแปลง ซึ่งผลการศึกษาพบว่าโรงพยาบาลที่ได้รับคัดเลือก 154 โรงพยาบาลในภาคใต้ของประเทศไทย ยอมรับว่ามิติสำคัญของโรงพยาบาลที่ดำเนินการเกี่ยวกับความรับผิดชอบต่อสังคมเป็นไปตามกฎระเบียบของกฎหมายและปฏิบัติตามหลักการจริยธรรมทั่วไปของสังคม ทั้งนี้ยังเน้นบทบาทความรับผิดชอบต่อสังคมของโรงพยาบาลในเรื่องการดูแลสังคมและการคุ้มครองสิ่งแวดล้อม โดยเฉพาะการปกป้องผู้ป่วยและดูแลสิ่งแวดล้อมที่ดีรอบโรงพยาบาล นอกจากนี้ ผลการทดสอบปัจจัยที่มีอิทธิพลต่อความรับผิดชอบต่อสังคมของโรงพยาบาล พบว่าปัจจัยด้านความรับผิดชอบต่อสังคมมีอิทธิพลอย่างมีนัยสำคัญเชิงบวกกับขนาดของโรงพยาบาล สถานะความเป็นเจ้าของ จำนวนของคณะกรรมการ ระยะเวลาการดำรงตำแหน่งกรรมการ และการเป็นแบบอย่างของผู้นำ โดยการศึกษาวิจัยครั้งนี้เป็นประโยชน์ต่อผู้จัดทำนโยบายของโรงพยาบาลในการวางแผนด้านความรับผิดชอบต่อสังคม

<b>Thesis Title</b>	Corporate Social Responsibility of Hospitals in Southern Thailand
<b>Author</b>	Miss Amarawan Pentrakan
<b>Major Program</b>	Business Administration (International Program)
<b>Academic Year</b>	2016

### ABSTRACT

Corporate social responsibility (CSR) has been a major concern in various organizations that bring benefits to corporation, community, and environment. However, there is still not systematic information about CSR of hospitals. This research aims to investigate the extent, level and factors influencing CSR of 154 selected hospitals in Southern Thailand by using questionnaires that were grouped into four sections which involved hospital characteristics, board composition, transformation leadership, and corporate social responsibility. The results of this study show that the selected hospitals in Southern Thailand completely accepted that the significant dimension of responsible hospitals might obey the law and act along with general ethical principles. They also focused on the role of hospitals in society and environmental protection, especially protecting consumers and employees. In addition, having different location and ownership had the different level of responsibility. For the result of testing the factor influencing CSR, it was significantly and positively influenced by hospital size, ownership status, board size, tenure of director, and providing role model of leader. The result of this study is beneficial for hospitals' policy makers in planning their CSR policy.

## ACKNOWLEDGMENT

I would like to express my sincere gratitude to all those who have provided their help and support my thesis. First, I would like to thanks to all staffs at Graduate office in Business Administration for their continuous supports and cooperations. I would like to thank a good opportunity from the IMBA program and all lecturers for their invariant knowledge on suggestion.

In addition, this thesis was completed with proper guidance and support from my advisor, Dr. Muttanachai Suttipun, for his continuous support, motivation, patience and suggestion of writing this thesis paper. He often adviced valuable information in completing this thesis. Without his support, I could not have been possible to reach the final goal. The good advisor mentored all parts of this study. I would like to thank the rest of my thesis committees: Asst. Prof. Dr. Walapa Phathana, Dr. Daraneekorn Supanti and Dr. Ekkarit Gaewrapun for their insightful comments and encouragements. Especially, the difficult questions which incented to open my research knowledge from various perspectives.

Special thanks to 154 hospitals in Southern Thailand that provided useful information and allowed to access in data collection. These hospitals were the important selected paticipants that resulted my study.

Finally, I would like to thank my parents and my master student classmate for supporting me spiritually throughout writing this study. Without whom nothing would be possible.

Amarawan Pentrakan

## CONTENT

Table of Contents	Page
<b>CHAPTER 1: INTRODUCTION</b>	
1.1 Background	1
1.2 Research Questions	4
1.3 Research Purposes	4
1.4 Expected Contributions	4
1.5 Definitions of Terms	5
<b>CHAPTER 2: LITERATURE REVIEW</b>	
2.1 Corporate Social Responsibility	
2.1.1 History	7
2.2 Hospital in Thailand	
2.2.1 Equities in Health Service Utilization	10
2.2.2 Health Issues and Responsibility of Hospital	12
2.3 Theoretical Perspective	
2.3.1 Stakeholder Theory	15
2.3.2 Leadership Theory	17
2.4 Factors Influencing CSR	
2.4.1 Hospital Characteristics	20
2.4.2 Board Compositions	25
2.4.3 Transformational Leadership	27
2.5 Conceptual Framework	29



## CONTENT (continue)

Table of Contents	Page
<b>CHAPTER 3: RESEARCH METHODOLOGY</b>	
3.1 Sample Selection	
3.1.1 Population	30
3.1.2 Sampling Method	30
3.1.3 Sample Size	31
3.2 Data Collection	32
3.3 Measurement Tool	33
3.4 Data Analysis	34
<b>CHAPTER 4: DATA ANALYSIS AND FINDING</b>	
4.1 Descriptive Statistics	39
4.2 T-test Statistics	50
4.3 Correlation Analysis	53
4.4 Regression Analysis	56
<b>CHAPTER 5: DISCUSSION AND CONCLUSION</b>	
5.1 Findings and Discussion	60
5.2 The Study Contribution	64
5.3 Limitation of the Study	65
5.4 Conclusion and Suggestion	65
Reference	67
Appendix 1 Questionnaire Form	
Appendix 2 Reliability Statistics	

## CHAPTER 1

### INTRODUCTION

#### 1.1 Background

Corporations around the world have recognized the importance of corporate social responsibility or CSR as a suitable practice that should be applied in any processes of the business to establish sustainability development. In the past, businesses considered CSR as the only increasing profits for shareholders (Friedman, 1970). Then, other expectations such as economy, law, ethically and environments have been progressively more concerned. As the World Business Council for Sustainable Development (2000) explained CSR definition as the enduring obligation of business to conduct ethically and build up the economic social development while increasing the quality of life for employees, local community and society.

The notion of Carroll (1991) that was described in the CSR Pyramid divided CSR operation into four dimensions including (1) economic dimension is the operation that focuses on maximizing profits, (2) legal dimension is the operation that conforms to government expectations and laws, (3) ethical dimension is the operation in line with social expectations and ethical values, not only being the action of laws and regulations, (4) the philanthropic dimension is the operation depend on the expectations of stakeholders in a manner consistence with the good corporate managements. The companies should play the philanthropic roles in providing financial and human resources to the society.

In Thailand, CSR approaches are similar to the operations of business world that have recognized to improve the social, environment, accountability for their stakeholders and the society as a whole. However, Thai companies still rank low in the global CSR survey (Pacharaporn, 2008). There are several studies have shown various companies have still focused the benefits of CSR approaches in role of building positively on the company's image and gaining community trust. There are not many companies that understand the whole notion of CSR. While some groups have a significant effort to create CSR awareness through forums to discuss their value, CSR practice, meetings and trainings.

Although CSR has been concerned among government organizations, non-governmental organizations and particularly private companies, CSR in hospitals has not received systematic attention even though there are various epidemic diseases and serious new diseases around the world that need close attention and keep the diseases under control from hospitals. Especially, nowadays the number of patients suing hospitals has been rising in Thailand for social and environmental issues. Some cases would have a good deal of responsibility from hospitals but some cases argued hospitals protected their staffs rather than patients and tried to refuse responsibility. In addition, any patients could not seek justice because they were without medical and legal knowledge. As in case of Phya Thai 1 Hospital, Mrs.Dollaporn Lorsermwattana filed a lawsuit against the hospital because of malpractice incident during childbirth that caused her son to be disabled. She had followed this case for 13 years. It was too long time that result the court dismissed her case.

For hospital in Southern Thailand found that the errors of hospital came in various forms. As actual examples in medical council study of Thailand (2006) that patients filed lawsuits in malpractice cases including: (1) a hospital lacked properly disinfect a hospital room, employee hygiene and pollution management that caused the patients contracted infectious diseases, (2) the clinical staff gave a patient the wrong dosage of medication, resulting toxic to a patient, (3) a hospital did not check a background of employee with a criminal history, (4) staffs of hospital failed to monitor the warning signs of severe symptoms that caused the patient had waited for over an hour and some cases had died, (5) Treatment cost was too high, unfair for patients.

From these problems, hospitals need more concentrate on providing their society and environment with ethic performances even though many hospitals have tried to use CSR approach that is believed in building a business ethically and responsibly to create a sustainable business success. But there is still not systematic information about CSR of hospital. For factors that can influence the CSR, from prior researchers (Jamali, Hallal, & Abdallah, 2010) have attempted to investigate the factors affecting social responsibility of health care system. The majority of these studies have found positive relations between CSR and other-related factors, including hospital characteristics, board composition and transformational leadership.

As earlier mentioned, CSR has been a major concern in various businesses that bring benefits to business, community, and environment; nevertheless, there has been no systematic examination about factors influencing CSR in hospitals. Therefore, this research aims at investigating extent, level and influential factors of CSR from hospitals in Southern Thailand.

## 1.2 Research Questions

1. What is the extent of CSR of hospitals in Southern Thailand?
2. How difference levels of CSR when comparing between interest groups that were hospital location (center and rural), and ownership of hospital (government and private).
3. Which factors influence CSR of hospitals in Southern Thailand?

## 1.3 Research Purposes

1. To investigate the extent of CSR in Southern Thailand.
2. To compare the different CSR level of interest groups that were hospital location (center and rural), and ownership of hospital (government and private).
3. To test the factors influencing CSR of hospitals in Southern Thailand.

## 1.4 Expected Contributions

The expected contributions of this research study related to stakeholders of hospitals, policy on social responsibility of hospitals, academics, and practitioners. Some of various contributions are described below:

(1) The results of this study provide further understanding into the CSR of hospitals and improve existing knowledge of business management. Also, the CSR approach in hospitals that developed from this study can serve future researchers to investigate CSR issues of hospitals and social expectations.

(2) Stakeholders of hospitals can use the results of this research to develop and reorient the CSR strategy to enhance the CSR participation in any operation of hospitals. This may potentially improve the standards of CSR in hospitals.

(3) Hospitals receive a summary of research outcomes. This give new understanding of the CSR practices to hospitals and inform about the CSR approach of other hospitals that allocate to stakeholders of hospitals and public. Hospitals may revise their policy that focus on social participation and CSR activity.

(4) The relevance of the conceptual framework - hospital characteristics, board composition and transformational leadership will be tested through the investigation and examination with director or key official of hospitals.

(5) This research is an empirical study in the case study of CSR and may be applied to the conceptual frameworks in the literature of other researches.

### **1.5 Definitions of Terms**

The definitions of terms have been explained by different resources and various researchers depending on their individual conditions. For this study, terms are described as below:

1.5.1 Corporate Social Responsibility (CSR): The enduring obligation of business to conduct ethically and build up the economic social development while increasing the quality of life for employees, local community and society (The World Business Council for Sustainable Development, 2000).

1.5.2 Hospital: WHO defined the meaning of hospitals as institutions that have an important role in the healthcare system. Hospitals organized medical facilities and professional staff to offer services everyday and 24 hours per day. They provided many processes of treatments, which include acute case, convalescent and curative care for acute and chronic patients. In addition, Hospital also generated information for research and education.

1.5.3 Stakeholder: The individuals, groups or organisations that influenced or be influenced from activity of a company, corporate strategy and performances (Post, Rahman, & Rubow, 2011)

1.5.4 Southern Thailand: A distinct region of Thailand located on the peninsula embraced by the Andaman Sea of the Indian Ocean to the West and the Gulf of Thailand to the East. the south is identified as 14 provinces which are Chumpon, Krabi, Nakhon Si Thammarat, Phang Nga, Narathiwat, Pattani, Phatthalung, Phuket, Ranong, Satun, Songkla, Surat Thani, Trang, and Yala.

## CHAPTER 2

### LITERATURE REVIEW

This chapter presents information of literature on corporate social responsibility (CSR), status of hospital in Thailand, factor influencing CSR, theoretical foundations and conceptual framework. The selections are based guidelines set by previous researchers whilst adhering to the purpose of the research.

#### 2.1 Corporate Social Responsibility

##### 2.1.1 History

Over the past half century, although many organizations have attempted to identify CSR issue and set a considerably common ground between them, different organizations have still framed various definitions. Many theoretical frameworks have been brought to investigate CSR approach. Definitions of CSR could be grouped into two ideas, those that define as a way using in operation of business in order to maximize earnings within the extents of the law and minimal ethical standard (Friedman 1970), and another idea has concerned a varying range of responsibilities toward society (McGuire 1963; Andrews 1973; Blomstrom 1975; Carroll 1999; Jones 1980).

Friedman (1970) used a shareholder concept to take social responsibility. His concept argued shareholders as the economic machine of the company and the only shareholders to which the company might be socially responsible. Friedman explained that there are not the social responsibilities to the public or society in any companies because they concern the only increasing profits for shareholders. In contrast, Andrews (1973) argued that CSR is the thought of obligation to essential groups in society other than shareholders and over that determined by law.



Then, Carroll (1999) offered the notion of CSR approach to bridge the gap among economics, society, legal and other expectations. Carroll defined the definition of CSR as the social responsibility of companies involves the economic, legal, ethical, and discretionary dimensions. Later, Carroll incorporated the dimensions of CSR into graphically describing which is CSR Pyramid of Carroll (1991) that a helpful idea to describe his CSR definition and explain upon them. Pyramid of Corporate Social Responsibility was divided into four dimensions that presented in Figure 1.

