

Corporate Social Responsibility of Hospitals: The Effect of Emotional Intelligence

¹H. Gharaee, ^{2,3}M.A. Bahrami, ¹F. Rejaliyan, ¹O.B. Atashbahar,
¹A. Homayouni, ¹F. Ataollahi and ¹E. Jamali

¹Shahid Sadoughi University of Medical Sciences, Yazd, Iran

²Department of Healthcare Management,

Shahid Sadoughi University of Medical Sciences, Yazd, Iran

³Hospital Management Research Center, Shahid Sadoughi Hospital, Yazd, Iran

Abstract: Emotional intelligence has been defined as the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and action. The objective of this study was the examination of relationship between employees' emotional intelligence and corporate social responsibility in hospital context. In an analytical and cross-sectional study we used Shrink's emotional intelligence scale and world health organization's social responsibility framework for evaluation of 6 Iranian governmental, private and charity hospitals' social responsibility and their employees' emotional intelligence in 2013. A total of 259 personnel from different units of these hospitals and 259 discharged patients contributed in the study. Data analysis was done through SPSS16. We used descriptive statistics (mean and SD), ANOVA test and Pearson's correlation coefficient in data analysis. Results revealed that the mean scores of employees' emotional intelligence in governmental, private and charity hospitals were 69.70 ± 4.5 , 66.10 ± 4.1 and 65.49 ± 5.1 respectively. The mean scores of social responsibility in governmental, private and charity hospitals were 77.05 ± 9.39 , 81.04 ± 11.46 and 75.09 ± 13.99 , respectively. There were not any statistical relationship between employees' emotional intelligence and hospitals' social responsibility in the studied hospitals. In conclusion, the relationship between employees' emotional intelligence and social responsibility needs to be more studied.

Key words: Social Responsibility • Emotional Intelligence • Hospital

INTRODUCTION

The first real attention for Corporate Social Responsibility (CSR) was made by Howard Bowen in his book *Social Responsibilities of the Businessman* [1]. Despite this tradition there are many different definitions for CSR used nowadays [2]. According to Bowen, CSR refers to the obligations of businessmen to pursue those policies to make those decisions or to follow those lines of relations which are desirable in terms of the objectives and values of our society [1]. Elkington defines the corporate social responsibility as the use of environmental and social aspects in all facets of the procurement process. Also, According to World Business Council for Sustainable Development CSR is the continuing commitment by business to behave ethically

and contribute to economic development while improving the quality of life of the workforce and their families as well as of the local community and society at large [3]. Corporate social responsibility has different dimensions and levels. Wood explains that the corporate social responsibility has 3 levels including institutional, organizational and individual [4]. Matten & Moon [5] divide CSR in explicit and implicit CSR and Carroll [6], in his model about CSR, describes economic responsibilities, legal responsibilities, ethical responsibilities and discretionary responsibilities. In 2 other viewpoints corporate social responsibility has been divided to active or passive responsibility [7] and workplace responsibilities, environmental responsibilities and socio-economic responsibilities [8].

Corresponding Author: Mohammad Amin Bahrami, Department of Healthcare Management, Shahid Sadoughi University of Medical Sciences, Yazd, Iran, Hospital Management Research Center, Shahid Sadoughi Hospital, Yazd, Iran, Tel: +98913-2565057.