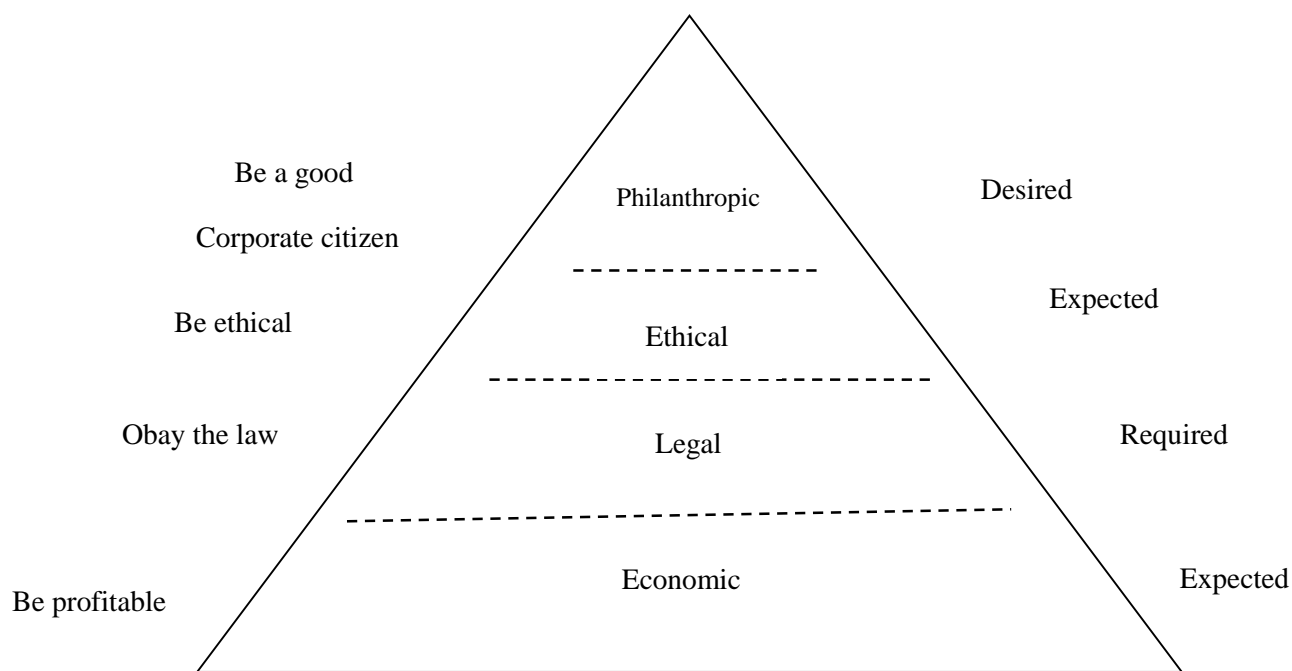


Figure 1. The Pyramid of Corporate Social Responsibility (Carroll,1991)

The CSR pyramid was proposed by Carroll (1991) that divided CSR operation into four dimensions including: 1) economic dimension is the operation that focuses on maximizing profits; 2) legal dimension is the operation that conforms to government expectations and laws; 3) ethical dimension is the operation in line with social expectations and ethical values, not only being the action of laws and regulations; and 4) the philanthropic dimension is the operation depend on the expectations of stakeholders in a manner consistence with the good corporate managements. The companies should play the philanthropic roles in providing financial and human resources to the society.

Furthermore, the World Business Council for Sustainable Development (2000) defined CSR in making good business sense publication of Holme and Watts. CSR definition was defined as the enduring obligation of business to conduct ethically and build up the economic social development while increasing the quality of life for employees, local community and society. The recent study found that organizations contribute the essential information, improving skill and training to suppliers and customers to guarantee the effective and safety of products or services. Moreover, CSR has been explained as the conversion of socially and environmentally responsible views into products or services. Business that has concerning economic, social and environmental can reduce the customer dissatisfaction, reputation damage and the problem of businesses management (The European Commission, 2015).

## **2.2 Hospital in Thailand**

In Thailand, the Ministry of Public Health (MoPH) operated government hospitals and the Medical Registration Division operated private hospitals. Other government healthcare units and public organizations such as the military, universities,

local governments, and the Red Cross, also operated hospitals. Data from the MoPH health resource survey 2009 showed that there are 1,002 public hospitals and 322 registered private hospitals. Hospitals in Thailand could be grouped into four types:

(1) **Regional hospitals:** they are located in the center of the province. There is the size of at least 500 beds and also have specialists and professional staff.

(2) **General hospitals:** they are located in the major districts of the province. These hospitals have the size of 200 to 500 beds.

(3) **Community hospitals:** they are located in the small districts. These are divided by size:

- Large community hospitals: these hospitals have 90 to 150 beds.
- Medium community hospitals: these hospitals have 60 beds.
- Small community hospitals: these hospitals have 10 to 30 beds.

All three classes of community hospitals help the local people; community hospitals are often limited to offering primary care, while referring patients need to require specialists and advance technology of general or regional hospitals.

(4) **Private hospitals:** they are hospitals owned that involve a for-profit company or a non-profit company. Also, they use privately funded through medical services payment of patients.

### 2.2.1 Equities in health service utilization

The 2009 health and welfare survey revealed that the selecting in community hospitals of poorest group was the most at 48.4%, while the richest group have showed a 33.7% that was the highest opportunity of being admitted patient in a private hospital. In Table 1, a graph compared the hospitalization of different monthly income groups. There was not much different between hospitalization of general and regional

hospitals; they had a 46% to 50% chance of being hospitalized. Although, the poorest group was high opportunity of treating in high- capacity hospitals, their opportunity of being hospitalized in private hospitals was smallest.

The following figure analysis of data from Health and Welfare Survey of National Statistical Office (Limwattananond & Vongmongkol, 2009).

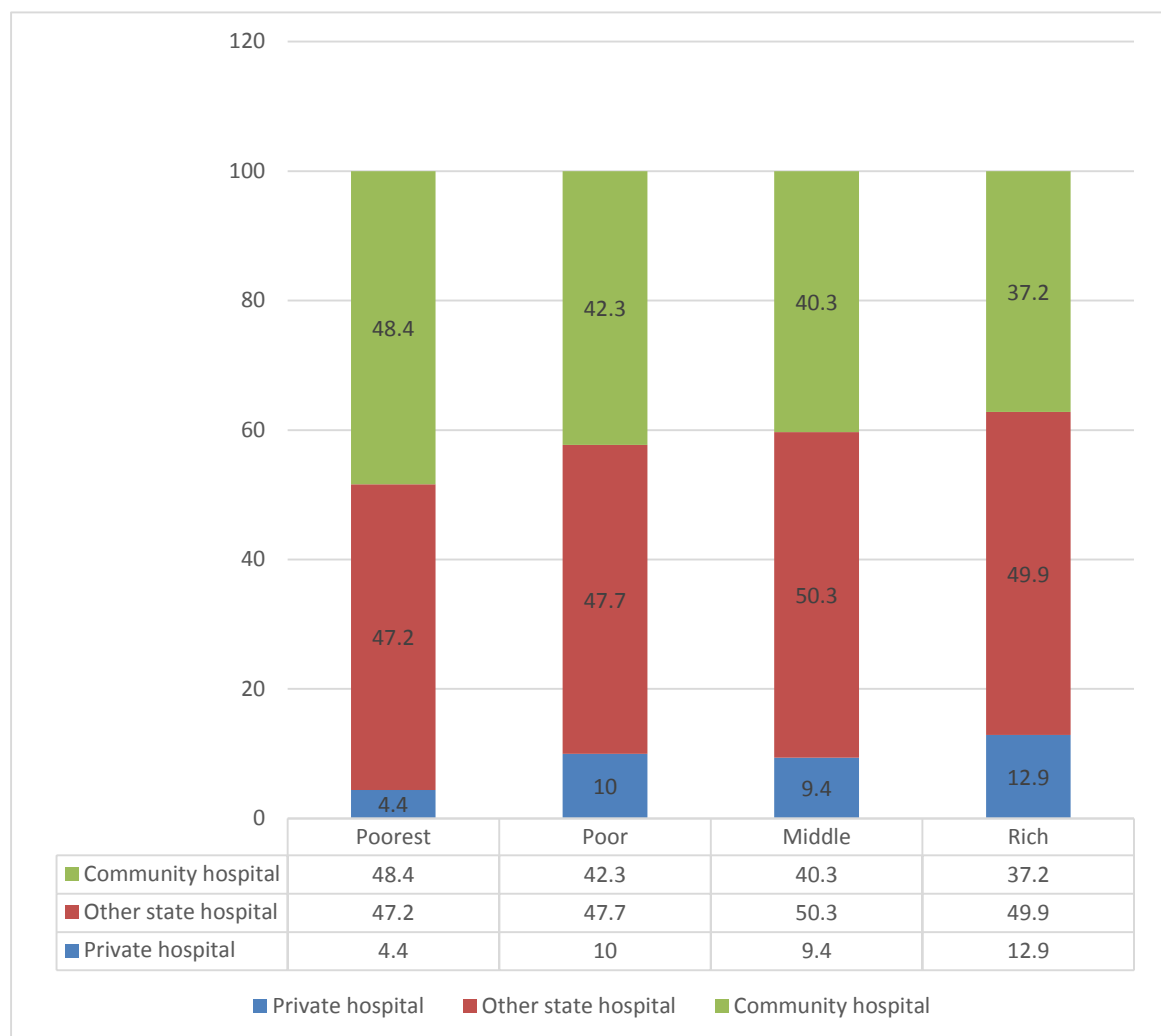


Figure 2. Percentage of Health Facility Selection when Hospitalized by Level of Household's Average Monthly Income in 2009

## 2.2.2 Health issues and responsibilities of hospitals

The number of patients suing hospitals has been rising in Thailand. Some cases have been sent to court, others have been sent to the Medical Council of Thailand, and others have been presented in the media.

The following figure post from the health report of HISO institution.



Figure 3. The case of Mrs. Dollaporn Lorsermwattana sued the Phayathai hospital in 2006.

According to a Medical Council of Thailand report on January 2006, the most issues frequently occurred from professional standards and advertising, following in table below.

Table 1

*Medical Malpractice Cases Sent to the Medical Council of Thailand 1993 to 2005*

<b>Issues</b>	<b>Number</b>	<b>Percentage</b>
Medical Profession Standard	149	57.70
Medical Profession Advertisement	66	25.60
Professional Dishonor	11	4.30
Negligence of Patient's safety and Unnessary Loss	8	3.10
Infraction of laws	8	3.10
Issue of False Certification	5	1.90
Support of illegal professional	4	1.50
Lack of respect toward professional colleague	3	1.20
Discourtesy to patient	2	0.80
Refusal to provide patient with assistance	1	0.40
Experiment on humans without consent	1	0.40
<b>Total</b>	<b>258</b>	<b>100.00</b>

Source: Medical Council of Thailand (2006)

Medical malpractice had a high incident over the last decade. The Medical Council of Thailand presented since 1968 to now have only 2 doctors that were revoked licenses. It caused people pursued their cases through the media. Many patients could not seek justice because they lack the medical and legal knowledge. Sometimes the legal process makes the suffering of the victim, the same result as the Dollaporn case. Ten years ago, Mrs. Dollaporn Lorsermwattana filed a lawsuit against Phya Thai 1 Hospital for incident during childbirth that caused her son to be disabled. She followed this case for 13 years, but it was sent away by the court because too long had elapsed since the incident occurred.

Moreover, hospitals have produced medical waste, wastewater and municipal solid waste (MSW) that included large numbers of paper, bulk of plastics, glass and metals, food waste, and medical instruments. These became special concern because they would make the potential hazards from pathogens and toxic chemicals. Medical wastes may be infectious waste that could generate an infectious disease. Many cases of disease transmission came from needle sticks as growing issues of the increase in HIV infection and other cases of infectious diseases.

In Thailand, the compensation procedures of government hospital use criteria under article 41 of the National Health Security (2002). The victim will be compensated only to families covered by the government health insurance system. This may reduce and avoid conflict between hospitals and patients. If legal procedures are used for suing physicians for malpractice, it will increase conflicts between hospitals and patients. Sometimes legal procedures may harm the health care system such as patient need to pay more or doctors may deny treatment.

Therefore, medicine and public health have a commercial relationship. In many cases, the hospital is service provider and the patient is a customer. There is more to the relationship than treating people or saving life. Hospital which has not effective management system will increase the lawsuits against them and hurt the general public.

## **2.3 Theoretical Foundations**

There are many different theoretical approaches that related to CSR; nevertheless, two theories covering the expectations of this research are stakeholder theory and leadership theory. They have been explained on the views of stakeholders and leaders that expect companies to improve CSR issue and also focus on the methods that organize stakeholder relationships of company (Roberts, 1992; Gray, Collison, & Bebbington, 1998; Llana, Monera, & Hernandez, 2007).

### **2.3.1 Stakeholder Theory**

The stakeholder theory is contributed in organizational management and being ethical of business. This identifies and set the groups that are stakeholders of a company. In the traditional view, the important groups have only owners or shareholders of company. Later, there are many researches which detailed positive view of business on social responsibility such as Freeman (1984) argued that manager in a corporation should meet the expectations of corporate achievements that have concerned the importance of other parties including employees, customers, suppliers and organizations in local communities.

Stakeholder theory gives special importance in the organization survival to generate sufficient wealth, value, or satisfaction for all stakeholders, not only shareholders. Stakeholders can be identified as groups affecting or being affected from



outcome of corporate operations. This conforms to study of Frederick (2008) that classifies stakeholders into two groups including primary stakeholders and secondary stakeholders. Primary stakeholders have direct connection, and essential relationship for business to perceive mission and policy in making services for customers. Secondary stakeholders have supported the mission by taking the activities of company. Also, secondary stakeholders include local communities, governments, and non-governmental organizations that have a role in social and political dimensions.

This is in line with Post et al. (2011) that define stakeholder as groups influencing or being influenced from activity of a company, corporate strategy and performances. The stakeholder theory contributes a broader perspective of stakeholder to companies. Moreover, the companies are expected to operate more responsibilities and focus more attention to their stakeholders. The companies should be responsible to silent stakeholders such as local communities and environment.

Stakeholder theory is focused as a critical foundation of implementing CSR for corporate executives that has not concerned only on the benefits of shareholders and owners, but also providing benefits to all stakeholders. These have an important role to transformational leadership (Waldman, Lituchy, Gopalakrishnan, Laframboise, Galperin, & Kaltsouakis, 1998). Besides, the stakeholder theory has relationship between CSR construction and factors of transformational leadership and stakeholder engagement.

### 2.3.2 Leadership Theory

Several studies have been conducted to explain how a leader becomes effective. Many theories have been assumed on the factors that can affect the effectiveness of leaders.

Early theories tend to focus on character and personality, whilst Later theories focus on what leader actually do. The following data of Bass and Riggio (2008) described about theory of transformational leadership that divided into 6 theories, as below.

#### 1) Trait Theory

Trait theories focus on the natures or qualities of leaders which lead to their effectiveness. However, the trait theories could not make the traits that should be common to all leaders such as confidence, charisma, knowledge etc may help leaders to become more effective, relying entirely on those traits may not always help them to motivate their people to achieve the stated goal. For instance, Mahatma Gandhi, Subhas Chandra Bose and Jawaharlal Nehru were all great leaders but their personalities had clearly different characteristics. It was difficult to explain the instances of leadership failures, where leaders failed despite of possessing the required traits

#### 2) Behavioral Theory

The Behavioural theories seek to describe the specific behaviours of leaders that lead to their leadership success. Leaders may play task-oriented or people-oriented behaviours and make decisions using authoritarian, democratic, or laissez-faire styles. However, it was seen that the preferred behavioural styles of leaders produced differed result under different proceeding. It presented the behavioural theories

disregarded the situational factors and the environment in which behaviours are demonstrated.

### 3) Contingency Theory

The limitations of the trait theories and the behavioural theories led to the transition to the contingency theories. Bass and Riggio (2008) presented that the effectiveness of leadership is related to the interplay of a leader's traits, behaviours and other situational factors.

- **Fred Fiedler Contingency Model** assumes that performance of a group depends on leadership style and situational favourableness. Some leadership styles work better in certain situations. For example, task-oriented leaders appeared to perform better in very favourable and very unfavourable situations. In contrast, the relationship-oriented leaders tended to perform better in moderately favourable situations. When confronted by the Axis Forces during the Second World War, The British faced a tough situation. Field Marshal Montgomery, a task – oriented leader instituted a regime of continuous training, insisted on high levels of physical fitness and was ruthless in sacking officers he considered would be unfit for command in action. He proved to be the best British Field Commander in such an unfavourable situation. In very favourable situations too, such as during the times of peace, the Armed Forces always need a task – oriented leader to keep the rank and file battle – ready. Fiedler believed that since a person's natural leadership style is fixed, and certain leadership styles work better in certain situations, the most effective way to handle a changing situation is to change the leader. So, Fred Fiedler's Model did not allow for flexibility in leaders.

- **Hersey Blanchard Situational Model** suggests that leadership style should be matched to the maturity of the subordinates. Depending on the subordinates' level

of maturity (from highly immature to highly mature), a leader may adopt any of these styles: Telling (High Task-Low Relationship), Selling (High Task-High Relationship), Participating (Low Task-High Relationship), and Delegating (Low Task-Low Relationship). While dealing with new entrants to an organisation, a leader would need to adopt a Telling style and Tell them exactly what to do and how to do. At the same time, the leader would need to adopt a delegating style while interfacing with persons at the higher echelons.

- **Path Goal Model** suggest that a leader can affect the motivation and performance of a group by: offering rewards for the achievement of performance goals, clarifying paths towards these goals, and removing performance obstacles. The model identified four leadership behaviours ( directive, supportive, participative and achievement-oriented) and assumed that the leaders could be flexible to adopt any style according to situations.

- **Vroom Yetton Model** suggests that leadership style (autocratic, consultative, group) may be chosen by consideration of a number of situation variables in the form of questions forming a decision tree.

#### **4) Charismatic Leadership Theory**

A Charismatic leader commands authority not by the virtue of a formal position but by the virtue of charismatic personality. Envisioning, empathy and empowerment are the three core components of charismatic leadership. The theory states that people would attribute heroic or extra-ordinary qualities to the Charismatic Leaders who had an idealized goal and a strong commitment.

## 5) Transactional Leadership Theory

This theory bases leadership on a system of rewards and punishments that are contingent upon the performance of the followers. Transactional leadership is often used in business and Transactional leaders are task and outcome-oriented.

## 6) Transformational Leadership Theory

Transformational leaders are able to inspire followers with their vision and personality to change expectations, perceptions, and motivations for working towards common goals. Four components of Transformational Leadership are:

- Intellectual Stimulation
- Consideration for individuals
- Inspirational Motivation
- Idealized Influence

Transformational leaders are those who stimulate and inspire followers to both achieve extraordinary outcomes and, in the process, develop their own leadership capacity. Transformational leaders help followers grow and develop into leaders by responding to individual followers' needs by empowering them and by aligning the objectives and goals of the individual followers, the leader, the group, and the larger organization. Transformational leadership is best suited for knowledge workers, where leaders and followers can take each other to a higher level of moral and motivation.

## 2.4 Factors Influencing CSR

Based on the literature review, influential factors affecting CSR are as follows.

### 2.4.1 Hospital Characteristics

This review uses characteristics based on previous studies. The study examines the influence of the following commonly cited characteristics: hospital size, hospital

location, ownership status, hospital age and accreditation type. Each characteristic is examined as below.

#### **2.4.1.1 Hospital size**

In literatures suggested that CSR is related to company size in positive way. Organizations that have higher size tend to have a higher CSR performance. According to Cowen, Ferreri, and Parker (1987) suggested that large companies have more stakeholders than small companies that result to build more CSR practices. This is in line with Ho and Taylor (2007) that found a positive relation between social and environmental disclosure and size of companies. However, some studies (Davey, 1982; Roberts, 1992) did not find relationship between CSR approach and size of companies.

One of the supporting reasons could be that the larger companies are more powerful to design their CSR strategy since they have better access to financial and other resources (Brammer & Millington, 2006). Moreover, organizations size has an influence on the kinds of proceduces developed. The organizations with higher size tend to incorporate all kinds of CSR proceduces while smaller organizations are forced to concentrate on a narrower set of proceduces (Vidal & Kozak, 2008).

Organizations size is positively related to the level of CSR in dimension of economic responsibilities are the bases of environmental and social responsibilities. That could say, economic responsibilities determine, at least partially, how well the other two dimensions of CSR could be success. In this situation, companies with higher size and revenue tend to be more financially capable to perform CSR proceduces. These come to hypothesis 1.

***Hypothesis 1: Hospital size influences CSR of hospital in Southern Thailand.***

#### 2.4.1.2 Hospital location

Different locations have differences in hospital spending and utilization from various factors such as patient preferences, hospital status, income, access, beliefs, ability and ethical norms. Some previous studies (Adams, Hill, & Roberts, 1998; Kolk, 2003) found that companies in developed countries have more concerned about social and environmental responsibility than companies in developing countries.

There was significant result to differences in CSR implementation among regions resulting from the Kruskal-Wallis test. The significant difference that occurred between Europe and Latin America was on the implementation of responsibilities related to leadership, vision and values. This theme of procedure helps an organization build its mental and operating process of CSR implementation. Organization in Europe implemented activities regarding leadership, vision and values on a higher level than those in Latin America. If we further extend the cut-off line and take a general look at the means of the level of CSR development of the organizations in each region, it can be found in organizations Europe and North America perform higher levels of CSR implementation than in Asia and Latin America with respect to all of the major themes. There are mainly two possibilities behind this phenomenon. Besides the one that Europe and North America are more developed than the other two regions and have more mature forest sectors, which has mentioned earlier, the other reason could be that the forest product companies in Asia and Latin America do not have well-established reporting systems. The importance of CSR reporting has not been fully noticed yet. Therefore, it is worth more efforts from those two regions to enhance the

efficiency of CSR related reporting. Additionally, language can be a potential reason for the inadequate CSR reporting in Asia and Latin America.

In addition, Vidal and Kozak (2008) find regional differences in terms of CSR procedures. For instance, African and Latin American organizations focus more on social responsibilities such as health care programs, mainly focused at giving knowledge to the community about HIV/AIDS, while Asian companies pay more attention to environmental responsibilities, such as controlling and following air emissions. These come to hypothesis 2.

*Hypothesis 2: Hospital location influences CSR of hospital in Southern Thailand.*

#### **2.4.1.3 Ownership status**

This study divides hospitals into two types of ownership status based on the information of the MoPH health resource survey. These are government and private companies. Following Cormier and Gordon (2001) argued that government organizations concerned more social and environmental information than private companies.

Corporate citizenship (Altman & Vidaver-Cohen, 2000) is a relatively idea that explain a company needs to determine the community where it operates. A company has activities for local communities and society. Moreover, it could play a similar role as government. As globalization is happening, the power of some large multinational business is becoming surprisingly great, even greater than some governments. Those large business take section of the power when the government fails to protect citizens.



In line with Tagesson (2009) that found government organization disclosed more social and environmental information than private companies. More recent studies, Jamali et al. (2010) investigated about CSR of non-profit hospitals and for-profit hospitals. Their result found that non-profit hospitals show a better outcome towards stakeholders, including satisfaction of patient, the government and the local public. Actually, some researchers found the importance of ownership structure for CSR practice. Also, the findings presented that government organization contribute a positive outcome on philanthropic dimension of CSR. These come to hypothesis 3.

*Hypothesis 3: Ownership status influences CSR of hospital in Southern Thailand.*

#### **2.4.1.4 Hospital age**

According to Choi, Nisbett, and Norenzayan (1999), the age of a company can influence in a level of reputational risk that result the company to support in more activities related to social and environmental responsibility. Also, Jiraporn and Withisuphakorn (2015) revealed that more mature companies affect more in CSR. They argued that the effect of maturity is not same in different types of CSR. As older companies have more responsible to social and environmental awareness. However, the aging of company is not good in human resource management and product safety. These come to hypothesis 4.

*Hypothesis 4: Hospital age influences CSR of hospital in Southern Thailand.*

#### **2.4.1.5 Accreditation type**

The accreditation of hospital in Thailand could be classified into 3 types including ISO 9001 or 9002, JCI and HA. Each type has different criterion and practice.

Following Bjorkman and Wong (2013) found that auditor types have relations to role of social responsibility. These come to hypothesis 5.

*Hypothesis 5: Accreditation type influences CSR of hospital in Southern Thailand.*

#### **2.4.2 Board Composition**

There is an implemented theoretical and practical literature on corporate social responsibility (CSR). Following previous studies, CSR is proceduces on the term of the company that appear to advance, or acquiesce in the promotion of some social good, beyond the immediate interests of the firm and its shareholders and beyond that which is required by law. Such actions may result in a company embodying socially responsible attributes in their products or also lead to situations where consumers are made aware of the fact that the good they are purchasing has been produced in a socially responsible manner as cosmetic companies report that their products were not tested on animals. Other stakeholders, including employees, suppliers, community groups, government, and some shareholders may also derive satisfaction from a CSR proceduces of company.

Board composition is decided on the number of director account. Zahra and Pearce (1989) recommended board structure is a very useful strategy for the organizations in providing good management and monitoring strategies to improve and exercise the corporate social responsibility actions of organization.

Eldenburg, Gaertner, and Goodman (2015) estimated the relationship between hospital performance and turnover of board director across the types of hospitals, including organizations for profit, nonprofit, governments, and religious. They found that board turnover tends to increase with poor hospital performance, high health care costs, and high levels of reimbursed care. Hospital types could influence the sensitivity

of turnover. Also, Kruger (2009) found that business with a higher part of women directors reflect higher incidence of positive activities, whereas business that has no equity ownership would be less positive activities. On the contrary, negative activities are less occurring for business whose boards are built up of a highly skilled and experienced. Especially, businesses whose directors have partnership with strong company and high year of tenure that present significantly lower occurrence of negative activities.

Besides, Ali (2013) found that there are four divisions of board composition that can influence the CSR strategy of the organizations. These four divisions of board structure include: 1) Having female directors on the board of directors significantly influences the CSR approach of the companies and particularly that are appeared to be more philanthropic; 2) Having the independent directors on board also a major section in decision-making the organization's CSR policy; 3) Tenure of directors also has greatly affected planning the CSR policy of the company; 4) Board size has an important part in implementing CSR approach of company.

These come to the research hypothesis 6 to hypothesis 9.