In the modern society of this era, a great amount of companies have been had to accept and implement the CSR requirements due to globalization issues, legal compulsions, changing public expectations and the necessity of positive brand-image creation, increasing of company's reputation and competitiveness power [1,7,9,10]. In 1990s, the social responsibility concept was interred to healthcare context and created a new paradigm in healthcare organizations such as hospitals governance [7, 8]. In health care, corporate social responsibility means that there is an ethical obligation that requires hospitals and other organizations to do something beneficial in issues such as delivering quality health care to everyone who is entitled to it. Social responsibility requires hospitals to do something beneficial (out of beneficence duties) and not only abiding to the law or to general ethical principles. It follows that interest and values of all stakeholders are taken into consideration. It is not easy to practice social responsibility because the satisfaction of some stakeholders' interests may be opposed to the fundamental goal of most health care systems. In spite of this paradox, that can originate some difficulty in the management of health care organizations, many hospitals (for profit and not for profit) have applied the concept of social responsibility through explicit interventions in management decisions. Social responsibility of hospitals has many benefits for them. It is usually accepted that health care organizations that are socially responsible are more prone to be in favor of supporting local communities [7]. An empirical study in Taiwan's hospitals has been showed that investment in internal domains of CSR will be helpful to improve employee productivity and investment in external domains of CSR will be helpful in improving financial performance in the hospital foundation [11]. It is notable that until now, various models such as seven stage model of Maon *et al.* [12] and 8 dimensional framework of world health organization for evaluation of hospitals' social responsibility [13] have been developed for corporate performance assessment in accordance to social responsibility.

The term emotional intelligence (EI) firstly was used by Salovey and Mayer [14]. There are several definitions of EI in the current literature. Bar-On defines emotional and social intelligence as a multi-factorial array of interrelated emotional, personal and social abilities that influence our overall ability to actively and effectively cope with daily demands and pressures [15]. Salovey and Mayer defined EI as a form of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to

use this information to guide one's thinking and action [15, 16]. Also, the approaches of different authors about emotional intelligence are vary. Some authors look it as ability but some others look it as a competency or a personal trait [17]. Nevertheless, emotional intelligence has received increasing attention in a variety of literature in the last two decades [18] and in the earlier years much attempts have done in regards to assessing the emotional intelligence level of healthcare personnel. Until now, many studies have been approved the relationship between EI level and individual, team and job performance, organizational behavior and positive organizational initiatives and outcomes [19]. So, it can be taught that personnel's emotional intelligence have an important effect on the various individual and organizational aspects. Therefore, in this research we attempted to examine the relationship between EI and corporate social responsibility in Iranian hospitals context.

MATERIALS AND METHODS

This analytical study was done through cross-sectional method in hospitals of Yazd, Iran (2 governmental, 2 private and 2 charity hospitals) in 2013. The purpose of study was the examination of the relationship between employees' emotional intelligence level and corporate social responsibility of hospitals. A total of 259 employees from different units (including clinical and administrative units) and 259 discharged patients of studied hospitals contributed in the study. We used stratified-random sampling method. Required data was gathered by a 2 valid questionnaires including:

Cyberia Shrink's Emotional Intelligence Scale: This questionnaire items evaluate the respondents in 5 dimensions of emotional intelligence including self-motivation, self-awareness, self-control, social consciousness and social skills. The respondents of this questionnaire are questioned to answer the questions in Likert's 5-points scale. The more scores indicate the higher level of emotional intelligence. The reliability of Persian version of this questionnaire has been obtained in Ranjbar Ezzatabadi *et al.* [16] study in Yazd, Iran by Cronbach's alpha as 0.81.

Social Responsibility Questionnaire (WHO): This questionnaire contains 32 questions in 8 dimensions of social responsibility including immediate action, communications, dignity, autonomy and confidentiality of information, patients' right to choose the provider, basic

facilities and social support. The respondents of this questionnaire are questioned to indicate their agreement or disagreement with the questionnaire statements about their organization in Likert's 5-points scale. The more scores indicate the higher level of hospitals' social responsibility. The reliability of Persian version of this questionnaire has been obtained in Javadi *et al.* [20] study in Isfahan, Iran by Cronbach's alpha as 0.91.

In this study, data analysis was done through SPSS software English version 16. We used descriptive statistics (mean and standard deviation), ANOVA test and Pearson's correlation coefficient for data analyzing. It is notable that all samples were informed from study objectives and their personal data were kept confidentially.