**Hypothesis 6:** *Having female director influences CSR of hospitals in Southern Thailand.*

**Hypothesis 7:** *Having independent director influences CSR of hospitals in Southern Thailand.*

**Hypothesis 8:** *Tenure of director influences CSR of hospitals in Southern Thailand.*

**Hypothesis 9:** *Board size influences CSR of hospitals in Southern Thailand.*

### 2.4.3 Transformational Leadership

Bass (1998) defined transformational leadership is a practice that might remodel in individuals and social network. Actually, it can enhance valuable and positive behaviors of employees with mission of implementing employees into leaders. Moreover, transformational leadership can build the inspiration, power, attitude and ability of employees through a variety of systems. These include a relationship between the perception of employees and the collective identity of the organization, making a motivation and building challenging for employees to take better ownership for their work. Also, Leader can understand the strengths and weaknesses of employees for set them with works that suitable their performance.

More recently, the study of Waldman et al. (1998) found that the role of leadership can affect to an implementing CSR of organizations. According to Bass and Avolio (2008), transformational leadership classified 4 groups. Firstly, idealized influence is behaviors of leader that are appreciated and regarded. The employees would imitate to these actions as their behavior models. Secondary, inspirational motivation has concentrated on encouraging employees to be active. Thirdly, intellectual stimulation is a part of behavior for inducing employees to follow as a model and make a good and new practice. Fourthly, individualized consideration is behavior of leaders that concern to attention and improving the employee attitudes for responding the needs and abilities of employees. These come to hypothesis 10 to hypothesis 13.

***Hypothesis 10:*** *Proving Role model influences CSR of hospitals in Southern Thailand.*

***Hypothesis 11:*** *Inspiring employee with motivation influences CSR of hospitals in Southern Thailand.*

*Hypothesis 12: Supporting employee with strong communication influences CSR of hospitals in Southern Thailand.*

*Hypothesis 13: Challenging employee with innovative influences CSR of hospitals in Southern Thailand.*

## 2.5 Conceptual Framework

Despite the various definitions that have been used to explain CSR, one of the most important definitions that can bridge the gap among expectations was defined by Carroll (1999). He offered the notion of CSR approach that covering the responsibilities in terms of economics, society, legal and other expectations. Carroll defined the definition of CSR as the social responsibility of companies involves the economic, legal, ethical, and philanthropic dimensions. In this research, the dependent variables are indicated from CSR Pyramid of Carroll (1991) that can be classified into four dimensions; economic, legal, ethical and philanthropic dimension.

For the independent variables of this research are based on the review of factors influencing CSR studies (Ali, 2013; Soliman & Sakr, 2012; Jamali et al., 2010; Bass & Avolio, 1994; Friedman & Miles, 2006) that found a positive relationship between CSR and influential factors including;

(1) Hospital Characteristics comprises 4 elements that are hospital size, hospital location, ownership status, hospital age, and accreditation type.

(2) Board composition comprises 4 elements that are having female directors, outside or independent directors, tenure of directors and board size.

(3) Transformational leadership comprises 4 elements that are providing role model, inspiring employee with motivation, supporting employee with strong communication and challenging employee with innovative.

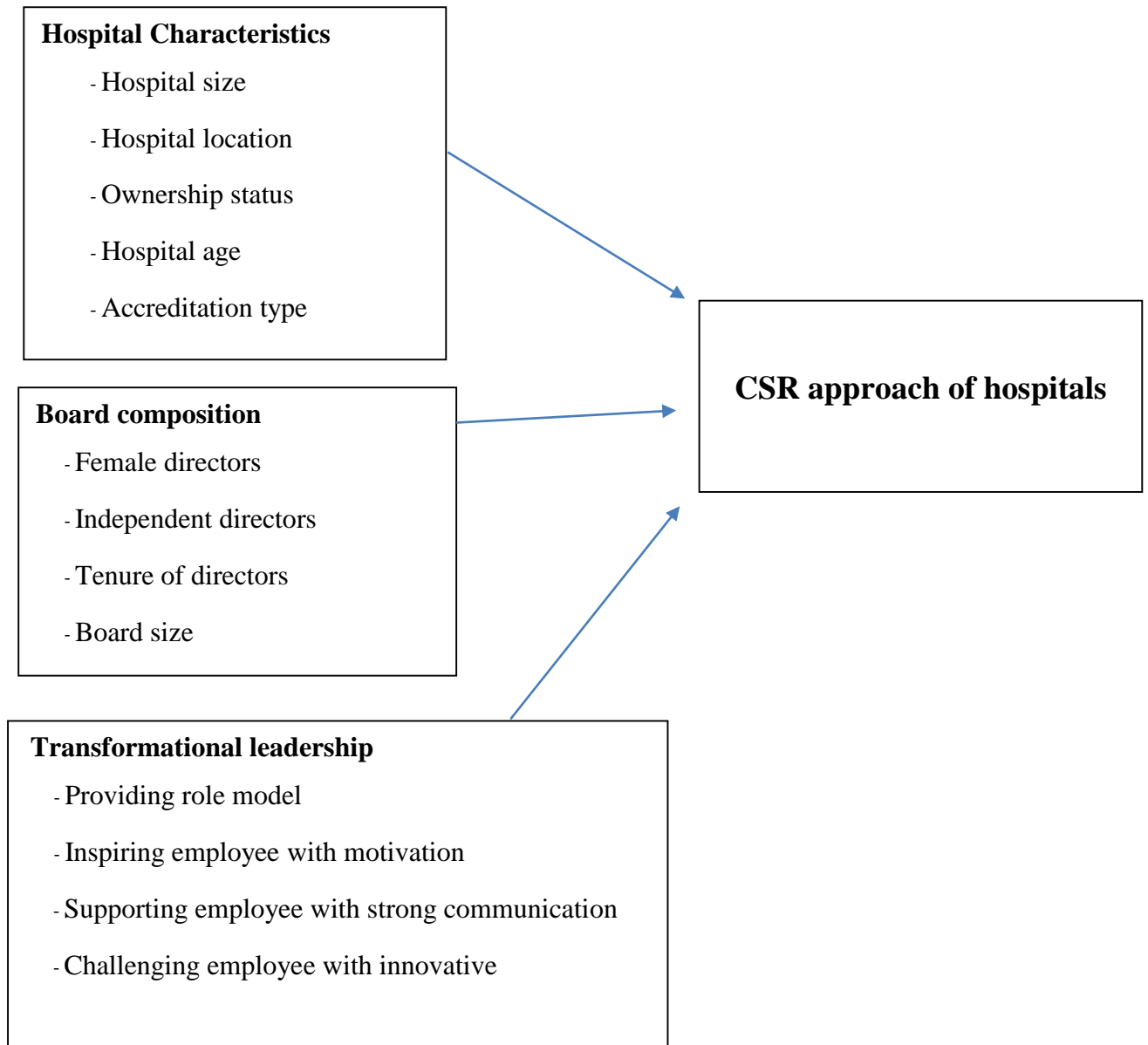


Figure 4. Conceptual Framework

## CHAPTER 3

### RESEARCH METHODOLOGY

This chapter presents information regarding how the research was conducted and the researcher's line of reasoning and motivation in selecting particular methods, data collection, the measurement tool and data analysis. The selections are based guidelines set by previous researchers whilst adhering to the purpose of the research.

#### **3.1 Sample Selection**

In sample selection of this research study, the information of the population, determination of sampling method, and the calculation of sample size were absolutely necessary.

##### **3.1.1 Population**

The target population of this study was hospitals in Southern Thailand. The definition of hospitals was applied from the Bureau of Statistics which included the total number of hospitals in Southern Thailand was 198. They were categorized according to types of hospitals, including private hospitals, regional hospitals, general hospitals and community hospitals. This research required respondents as directors of selected hospitals, human resource manager or leader in department of the CSR communications. Essential data about the target population was collected from publicly available sources that are the Thai Insurers Datanet web site and the local yellow page telephone book.

##### **3.1.2 Sampling method**

This research used the stratified random sampling to ensure that all groups of the population were indicated in the sample in order to enhance the efficiency that was to reduce the incidence of error in the analysis. Stratification is the process of

dividing members of the population into homogeneous subgroups (strata) before sampling. In this study, the strata were formed based on types of hospitals, including private hospitals, regional hospitals, general hospitals and community hospitals. Then, a random sample from each stratum would be calculated in a number proportional to the size of stratum when compared with the total number of hospitals in Southern Thailand.

### 3.1.3 Sample size

This study used the multiple regression method of Green (1991) to determine an appropriate number of samples. This equation is explained as below.

$$N \geq 50 + 8p \text{ (where } p \text{ is the number of predictors)}$$

Multiple regression method was used to determine a relationship between predictors of independent variables and a continuous dependent variable. The predictors of CSR in hospitals (dependent variable) have 13 predictors including hospital characteristics (5 categories), board composition (4 categories) and transformational leadership (4 categories), the following would apply:

$$N \geq 50 + 8(13), N \geq 154 \text{ respondents required in the study.}$$

### *Selecting hospitals*

Out of a total of 198 hospitals in Southern Thailand, 154 hospitals were selected by the stratified random sampling method. The sample size of each stratum was proportionate to the population size of the stratum. Strata sample sizes were estimated by the using equation below;



$$n_h = (N_h / N) * n$$

where  $n_h$  is the sample size of stratum  $h$ ,  $N_h$  is the population size of stratum  $h$ ,  $N$  is the total population size, and  $n$  is the total sample size.

Stratum	$N_h$	$n_h$
Private hospitals	26	21
Regional hospitals	7	5
General hospitals	14	11
Community hospitals	151	117
<b>Total</b>	<b>198</b>	<b>154</b>

Therefore, 154 samples were collected from 21 private hospitals, 5 regional hospitals, 11 general hospitals and 117 community hospitals.

### 3.2 Data Collection

Data for this study were gathered both from the primary and secondary sources. Primary data would be obtained through structured questionnaire; meanwhile secondary data would be obtained from the web sites and records of the selected hospitals. The primary and secondary data have served purposes of the research study.

Primary data is information that basic in nature and exactly related to the print or issue and original data. It is the data which the researcher gathers through several methods such as interviews, surveys, questionnaires etc. For this research is collected by questionnaire that is a suitable method because it possible to contact with key

respondents who could not otherwise be reached. It can cover a large group at the same time. Also, questionnaire method is regarded as more useful and cheap when compared to other methods.

In May 2016, the total of 154 questionnaires were sent out to selected hospitals by post. This study requires respondent as internal stakeholders in each of selected hospitals including doctors, nurses or key contacts in department of the CSR communications. In cases of hospital that no these key contact, questionnaires will be sent to the staff of relations department. A cover letter was sent with these questionnaires to describe the intent of the study and the benefits of the outcome being made public. Hospitals took given four weeks to respond. If hospitals do not reply to first requests for the questionnaires, they were contacted on two to three additional ways by both telephone and e-mail.

For secondary data used in this research, the data was already gathered for objective other than this research study but have some relevance and utility for research. Secondary information sources might be available in written or electronic types. They were readily available to the researcher collecting data of respondents. Also, secondary data was contributed to increase initial view into the research problem.

### **3.3 Measurement Tool**

Instrument of this research was questionnaire which involves both scaled; closed questions that are scaled questions and multiple choices and some open-ended questions, to determine respondent opinions and attitudes on relevant issues.

Questions were grouped into four sections:

**Part 1:** General information and hospital characteristics

This section indicated demographic and firmographic questions to profile respondents and their hospitals. These questions collected data about the characteristics of sample population including general profile of respondent, hospital name, hospital size, hospital location, hospital age, ownership status and accreditation type.

**Part 2:** board composition

This section indicated board size, having female director, having independent director and tenure of director.

**Part 3:** Transformational leadership

This section was adapted from Multifactor Leadership Questionnaire (MLQ) of Bass and Avolio (1997) to describe leadership style of respondents. The basic questionnaire was 29 items, on a five-point Likert-type scale.

**Part 4:** Corporate social responsibility

The research tool that applied in this section also used a five-point scale questionnaire including two sets as the description and level of CSR in their hospital.

### **3.4 Data Analysis**

Data analysis of this research used descriptive statistics, correlation and regression analysis. Descriptive statistics were used to explain the data group of the selected hospitals, correlation analysis were used to build the nature and level of relationship between CSR and variables. Also, regression statistics were used to indicate the description of relationship between variables, the following as below.

(1) Hospital characteristics

- Hospital size (HZ)
- Hospital location (HL)
- Ownership status (OS)
- Hospital age (HA)
- Accreditation type (AT)

(2) Board structure, including 4 categories;

- Female directors (FD)
- Independent directors (ID)
- Tenure of directors (TD)
- Board size (BS)

(3) Transformational leadership including 4 categories;

- Providing role model (PRM)
- Inspiring employee with motivation (IEM)
- Supporting employee with strong communication (SEC)
- Challenging employee with innovative (CEI)

***Descriptive statistics***

Descriptive statistics are an important to analyze the data because of the study is directly presented in raw data and difficult to imagine what the data is presenting, particularly in cases that have a lot of it. Therefore, descriptive statistics are suitable method to describe the data in a more relevant formation that provides common clarification of the data. Normally, there are two sections of statistic that are done to interpret this data, the following as below; (1) measures of central tendency is the

ways that interpret the central position of a frequency distribution for a group of data.

The data will be explained using the statistic sets including mode, median and mean.

(2) Measures of spread is the ways that interpret a group of data by explaining how to spread out the scores. The data will be described the spread using the statistic sets including the range, quartiles, absolute deviation, variance and standard deviation.

In this research, the statistical package for the social sciences (SPSS) was used to compute descriptive statistics. SPSS is a windows based program using to interpret data entry, analysis and to describe the data using the statistic sets including frequency, percentage, number, minimum, maximum, mean, variance and standard deviation.

### ***Correlation analysis***

This study used Pearson correlation that measures the strength of a relationship between variables and examined their significance. It is often applied in the sciences to estimates the strength of linear dependence between all variables. The significance of the relationship has been presented in probability levels: the *symbol*  $\rho$ , that explains how improbable a correlation coefficient and ( $r$ ), will give no relationship in the population. The significance testing will provide critical value. A statistic test that is the null hypothesis must be rejected. Statistical hypotheses that investigate the relation of variables in each of hypotheses, following the hypotheses as below:

H0: There is not the correlation between two variables.

H1: There is the correlation between two variables.

The analysis of the correlations between variables in this study used the steps; (1) estimate correlation coefficient ( $r$ ) to link data of independent variables and dependent variables; (2) estimate the number of freedom degrees that is half of the

number of pairs. A perfect positive relationship will be indicated at the positive one of the coefficient of correlation, absence of a relationship will indicate through zero and a perfect negative relationship will be indicated to negative one. From theory of thumb, there is weak relationship if testing gives the correlation coefficients at 0 to 0.30, moderate relationship if testing gives the correlation coefficients at 0.30 to 0.60, and high relationship if testing gives the correlation coefficients at 0.60 to 1. The correlation coefficient will be indicated based on the conditions and objectives. This research tests the significance level of coefficients that is higher than 0.2 and also apply t-test in order to indicate the significance of the correlation by using the measures of the Pearson Product-Moment Correlation Coefficient for different values of significance.

### ***Regression analysis***

This study also used regression analysis that is a statistical tool to indicating the relationships between variables. Researcher used regression to calculate the quantitative effect of the variables towards the other variables that can affect and evaluate the significance of the estimated relationships. The perfect relationship will have the level of confidence that is close to the estimated relationship.

For this study, corporate social responsibility was measured using CSR index. The basic hypotheses in the regression analysis were examined for multiple linear regression that depend on the correlation matrix and the variance inflation factor (VIF). Testing of hypotheses would be tested by estimating the following regression equations. The relationship connecting the independent and dependent variables was given below:

$$CSR = a_1 + b_1HZ + b_2HL + b_3OS + b_4HA + b_5AT + b_6FD + b_7ID + b_8TD + b_9BS + b_{10}PRM + b_{11}IEM + b_{12}SEC + b_{13}CEI + e_1$$

Where CSR = Corporate social responsibility

- a<sub>1</sub> = Intercept
- HZ = Hospital size
- HL = Hospital location
- OS = Ownership status
- HA = Hospital age
- AT = Accreditation type
- FD = Female directors
- ID = Independent directors
- TD = Tenure of directors
- BS = Board size
- PRM = Providing role model
- IEM = Inspiring employee with motivation
- SEC = Supporting employee with strong communication
- CEI = Challenging employee with innovative
- e<sub>1</sub> = Error term

The equation above will contribute result to the significance of relationship or equation between corporate social responsibility and all the independent variables.

## CHAPTER 4

### DATA ANALYSIS AND FINDING

As mentioned in Chapter 3, this research aimed to investigate the CSR of 154 hospitals in Southern Thailand using questionnaires which were grouped into four sections which involve hospital characteristic, board composition, transformation leadership and corporate social responsibility.

In this chapter, the collected data was analyzed in the ways of descriptive statistics, t-test statistics, correlation analysis and regression statistics. The descriptive statistics were used to explain the data group of the selected hospitals, t-test statistics were used to test for a different CSR between groups of interest, correlation analysis were used to build the nature and level of relationship between CSR and variables. Also, regression statistics were used to indicate the description of relationship between variables. Statistical analyses were performed using the Statistical Package for Social Science (SPSS) Version 16 analysis software that helps to interpret data entry, analysis and to describe the data using the statistic sets including frequency, percentage, minimum, maximum, mean, variance and standard deviation.

#### **4.1 Descriptive statistics**

##### ***Hospital Characteristics***

This section examines the influence of the following commonly characteristics of hospital including hospital size, hospital location, ownership status, hospital age and accreditation type. Table 2 gives the data in term of frequency and percentage of hospital characteristics:



Table 2

*Descriptive Statistic of Hospital Characteristics*

Variables	items	Frequency (n=154)	Percentage (%)
Age of hospital	0-10 years	2	1.30
	11- 20 years	29	18.80
	21-30 years	40	26.00
	More than 30 years	83	53.90
Size of hospital	0-100 beds	51	33.10
	101- 200 beds	55	35.70
	201-300 beds	35	22.70
	More than 300 beds	13	8.40
Hospital location	Center	29	18.80
	Rural	125	81.20
Ownership of hospital	Government	129	83.80
	Private	21	13.60
	Missing	4	2.60
Accreditation type	JCI	4	2.60
	HA	145	94.20
	ISO9001	6	3.90
	ISO9002	2	1.30
	Missing	2	1.30

The table above shows the characteristics of hospital based on frequency and percentage. More than half of the hospitals aged over 30 years, while the sizes of hospitals were difference, based on their number of beds. Over 80% of selected hospitals were located in rural area and were owned by the government. Moreover, the survey found that 145, or 94.20%, of the selected hospitals used HA accreditation.

### ***Board composition***

This section illustrates the extent of board composition. The data is separated into the three perspectives; having female board members, board size and independent director. For Table 3 shows the descriptive statistic of having female board members, based on frequency and percentage and Table 4 shows descriptive statistics of board size, tenure of director, and independent director, based on percentage, number, mean, and standard deviation (S.D.).

Table 3

#### *Descriptive Statistic of Having Female Board Members*

Variable	Frequency (n=154)	Percentage (%)
Yes	87	56.50
No	67	43.50

From Table 3, the percentage of selected hospitals that have female as board member was slightly higher, at 56.50%, while hospitals did not have female in board at 43.50%.

Table 4

*Descriptive Statistics of Board Size and Independent Director*

<b>Variables</b>	<b>N</b>	<b>Mean</b>	<b>S.D.</b>	<b>Percentage</b>
Size of board	147	7.19	3.86	95.45
The number of independent director	153	1.48	1.54	99.35
Tenure of director	154	7.14	2.82	100.00

The table above shows details for size of board, the number of independent directors, and tenure of directors. From 147 out of 154 hospitals (95.45%), the average board size was 7.19 members, and the number of independent directors averaged 1.48 members from 153 hospitals (99.35%). For the tenure of directors collected from 154 hospitals (100%) averaged 7.14 members.

***Transformational leadership***

The results of this section were adapted from Multifactor Leadership Questionnaire (MLQ) of Bass and Avolio (1997) to describe leadership style of respondents. The basic questionnaire was on a five-point scale from frequently (5), fairly often (4), sometimes (3), once in a while (2) and not at all (1). These questionnaires are separated into the four dimensions; providing role model, inspiring employee with motivation, supporting employee with strong communication, and challenging employee with innovative. The study shows the summary table as below.

Table 5

*Descriptive Statistics of Transformation Leadership in Four Dimensions*

<b>Dimensions</b>	<b>Mean</b>	<b>S.D.</b>
Providing role model	4.55	0.41
Inspiring employee with motivation	4.26	0.57
Supporting employee with strong communication	4.12	0.54
challenging employee with innovative	3.90	0.55

According to Table 5, transformational leadership classified into 4 groups. The study indicates the level of leader style of hospital that can be started from strongly agree/satisfy to strongly disagree/unsatisfy. Providing role model of leader (mean=4.55, S.D.=0.41) can be satisfy of employees. They accepted to imitate to leader's actions as their behavior models. Same with inspiring employee with motivation (mean=4.26, S.D.=0.57) and supporting employee with strong communication (mean =4.12, S.D.=0.54) also were agreed in high level. These might mean leader can support employees to follow as a model and make a good and new practice. For challenging employee with innovative (mean=3.90, S.D.=0.55) has got a less score than others but it still was in satisfy level. From this summary of transformation leadership section can explain in each table following by each dimension.

Table 6

*Descriptive Statistics of Providing Role Model*

Items	Mean	S.D.
Leader gives a role model for their followers.	4.69	0.46
Leader instills pride in others for being worked together.	4.79	0.41
Leader has a good vision and makes clear it to followers.	4.64	0.68
Leader manages mood and controls the emotions for urgent case.	4.21	0.80
Leader acts in ways that build others' respect.	4.64	0.48
Leader describes objective and express confidence that goals will be achieved.	3.89	0.76
Leader considers the moral and ethical consequences of decisions.	4.87	0.34
Leader shares about important values and beliefs.	4.64	0.62

From the results from Table 6 present the level of providing role model of leader that can be started from strongly agree/satisfy to strongly disagree/unsatisfy. This show that leader acts can build the respect and instilled pride in followers. They frequently gave a role model, and a good vision. Also, they often control the emotions for urgent case, describes objective and express confidence that goals will be achieved.

Table 7

*Descriptive Statistics of Inspiring Employee with Motivation*

<b>Items</b>	<b>Mean</b>	<b>S.D.</b>
Leader has the ability to inspire followers in their value.	4.18	0.70
Leaders can motivate followers to perform at their best.	4.18	0.72
Leader induces followers for team work and building good attitudes.	4.30	0.72
Leader communicates high expectations to followers in motivating them.	3.98	0.77
Leader supports others in the ways that can achieve their goals.	4.07	0.72
Leader motivates others to dedicate to working for organization.	4.52	0.66
Leader inspires followers regarding the benefits of all mankind as priority.	4.59	0.57
Leader decides vision and strategy with followers.	3.98	0.79

The results of inspiring employee with motivation can be indicated from strongly agree/satisfy to strongly disagree/unsatisfy. Leader was satisfy in the ability to inspire and motivate followers in their value.

Table 8

*Descriptive Statistics of Supporting Employee with Strong Communication*

Items	Mean	S.D.
Leader stimulates followers to realize in problems of organization.	4.01	0.74
Leader stimulates followers in the discussion problem and offers new ways of thinking.	4.10	0.75
Leader has systematic method to solve problems.	4.41	0.69
Leader develops new and different solutions to common problems and conducting work in new ways.	4.00	0.63
Leader supports new idea of followers and promotes followers' thinking.	4.05	0.72
Leader stimulates followers to offer a solving idea and accept the different ideas of others.	4.10	0.68
Leader have presented that teamwork is the best thing to solve the problems.	4.31	0.70

Table above shows the supporting employee with strong communication of leader. The result can be indicated from strongly agree/ satisfy to strongly disagree/unsatisfy. This shows that leader had the ability to support and stimulate followers in level 4. They agreed in the ability to had made the teamwork to solve problems in organisation.

Table 9

*Descriptive Statistics of Challenging Employee with Innovative*

Items	Mean	S.D.
Leader treats others as individuals rather than just as an employee.	3.54	0.64
Leader considers an individual as having different needs, abilities, and aspirations from others.	3.79	0.74
Leader considers the individual's talents and levels of knowledge followers to decide what suits them.	3.88	0.70
Leader suggests and responds an individual need of followers.	3.66	0.67
Leader gives opportunity and helps followers to develop their strengths.	4.23	0.72
Leader continuously supports followers for improving themselves.	4.27	0.72

Table 9 also indicated from strongly agree/satisfy to strongly disagree/unsatisfy that shows the challenging employee with innovation of leader. The results agree that leader often given opportunity and supported followers for improving themselves. However, the scores of considering and treats followers as individuals were less than 4.

***Corporate social responsibility***

The research tool applied in this section also used a five-point scale questionnaire including 12 items by choosing the corresponding assertions from strongly agree (5), agree (4), neither agree nor disagree (3), disagree (2) and strongly disagree (1). The results can be classified into four dimensions; economic, legal, ethical and philanthropic dimension.



Table 10

*Descriptive Statistics of Corporate Social Responsibility (CSR)*

No.	Dimensions	Mean	S.D.
1.	Economic dimension	3.47	0.69
2.	Legal dimension	4.83	0.28
3.	Ethical dimension	4.02	0.64
4.	Philanthropic dimension	4.15	0.59

Table 10 gives the results of CSR in selected hospitals. The result can be indicated from strongly agree/satisfy to strongly disagree/unsatisfy. Most hospitals strongly agreed on the legal dimension (mean=4.83, S.D.=0.28) that conform to government expectations and laws. Also, they agreed on dimensions of ethics (mean=4.02, S.D.=0.64) and philanthropy (mean=4.15, S.D.=0.59). Meanwhile, the hospitals had no opinion /neither agreed nor disagreed on the economic dimension (mean=3.47, S.D.=0.69). From this summary can explain in each table following by each dimension.

Table 11

*Descriptive Statistics of Economic Dimension*

Dimensions/Items	Mean	S.D.
Hospital should be committed to being profitable as possible.	2.29	1.13
Hospital should maintain a strong competitive position.	3.35	1.03
Hospital should maintain a high level of operating efficiency.	4.76	0.44

Table above presents the result that can be indicated from strongly agree/satisfy to strongly disagree/unsatisfy. The results of the CSR in dimension of economic show that hospitals disagreed to commit to being profitable as possible and

had no opinion on maintaining a strong competitive position. While they strongly agreed to maintain a high level of operating efficiency.

Table 12

*Descriptive Statistics of Legal Dimension*

Dimensions/Items	Mean	S.D.
Hospital should perform in a manner consistent with expectations of government and law.	4.68	0.66
Hospital should be a law-abiding corporate citizen.	4.99	0.11
Hospital should provide services that meet minimal legal requirements.	4.84	0.40

Table 12 presents the CSR in dimension of law. The result can be indicated from strongly agree/ satisfy to strongly disagree/ unsatisfy. The selected hospitals strongly agreed to be a law-abiding corporate citizen by performing in a manner consistent with expectations of government and law and providing services that meet minimal legal requirements.

Table 13

*Descriptive Statistics of Ethical Dimension*

Dimensions/Items	Mean	S.D.
Hospital should perform in a manner consistent with societal expectations and ethical norms.	3.97	0.78
Hospital should recognize and respect new or evolving ethical/moral norms adopted by society.	4.32	0.72
Hospital should prevent ethical norms from being compromised in order to achieve corporate goals.	3.78	0.78

Table 13 presents the CSR in dimension of ethic. The result can be indicated from strongly agree/satisfy to strongly disagree/unsatisfy. The selected hospitals agreed to respect and perform in a manner consistent with societal expectations and ethical norms and also prevent them from being compromised in order to achieve corporate goals.

Table 14

*Descriptive Statistics of Philanthropic Dimension*

Dimensions/Items	Mean	S.D.
Hospital should contribute resources to the community.	4.21	0.76
Hospital should perform in a manner consistent with the philanthropic and charitable expectations of society.	3.84	0.66
Hospital should voluntarily support projects that enhance the community's quality of life.	4.40	0.67

Table above presents the CSR in dimension of philanthropic. The result can be indicated from strongly agree/satisfy to strongly disagree/unsatisfy. The selected hospitals agreed to perform in a manner consistent with the philanthropic and charitable expectations of society by contributing resources to the community and supporting projects that build the community's quality of life.

#### 4.2 T-test statistics

In this study, T-test statistics were used to test the different CSR level of interest groups that were hospital location (center and rural), and ownership of hospital (government and private). The results were separated within 2 parts; Table 15 shows

a different CSR between center and rural location and Table 16 shows a different CSR between government and private ownership.

Table 15

*Test for A Different CSR Level between Center and Rural Location*

Location	N	Mean	S.D.	t	Sig
Center	29	4.58	0.28	9.34	0.00
Rural	125	4.01	0.36		

Table above shows that the hospitals in center and rural location had a significant difference of CSR at the 0.05 level ( $p$ -value < 0.05). The average CSR level of hospitals in center location (4.58) was greater than hospitals in rural location (4.01). From this summary can explain by each dimension of CSR as table below.

Table 16

*Test for A Different CSR Level between Center and Rural Location in Each Dimension of CSR*

Dimension	Location	N	Mean	S.D.	t	Sig
Economic	Center	29	4.09	0.74	5.97	0.00
	Rural	125	3.32	0.59		
Legal	Center	29	4.90	0.17	1.59	0.11
	Rural	125	4.81	0.29		
Ethical	Center	29	4.69	0.39	7.23	0.00
	Rural	125	3.86	0.57		
Philanthropic	Center	29	4.65	0.40	5.66	0.00
	Rural	125	4.03	0.56		

Table above shows that hospitals in center and rural had no statistically significant difference in the level of legal dimension, but they had got significant differences of CSR at the 0.05 level in dimensions of economic (4.09, 3.32), ethic (4.69, 3.86), and philanthropic (4.65, 4.03).

Table 17

*Test for a Different CSR Level between Government and Private Ownership*

<b>Ownership</b>	<b>N</b>	<b>Mean</b>	<b>S.D.</b>	<b>t</b>	<b>Sig</b>
Government	129	4.08	0.39	-1.32	0.18
Private	21	4.20	0.44		

Table 17 shows that the average CSR level of the government hospitals (4.08) was less than the private hospitals (4.20). However, the government hospitals and private hospitals had no statistically significant difference of CSR at the 0.05 level (p-value > 0.05). From this summary can explain by each dimension of CSR as table below.

Table 18

*Test for a Different CSR Level between Government and Private Ownership in Each Dimension of CSR*

Dimension	Ownership	N	Mean	S.D.	t	Sig
Economic	Government	129	3.26	0.51	-8.40	0.00
	Private	21	4.42	0.59		
Legal	Government	129	4.86	0.25	2.72	0.01
	Private	21	4.68	0.37		
Ethical	Government	129	4.03	0.62	1.48	0.15
	Private	21	3.81	0.63		
Philanthropic	Government	129	4.16	0.55	1.69	0.10
	Private	21	3.90	0.66		

The results show that the government hospital and private hospital in Southern Thailand have highly agreed on CSR practices in legal dimension (4.86, 4.68) and had no statistically significant difference at the 0.05 level in dimensions of ethic (4.03, 3.81) and philanthropic (4.16, 3.90). However, they had sharply difference in the economic dimension (3.26, 4.42) and got significant at the 0.05 level.

#### 4.3 Correlation Analysis

This study used Pearson Correlation to measures the strength of a relationship between variables and examined their significance. Table 19 shows the relation of CSR and 13 independent variables including hospital size, hospital location, ownership status, hospital age, accreditation type, having female board members, tenure of directors, board size, independent director, providing role model, inspiring employee

with motivation, supporting employee with strong communication, and challenging employee with innovative.

Table 19

*Pearson Correlation Analysis between Independent Variables and CSR*

Variables	Pearson Correlation	Sig (2 tailed)
Hospital size	0.81**	0.00
Hospital location	-0.54**	0.00
Ownership status	0.10	0.18
Hospital age	0.33**	0.00
Accreditation type	-0.03	0.63
Female directors	-0.38**	0.00
Independent directors	0.85**	0.00
Tenure of directors	0.63**	0.00
Board size	0.80**	0.00
Providing role model	0.81**	0.00
Inspiring employee with motivation	0.75**	0.00
Supporting employee with strong communication	0.77**	0.00
Challenging employee with innovative	0.68**	0.00

Note: \*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

Table 19 shows the positive and negative relationships of independent variables and CSR. The variables which were negative correlation of CSR involve the hospital location, accreditation type, and having female board members. In contrast, there were 10 variables found the positive correlation with CSR including hospital size, ownership status, hospital age, board size, independent director, tenure of directors, providing role model, inspiring employee with motivation, supporting employee with strong communication, and challenging employee with innovative. The correlations of ownership status and accreditation type were not significant at the 0.05 level. While other variables got significant correlation at the 0.01 level.

From this results can indicate the strength of a relationship between independent variables and CSR.

1. The elements of hospital characteristics showed different value as below,
  - Ownership status (0.10), and accreditation type (-0.03) were weak relationship
  - Hospital location (-0.54), and hospital age (0.33) were moderate relationship
  - Hospital size (0.81) was high relationship
2. The elements of board composition showed moderate to high relationship,
  - Having female board members (-0.38) was moderate relationship
  - Board size (0.80), independent director (0.85), and tenure of directors (0.63) were high relationship
3. All elements of transformational leadership showed high relationship including providing role model (0.81), inspiring employee with motivation (0.75), supporting employee with strong communication (0.77), and challenging employee with innovative (0.68).



#### 4.4 Regression Analysis

To examine the relationship between corporate social responsibility and all the independent variables, a multiple regression model was used:

$$CSR = a_1 + b_1HZ + b_2HL + b_3OS + b_4HA + b_5AT + b_6FD + b_7ID + b_8TD + b_9BS + b_{10}PRM + b_{11}IEM + b_{12}SEC + b_{13}CEI + e_1$$

Where CSR = Corporate social responsibility

$a_1$  = Intercept

HZ = Hospital size

HL = Hospital location

OS = Ownership status

HA = Hospital age

AT = Accreditation type

FD = Female directors

ID = Independent directors

TD = Tenure of directors

BS = Board size

PRM = Providing role model

IEM = Inspiring employee with motivation

SEC = Supporting employee with strong communication

CEI = Challenging employee with innovative

$e_1$  = Error term

Table 20

*Multiple Regression of CSR*

Variables	B	S.E.	Beta	t	Sig.
1. Hospital size	0.18	0.06	0.29	3.06	0.00**
2. Hospital location	-0.04	0.10	-0.02	-0.42	0.67
3. Ownership status	0.13	0.13	0.58	8.55	0.00**
4. Hospital age	-0.07	0.04	-0.08	-1.41	0.15
5. Accreditation type	0.13	0.15	0.04	0.89	0.37
6. Female directors	0.03	0.07	0.02	0.51	0.61
7. Independent directors	0.19	0.05	0.41	3.36	0.00**
8. Tenure of directors	0.05	0.01	0.24	3.02	0.00**
9. Board size	0.01	0.02	0.10	0.86	0.39
10. Providing role model	0.73	0.15	0.45	4.68	0.00**
11. Inspiring employee with motivation	-0.01	0.13	-0.01	-0.09	0.92
12. Supporting employee with strong communication	0.09	0.12	0.08	0.71	0.47
13. Challenging employee with innovative	0.30	0.11	0.27	2.78	0.06
(Constant)	2.45	0.53		4.58	0.00**

R = 0.85, R Square = 0.72, Adjusted R<sup>2</sup> = 0.69, Sig. = 0.00

From Table 20, the testing gives the results that all the independent variables of study have highly influence the CSR of hospital (R = 0.85). These can predict the CSR of hospital by 69.30% (Adjusted R<sup>2</sup> = 0.69), significant at the 0.05 level.

When focusing in each variable, there are 3 variables that got negative slop ( $B < 0$ ). These factors can negative influence the CSR of hospitals involve the hospital location (-0.03), hospital age (-0.01), and inspiring employee with motivation (-0.03). In contrast, 10 variables got positive slop ( $B > 0$ ) that can positive influence the CSR of hospitals including hospital size (0.07), ownership status (0.20), accreditation type (0.01), having female board members (0.01), board size (0.01), independent director (0.08), tenure of directors (0.03), providing role model (0.39), supporting employee with strong communication (0.01), and challenging employee with innovative (0.00). However, there are only 5 variables that can predict the CSR of hospital ( $p\text{-value} < 0.05$ ). These are hospital size, ownership status, independent director, tenure of directors and providing role model of leader. Other variables cannot significant predict the CSR of hospital. The results in Table 21 can examine 13 hypotheses of this study. The summary is shown in the table below.

Table 21

*Hypothesis Summary*

No.	Hypothesis	Direction	Result
1	Hospital size influences CSR of hospital in Southern Thailand	+	Accept
2	Hospital location influences CSR of hospital in Southern Thailand	-	Reject
3	Ownership status influences CSR of hospital in Southern Thailand	+	Accept
4	Hospital age influences CSR of hospital in Southern Thailand	-	Reject

No.	Hypothesis	Direction	Result
5	Accreditation type influences CSR of hospital in Southern Thailand	+	Reject
6	Having female director influences CSR of hospitals in Southern Thailand.	+	Reject
7	Having independent director influences CSR of hospitals in Southern Thailand	+	Accept
8	Tenure of director influences CSR of hospitals in Southern Thailand	+	Accept
9	Board size influences CSR of hospitals in Southern Thailand	+	Reject
10	Proving Role model influences CSR of hospitals in Southern Thailand	+	Accept
11	Inspiring employee with motivation influences CSR of hospitals in Southern Thailand	-	Reject
12	Supporting employee with strong communication influences CSR of hospitals in Southern Thailand	+	Reject
13	Challenging employee with innovative influences CSR of hospitals in Southern Thailand	+	Reject

## CHAPTER 5

### DISCUSSION AND CONCLUSION

In this chapter of the research, the results from the previous chapter are discussed and compared with the literatures. The contribution and limitation of the study are assessed. The conclusion and an advice will be proposed to improve the CSR in hospital.

#### 5.1 Findings and Discussion

##### 1. The extent of CSR of hospitals in Southern Thailand.

These results contrast sharply with the idea of Friedman (1970) which defined CSR as a only way to maximize profit for shareholders. The results indicate that the hospitals in Southern Thailand have recognized and agreed the importance of CSR as a good practice which should be applied in many processes of their hospitals. The major thing, environment responsibilities is the one that is developed the most widely. The average frequencies of activities are likely increasing to concerns about the environment. Currently, this may cause from facing serious environmental problems such as resource and instrument shortages, pollution and global warming. As the dimension of economic unit in society, hospitals must be responsible for environment protection and give a benefit to other economic groups in society and make a good hospital partner.

This study found that the hospitals in Southern Thailand have concerned and agreed that CSR in a varying range of responsibilities toward society is similar to many previous studies (Andrews 1973; Blomstrom 1975; Carroll 1999; Jones 1980). Because there are various epidemic diseases and serious new diseases around the world that

need close attention and keep the diseases under control from hospitals. Especially, nowadays the number of patients suing hospitals has been rising in Thailand for social and environmental issues. Some cases would have a good deal of responsibility from hospitals but some cases argued hospitals protected their staffs rather than patients and tried to refuse responsibility.

The notion of Carroll (1991) was the important idea applied in this study. He divided CSR operation into four dimensions including economic, legal, ethical, and philanthropic dimension. From the results presented in chapter 4 showed that the hospitals in Southern Thailand strongly agreed on the legal dimension to maintain a high level of operating efficiency with expectations of government and provide services that meet minimal legal requirements. They also supported on dimensions of ethics and philanthropic by contributing resources and supporting projects that build the quality of life of community. Meanwhile, CSR in dimension of economic was resulted that most hospitals disagreed to being profitable as possible and had no opinion on maintaining a strong competitive position.

## **2. Comparing the level of CSR of hospitals in Southern Thailand**

This objective aims to compare the level of CSR of hospitals in Southern Thailand. The hospitals could be grouped into two types based on ownership (government and private hospital), and location (center and rural). The study results that the government hospital and private hospital in Southern Thailand have highly concerned on CSR practices in legal dimension but government hospitals were higher level in dimensions of ethic and philanthropic. Also, they had sharply difference in the economic dimension because private hospital has higher focused to being profitable and maintaining a strong competitive position.

The comparison in the level of CSR between different locations shows that an average level of CSR of hospitals in center location was greater than hospitals in rural location and had got a significant difference of CSR level, particularly in dimensions of economic, ethic, and philanthropic. These results can be explained as the previous studies. The different locations had differences in spending and utilization of hospital from various factors such as patient preferences, income, access, beliefs, ability and ethical norms.

### **3. The factors influencing CSR of hospitals in Southern Thailand**

This study also tests the factors influencing CSR of hospitals in Southern Thailand from elements of hospital characteristics, board composition, and transformation leadership. The results in previous chapter indicate five elements that can influence CSR of the hospitals including hospital size, ownership status, independent director, tenure of directors and providing role model of leader.

For the elements of hospital characteristics, there are hospital size and ownership status that can positive significant influence CSR. However, only hospital size shows a high relationship with CSR that may be explained as large companies have more stakeholders than small companies that can result to build more CSR practices. One of the supporting reasons could be that the larger companies are more powerful to design their CSR strategy since they have better access to financial and other resources (Brammer & Millington, 2006). Moreover, organizations size has an influence on the kinds of activities developed. The organizations with higher size tend to incorporate all kinds of CSR activities while smaller organizations are forced to concentrate on a narrower set of activities.

In part of board composition, the part of stakeholder engagement includes procedures through which a hospital is able to support its various stakeholders and try to meet their needs. Nowadays, hospitals are examined more carefully by society when their employees are treated fairly and well. As the results, board size and tenure of directors have high relationship and can significantly influence CSR. The result shows that increasing of board size and director tenure has highly related CSR in positive way. This can be defined following previous studies. Ali (2013) explained that tenure of directors has greatly affected planning the CSR policy of the company, and board size has an important part in implementing CSR approach. Also, board turnover tends to increase with poor hospital performance, high health care costs, and high levels of reimbursed care.

Regarding transformational leadership, procedures that related to leadership, vision and value is used to implement the model of CSR and make the developing activities more efficient. Such examination standards include working of technician, controlling environment, training employee, stakeholder communication and equality, etc. Also, the good satisfied human resources basically are more motivated and can create more wealth for the hospital. Therefore, this part receives attention from both society and hospitals. This condition is similar for community responsibilities. A hospital and the community in which it handles are dependent on each other. It can explain that there are good reasons and motivations for hospitals to make efforts developing CSR activities. The result of this study showed that all elements involve providing role model, inspiring employee with motivation, supporting employee with strong communication, and challenging employee with innovative, have high relationship with CSR. Meanwhile, the study accepts only the providing role model of leader that has a



significant influence on CSR. The employees would imitate to the behaviors of leader as their behavior models that can enhance hospital performance and greatly affect CSR in positive way. It can increase the success on CSR policy to meet social demands.

## **5.2 The Study Contribution**

The contributions of this study related to stakeholders of hospitals, policy on social responsibility of hospitals, academics and resources of future research handling. Some of various contributions are described below:

(1) The results of this study can generate new understanding into the CSR of hospitals and improve existing knowledge of business administration. Also, the CSR approach in hospitals developed from this study can serve future researchers to investigate CSR issues of hospitals and social expectations.

(2) Stakeholders of hospitals can use the results of this research to develop and reorient the CSR strategy to enhance the CSR participation in any operation of hospitals. This may potentially improve the standards of CSR in hospitals.

(3) Participating hospitals receive a summary of research outcomes. This can give new understanding of the CSR practices to hospitals and inform about the CSR approach of other hospitals that allocate to stakeholders of hospitals and public. Hospitals may revise their policy that focus on social participation and CSR activity.

(4) Hospitals understand the relationship of the factors influencing CSR from testing the element of hospital characteristics, board composition and transformational leadership. They can use these results for planning their CSR policy.

(5) This research is academic paper on the case study of CSR and may be applied to the conceptual frameworks in the literature of other researches.

### **5.3 Limitation of the Study**

An important limitation of this study was the limited time schedule of this study. The only hospital in the South was evaluated therefore the results could not indicate the CSR of all hospitals in Thailand. Also, the important stakeholders not questioned in this study were the patients and the opinions of society. This group has potentially a lot of power in forcing the hospital to become more sustainable, although there were currently no signs that patients were willing to force hospital to become more sustainable.

Some limitations came from the nature of the study and the size of hospitals involve deserve further attention. This was in part because the response rates of contacted hospitals were extremely low and some types of hospitals, like small hospitals, were particularly uninterested about participating. In addition, contextual factors like the important in the question whether responsibility is stimulated by explicit or implicit CSR that could influence hospital behavior were not considered in this study and therefore it may not be appropriate to apply the results to all contexts.

### **5.4 Conclusion and Suggestion**

CSR has been a major concern in various organizations that bring benefits to corporation, community, and environment. Although today there is still not systematic information about CSR of hospital, most hospitals agree with the importance of CSR as a suitable practice that was applied in any processes of their hospital to contribute good management and establish sustainability development.

The important questions of this study are the extent and level of responsibility of the hospitals in Southern Thailand. Most hospitals in Southern Thailand completely accepted that the significant dimension of responsible hospitals might obey the law

and act along with general ethical principles. They also focused on the role of hospitals in society and environmental protection, especially protecting consumers and employees. As a result, leaders of the hospitals have seemingly supported this conception of CSR and were not only with respect to shareholders. When comparing the level of responsibility between different ownership found that the private hospitals have higher agreed to operate on economic responsibility, meanwhile, the government hospitals have more concentrated on philanthropic dimension. In addition, having different location had the different level of responsibility; hospitals in center tended to do more CSR practices than hospitals in rural. Another question in this study is the factor influencing CSR of the hospitals in Southern Thailand. The study asserts that, among other factors, CSR was significantly positive influenced by hospital size, ownership status, board size, tenure of director, and providing role model of leader. Large hospitals that have more stakeholders and board directors can build more CSR practices. Also, tenure of director tends to increase with high hospital performance and CSR value.

To sum up, hospitals can use these results for planning their CSR policy to conduct ethically and build up the economic social development while increasing the quality of life for employees, local community and society.

## REFERENCES

- Adams C. A., Hill W. Y., & Roberts C. B. (1998). Corporate social reporting practices in Western Europe, Legitimizing corporate behavior: *British Accounting Review*, 30(1), 1–21.
- Ali, A. (2013). *How board structure influences the corporate social responsibility strategy of the firm: Management and Business Research Administration and Management*. USA: Global Journals, Inc.
- Albinger, H. S., & Freeman, S. J. (2000). Corporate social performance and attractiveness as an employer to different job seeking populations. *Journal of Business Ethics*, 28(3), 243-253.
- Altman, B. W., & Vidaver-Cohen, D. (2000). A framework for understanding corporate citizenship. Introduction to the special edition of Business and Society. *Business and Society Review*, 105(1). 1-7.
- Andrews, K. R. (1971). *The Concept of Corporate Strategy*. Homewood, IL: Dow-Jones Irwin.
- Andrews, K. R. (1973). Can the best corporations be made moral. *Harvard Business Review*, 51(3), 57-64.
- Barnea, A., & Rubin, A. (2010). Corporate social responsibility as a conflict between shareholders. *Journal of Business Ethics*, 97, 71–86.
- Bass, B. M., & Avolio, B. J. (1994). *Improving organizational effectiveness through transformational leadership*. Thousand Oaks, CA: Sage Publications.
- Bass, B. M., & Avolio, B. J. (2006). *Multifactor Leadership Questionnaire: Sampler set, manual, forms, and scoring key*. Menlo Park, CA: Mind Garden, Inc.

- Bass, B. M. (1998). *Transformational leadership: Industrial, military, and educational impact*. Mahwah, NJ: Erlbaum.
- Bass, B. M., & Riggio, R. E. (2008). *Transformational Leadership*. Mahwah, New Jersey: Lawrence Erlbaum Associates, Inc.
- Barnett, M. L. (2007). Stakeholder influence capacity and the variability of financial returns to corporate social responsibility. *Academy of Management review*, 32(3), 794-816.
- Blomstrom, R. L. (1975). *Business and Society: Environment and Responsibility*. New York, NY: McGraw-Hill.
- Bowen, H. R. (1953). *Social responsibilities of the businessman*. New York: Harper.
- Bjorkman, H., & Wong, E. (2013). *The role of social auditors: A categorization of the unknown*. Uppsala Universitet, Sweden: Department of Business Studies.
- Brammer, S., & Millington, A. (2006). Firm size, organizational visibility and corporate philanthropy: an empirical analysis. *Business Ethics: A European Review*, 15(1), 6-18.
- Cormier, D., & Gordon, I. M. (2001). An Examination of Social and Environmental Reporting Strategies. *Accounting, Auditing, and Accountability Journal*, 14(5), 587-616.
- Carroll, A. B. (1991). The pyramid of corporate social responsibility: toward the moral management of organizational stakeholders. *Business Horizons*, 34 (4), 39-48.
- Carroll, A. B. (1999). Corporate social responsibility: evolution of a definitional construct. *Business and Society*, 38(3), 268-295.

- Carroll, A. B., & Shabana, K. M. (2010). The business case of corporate social responsibility: a review of concepts, research and practice. *International Journal of Management Reviews*, 12(1), 85-105.
- Choi, I., Nisbett, R. E., & Norenzayan, A. (1999). Causal attribution across cultures: Variation and universality. *Psychological Bulletin*, 125, 47-63.
- Cohen, L., & Manion, L. (1989). *Research Methods in Education*. Routledge, London.
- Cowen, S., Ferreri, L., & Parker L. D. (1987). The impact of corporate characteristics on social responsibility disclosure, A typology and frequency-based analysis. *Accounting, Organizations and Society*, 12(2), 111–122.
- Davis, K. (1973). The case for and against business assumption of social responsibilities. *Academy of Management Journal*, 16(2), 312-322.
- Davey, H. B. (1982). *Corporate social responsibility disclosure in New Zealand – an empirical investigation*. Massey University, Palmerston North: Occasional Paper.
- D'Amato, A., Henderson, S., Florence, S., & Ebrary, I. (2009). *Corporate social responsibility and sustainable business: A guide to leadership tasks and functions*. Greensboro, N.C.: CCL Press.
- Duncan-Marr, A., & Duckett, S. J. (2005), Board self-evaluation: The Bayside Health experience. *Australian Health Review*, 29(3), 340-344.
- Davis, K. (1973). The case for and against business assumption of social responsibilities. *Academy of Management Journal*, 16(2), 312-322.
- Eldenbug, L. G., Gaertner, F. B., & Goodman, T. H. (2015). The influence of ownership and compensation practices. *Contemporary Accounting Research*. 32(1), 169-192.

- Fadun, S. O. (2014). Corporate Social Responsibility (CSR) Practices and Stakeholders Expectations. *The Nigerian Perspectives*, 1(2), 13-31.
- Frederick, W. C. (2008). *Corporate Social Responsibility: Deep Roots, Flourishing growth, promising future*. The Oxford Handbook of Corporate Social Responsibility, Oxford.
- Freeman, R. E. (1984). *Strategic management: A stakeholder approach*. Pitman, Boston.
- Freeman, R. E. (1994). The politics of stakeholder theory: some future directions. *Business Ethics Quarterly*, 4, 409–421.
- Freeman, R. E., Harrison, S., Wicks, A., Parmar, B., & Colle, S. (2010). *Stakeholder Theory*. The State of the Art, UK: Cambridge University Press.
- Friedman, M. (1970). The social responsibility of business is to increase its profits. *New York Times Magazine*, 13, 32–33.
- Friedman, A. L., & Miles, S. (2006). *Stakeholders. Theory and Practice*. New York: Oxford University Press, Inc.
- Gray, R., Collison, D., & Bebbington, J. (1998). *Environmental and social accounting and reporting*. London: ICAEW.
- Henderson, D. (2005). The role of business in the world of today. *Journal of Corporate Citizenship*, 17, 30-32.
- Henderson, J. C. (2007). Corporate social responsibility and tourism: hotel companies in Phuket, Thailand, after the Indian Ocean tsunami. *International Journal of Hospitality Management*, 26(1), 228-39.
- Hill, J., Nancarrow, C., & Wright, L. T. (2002). Lifecycles and crisis points in SMEs: a case approach. *Marketing Intelligence and Planning*, 20(6), 361-369.

- Ho, L., & Taylor, M. (2007). An empirical analysis of triple bottom-line reporting and its determinants: Evidence from the United States and Japan. *Journal of International Finance Management and Accounting*, 18(2), 123-150.
- Jamali, D. (2007). The Case for Strategic Corporate Social Responsibility in Developing Countries. *Business and Society Review*, 112, 1–27.
- Jamali, D. (2008). A stakeholder approach to corporate social responsibility: fresh insights into theory vs practice. *Journal of Business Ethics*, 82, 213-31.
- Jamali, D. (2010). The CSR of MNC subsidiaries in developing countries: Global, local, substantive or diluted. *Journal of Business Ethics*, 3, 181–200.
- Jamali, D., Hallal, M., & Abdallah, H. (2010). Corporate Governance and Corporate Social Responsibility: Evidence from the Healthcare Sector. *Corporate Governance*. 10(5), 590–602.
- Jiraporn, P., & Withisuphakorn, P. (2015). *The effect of firm maturity on corporate social responsibility (CSR): Do older firms invest more in CSR*. Routledge: Applied economics letters.
- Johnson, R. A., & Greening, D. W. (1999). The effects of corporate governance and institutional ownership types on corporate social performance. *Academy of Management Journal*. 42, 564–576.
- Jones, T. M. (1980). Corporate Social Responsibility Revisited, Redefined. *California Management Review*, 22(3), 59–67.
- Kolk, A. (2003). Trends in sustainability reporting by the Fortune Global 250. *Business Strategy and the Environment*, 12(5), 279–291.
- Kruger, P. (2009). *Stakeholder Information and Shareholder Value*. Mimeo: Toulouse School of Economics.



- Li, W., & Zhang, R. (2010). Corporate social responsibility, ownership Structure, and political interference: Evidence from China. *Journal of Business Ethics*, 96(4), 631-645.
- Llena, F., Monera, J. M., & Hernandez, B. (2007). Environmental disclosure and compulsory accounting standards: the case of Spanish annual reports. *Business Strategy and the Environment*, 16, 50-63.
- McGuire, J. W. (1963). *Business and Society*. New York: McGraw-Hill.
- McGuire, J. B., Sundgren, A., & Schneeweis, T. (1988). Corporate social responsibility and firm financial performance. *Academy of Management Journal*, 31(4), 854-872.
- Okafor, C. E. (2014). *Ownership and corporate social responsibility: an empirical investigation on data from the Nigerian industry*. University of Leeds.
- Post, C., Rahman, N., & Rubow, E. (2011). Green governance: boards of directors' composition and environmental corporate social responsibility. *Business & Society*, 50 (1), 189-223.
- Roberts R. W. (1992). Determinants of corporate social responsibility disclosure: An application of stakeholder theory. *Accounting, Organizations and Society*, 17(6), 595-612.
- Seyal, A. H., & Rahman, M. N. (2014). Testing Bass & Avolio Model of Leadership in Understanding ERP Implementation among Bruneian SMEs. *The Journal of Organizational Management Studies*.
- Soliman, M., & Sakr, A. (2012), Ownership structure and corporate social responsibility: an empirical study of the listed companies. *International Journal of Social Science*, 5(1).

- Suttipun, M. (2015). Sustainable Development Reporting: Evidence from Thailand. *Asian Social Science*, 11(13), 316-326.
- Tagesson, T. (2009). Debate: Arguments for proportional consolidation; the case of Swedish local government. *Public money and management*, 29(4), 215-216.
- Van den Berghe, L., & Louche, C. (2005). The link between corporate governance and corporate social responsibility in insurance. *The Geneva Papers*, 30(3), 425-442.
- Vidal, N. G., & Kozak, R. A. (2008). Corporate Responsibility Practices in the Forestry Sector: Definitions and the Role of Context. *Journal of Corporate Citizenship*, 31, 59-75.
- Waldman, D.A., Lituchy, T., Gopalakrishnan, M., Laframboise, K., Galperin, B., & Kaltsouakis, Z. (1998). A qualitative analysis of leadership and quality improvement. *Leadership Quarterly*, (9), 177-201.
- Williams, R. J. (2003). Woman on corporate boards of directors and their influence on Corporate Philanthropy. *Journal of Business Ethics*, 42(1), 1-10.
- Withisuphakorn, P., & Jiraporn, P. (2016). The effect of company maturity on corporate social responsibility (CSR): do older companies invest more in CSR. *Applied Economics Letters*, 23(4), 298-301.
- World Business Council for Sustainable Development (WBCSD.). (2000). *Corporate Social responsibility: making good business sense*.
- Yukl, G. (1999). An evaluation of conceptual weaknesses in transformational and charismatic leadership theories. *Leadership Quarterly*, 10, 285-305.
- Zahra, S., & Pearce, A. (1989). Boards of Directors and Corporate Financial Performance: a review and integrative model. *Journal of Management*, 15(2), 291- 334.

## Appendix 1

## Questionnaire

### Corporate Social Responsibility of Hospital in Southern Thailand

Welcome to the Corporate Social Responsibility (CSR) Survey 2016. The aim of this survey is to investigate extent, level and influential factors of CSR from hospitals in Thailand. The findings will help us understand the state of CSR among hospitals in Thailand. Your true and accurate feedback is highly appreciated at investigating CSR of hospitals in Southern Thailand.

#### Instructions

- This survey is for the attention of hospital director, HR manager or leader about CSR communications. The survey has four sections including;  
Part 1: General Information and Hospital Characteristics  
Part 2: Board Compositions  
Part 3: Transformational Leadership  
Part 4: Corporate Social Responsibility
- Researcher sent envelope with return address. Please post it back in that within two working weeks, by 31 May 2016.

Please carefully review the glossary. If you have any further questions or technical difficulties in completing the survey please contact:  
Amarawan Pentakan, +669-18469349 or amarawan118@gmail.com

## Part 1: General Information and Hospital Characteristics

Please answer all items on the questionnaire by ticking on your true information.

1. Your position in hospital:

- Director                       HR manager or Leader about CSR communications

2. Sex:

- Male                       Female

3. Age:

- 0-30 years                       31- 40 years                       41-50 years  
 more than 50 years

4. Work experience:

- 0-5 years                       6- 10 years                       11-15 years  
 more than 15 years

5. Hospital age:

- 0-10 years                       11- 20 years                       21-30 years  
 more than 30 years

6. Hospital size:

- 0-100 beds                       101- 200 beds                       201-300 beds  
 more than 300beds

7. Hospital location:

- Center or major district of the province  
 Rural or small district of the province

8. Ownership status of hospital:

- Government                       Private

9. Accreditation type (you can answer more than 1 choice):

HA  Non-HA

### Part 2: Board Compositions

1. Please indicate below the number of executive, non-executive and independent directors on the board of directors of your hospital.

Executive directors:..... Non-executive directors:.....

Independent directors:..... Total board size: .....

2. Does hospital has female board members?  Yes  No

3. How much is average tenure of board of directors?

.....

### Part 3: Transformational Leadership

This questionnaire will be described your leadership style as you perceive it. Please answer all items on the questionnaire by ticking the appropriate response on the rating scale from frequently (5), fairly often (4), sometimes (3), once in a while (2) and not at all (1).

No	Response	1	2	3	4	5
1	Leader gives a role model for their followers.					
2	Leader instills pride in others for being worked together.					
3	Leader has a good vision and makes clear it to followers.					

No	Response	1	2	3	4	5
4	Leader manages mood and controls the emotions for urgent case.					
5	Leader acts in ways that build others' respect.					
6	Leader describes objective and express confidence that goals will be achieved.					
7	Leader considers the moral and ethical consequences of decisions.					
8	Leader shares about important values and beliefs.					
9	Leader has the ability to inspire followers in their value.					
10	Leaders can motivate followers to perform at their best.					
11	Leader induces followers for team work and building good attitudes.					
12	Leader communicates high expectations to followers in motivating them.					
13	Leader supports others in the ways that can achieve their goals.					
14	Leader motivates others to dedicate to working for organization.					

No	Response	1	2	3	4	5
15	Leader inspires followers regarding the benefits of all mankind as priority.					
16	Leader decides vision and strategy with followers.					
17	Leader stimulates followers to realize in problems of organization.					
18	Leader stimulates followers in the discussion problem and offers new ways of thinking.					
19	Leader has systematic method to solve problems.					
20	Leader develops new and different solutions to common problems and conducting work in new ways.					
21	Leader supports new idea of followers and promotes followers' thinking.					
22	Leader stimulates followers to offer a solving idea and accept the different ideas of others.					
23	Leader have presented that teamwork is the best thing to solve the problems.					
24	Leader treats others as individuals rather than just as an employee.					



No	Response	1	2	3	4	5
25	Leader considers an individual as having different needs, abilities, and aspirations from others.					
26	Leader considers the individual's talents and levels of knowledge followers to decide what suits them.					
27	Leader suggests and responds an individual need of followers.					
28	Leader gives opportunity and helps followers to develop their strengths.					
29	Leader continuously supports followers for improving themselves.					

#### Part 4: Corporate social responsibility (CSR)

Please tick the statement of your agreement or disagreement with the following statements by choosing the corresponding assertions from strongly agree (5), agree (4), neither agree nor disagree (3), disagree (2) and strongly disagree (1).

No.	Responsibility and Response	1	2	3	4	5
1	Hospital should be committed to being profitable as possible.					
2	Hospital should maintain a strong competitive position.					

No.	Responsibility and Response	1	2	3	4	5
3	Hospital should maintain a high level of operating efficiency.					
4	Hospital should perform in a manner consistent with expectations of government and law.					
5	Hospital should be a law-abiding corporate citizen.					
6	Hospital should provide goods and services that meet minimal legal requirements.					
7	Hospital should perform in a manner consistent with societal expectations and ethical norms.					
8	Hospital should recognize and respect new or evolving ethical/moral norms adopted by society.					
9	Hospital should prevent ethical norms from being compromised in order to achieve corporate goals.					
10	Hospital should contribute resources to the community.					

No.	Responsibility and Response	1	2	3	4	5
11	Hospital should perform in a manner consistent with the philanthropic and charitable expectations of society.					
12	Hospital should voluntarily support projects that enhance the community's quality of life.					

---

-- Thank you for completing the questionnaire --

Appendix 2

### Reliability statistics for testing

#### Case Processing Summary

		N	%
Cases	Valid	140	90.90
	Excluded <sup>a</sup>	14	9.10
	Total	154	100.0

a. Listwise deletion based on all variables in the procedure.

#### Reliability Statistics

Cronbach's Alpha	N of Items
0.91	57

## Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Cronbach's Alpha if Item Deleted
Age of hospital	209.65	428.66	0.32	0.91
Size of hospital	210.95	411.78	0.74	0.90
Hospital location	211.10	448.11	-0.45	0.91
Ownership of hospital	211.80	439.58	0.05	0.91
Accreditation type1	210.96	442.43	-0.28	0.91
Accreditation type2	211.89	440.42	0.00	0.91
Accreditation type3	210.96	441.27	-0.13	0.91
Accreditation type4	210.95	440.50	-0.01	0.91
Size of Board	206.01	335.68	0.70	0.91
Independent directors	211.61	391.10	0.82	0.90
Female board members	211.48	448.16	-0.37	0.91
tenure of board of directors	205.66	508.05	-0.59	0.91
Leader gives a role model for their followers.	208.26	425.24	0.77	0.90
Leader instills pride in others for being worked together.	208.16	429.68	0.61	0.90
Leader has a good vision and makes clear it to followers.	208.33	422.49	0.61	0.90
Leader manages mood and controls the emotions for urgent case.	208.78	416.63	0.70	0.90
Leader acts in ways that build others' respect.	208.31	426.50	0.68	0.90

Leader describes objective and express confidence that goals will be achieved.	209.07	419.34	0.65	0.90
Leader considers the moral and ethical consequences of decisions.	208.07	432.97	0.51	0.90
Leader shares about important values and beliefs.	208.29	429.25	0.42	0.90
Leader has the ability to inspire followers in their value.	208.79	423.54	0.58	0.90
Leaders can motivate followers to perform at their best.	208.76	417.27	0.76	0.90
Leader induces followers for team work and building good attitudes.	208.65	413.74	0.87	0.90
Leader communicates high expectations to followers in motivating them.	208.99	416.85	0.73	0.90
Leader supports others in the ways that can achieve their goals.	208.90	417.27	0.77	0.90
Leader motivates others to dedicate to working for organization.	208.45	420.72	0.69	0.90
Leader inspires followers regarding the benefits of all mankind as priority.	208.37	423.63	0.69	0.90
Leader decides vision and strategy with followers.	209.00	422.43	0.54	0.90

Leader stimulates followers to realize in problems of organization.	208.97	414.51	0.85	0.90
Leader stimulates followers in the discussion problem and offers new ways of thinking.	208.88	413.12	0.87	0.90
Leader has systematic method to solve problems.	208.56	419.08	0.72	0.90
Leader develops new and different solutions to common problems and conducting work in new ways.	208.97	422.41	0.68	0.90
Leader supports new idea of followers and promotes followers' thinking.	208.91	421.46	0.62	0.90
Leader stimulates followers to offer a solving idea and accept the different ideas of others.	208.84	426.17	0.49	0.90
Leader have presented that teamwork is the best thing to solve the problems.	208.64	421.92	0.62	0.90
Leader treats others as individuals rather than just as an employee.	209.46	426.63	0.55	0.90
Leader considers an individual as having different needs, abilities, and aspirations from others.	209.19	418.24	0.73	0.90



Leader considers the individual's talents and levels of knowledge followers to decide what suits them.	209.08	420.66	0.66	0.90
Leader suggests and responds an individual need of followers.	209.31	427.75	0.46	0.90
Leader gives opportunity and helps followers to develop their strengths.	208.72	417.05	0.78	0.90
Leader continuously supports followers for improving themselves.	208.69	420.77	0.65	0.90
Hospital should be committed to being profitable as possible.	210.73	430.02	0.21	0.91
Hospital should maintain a strong competitive position.	209.65	420.53	0.45	0.90
Hospital should maintain a high level of operating efficiency.	208.19	436.58	0.20	0.91
Hospital should perform in a manner consistent with expectations of government and law.	208.27	429.55	0.37	0.90
Hospital should be a law-abiding corporate citizen.	207.95	440.04	0.08	0.91
Hospital should provide goods and services that meet minimal legal requirements.	208.08	437.52	0.17	0.91

Hospital should perform in a manner consistent with societal expectations and ethical norms.	209.01	414.78	0.79	0.90
Hospital should recognize and respect new or evolving ethical/moral norms adopted by society.	208.66	416.09	0.81	0.90
Hospital should prevent ethical norms from being compromised in order to achieve corporate goals.	209.21	417.69	0.70	0.90
Hospital should contribute resources to the community.	208.76	417.08	0.73	0.90
Hospital should perform in a manner consistent with	209.14	422.82	0.65	0.90
Hospital should voluntarily support projects that enhance the community's quality of life.	208.58	424.83	0.54	0.90

---

From table above, the estimation of reliability for this questionnaire shows high value of alpha.

## VITAE

Name Amarawan Pentrakan

Student ID 5610521073

## Education Attainment

Degree	Name of Institution	Year of Graduation
Bachelor's degree (Pharmaceutical Science)	Prince of Songkla University	2012