RESULTS

The demographic characteristics of employees and patients who contributed in the study are presented in the Tables 1 and 2:

Also, the mean scores of studied hospitals' social responsibility and their employees' emotional intelligence are shown in Tables 3 and 4:

Table 5 showed the correlation coefficients of employees' emotional intelligence and its dimensions with corporate social responsibility of hospital:

DISCUSSION

The descriptive results of this study indicated that all studied hospitals employees' emotional intelligence is in moderate situation. In governmental, private and charity hospitals, employees had the highest score in the self-awareness, social skills and self-awareness dimensions of emotional intelligence, respectively. Also, the statistical test, showed that the mean scores of emotional intelligence and its components (except self-control and social skills) has a statistical differences between the employees of governmental, private and charity hospitals. When we compare our findings with ones of other studies we can conclude that the emotional intelligence of studied hospitals' employees is in suitable range. Based on our literature review, most studies that have studied the healthcare employees' emotional intelligence have reported same findings. The studies of Choi *et al.* among 450 employees of a large hospital in Seoul [21], Birks *et al.* among the medical sciences students in UK [22], Namdar *et al.* among the students of nursing and midwifery school of Tabriz

Table 1: Demographic characteristics of employees

Variable		N (percent)
Gender	Male	67 (27.7)
	Female	175 (72.3)
	Total	242 (100)
Work unit	Clinical units	100 (43.5)
	Administrative	128 (56.5)
	Total	228 (100)
Education	Under Diploma	7 (2.9)
	Diploma	33 (33.6)
	Associate degree	26 (10.7)
	BSc	168 (69.4)
	MSc	7 (2.9)
	Ph.D.	1 (0.4)
Total	242 (100)	

Table 2: Demographic characteristics of patients

Variable		N (percent)
Gender	Male	86 (38.9)
	Female	135 (61.1)
	Total	221 (100)
Education	Under diploma	99 (41.3)
	Diploma	80 (31.3)
	Associate degree	17 (7.1)
	Bsc	40 (16.7)
	Msc and Ph.D.	4 (1.7)
	Total	240 (100)
Marital status	Single	27 (11.6)
	Married	206 (88.4)
	Total	233 (100)
Insurer	Social security organization	128 (56.6)
	Medical services organization	58 (25.7)
	Army insurance	5 (2.2)
	Other	33 (14.6)
	Total	224 (100)

medical university in Iran [19] and Chakrabarty *et al.* on the physicians and nurses of Indian public and private hospitals [23] have concluded that the studied employees enjoy from the moderate level of emotional intelligence. Although, our hospitals personnel have a relatively good scores of emotional intelligence in comparison with other studies but it can be improved.

Other results of this study showed that the discharged patients from examined hospitals had rated these hospitals in accordance to social responsibility and its 6 dimensions as excellent. Nevertheless, these hospitals have obtained moderate scores in 2 dimensions of social responsibility including autonomy and provider choosing right. Also, our results show that the mean scores of social responsibility and its 4 dimensions named communications, provider choosing right, basic facilities and social support have statistical differences between governmental, private and charity hospitals. Indeed,

Table 3: The mean scores of social responsibility and its dimensions in studied hospitals

Hospital type	Immediate action	Communications	Dignity	Autonomy	Confidentiality of information	Provider choosing right	Basic facilities	Social support	Social responsibility
Governmental	79.24±16.80	78.46±11.60	80.60±11.90	73.98±19.95	82.53±14.00	66.58±21.23	72.80±21.01	73.46±18.43	77.05±9.39
Private	881.77±13.94	83.40±13.82	81.95±10.80	84.80±17.13	77.37±17.04	74.44±18.09	86.17±12.64	85.85±16.70	81.04±11.46
Charity	76.10±16.66	76.25±15.57	78.49±12.62	74.01±20.07	77.70±18.83	70.93±19.46	71.41±21.06	72.43±22.30	75.09±13.99
Total	79.06±15.95	79.54±13.94	80.49±11.76	74.28±18.93	79.31±16.66	70.68±19.81	76.94±19.68	77.31±20.10	77.90±11.62
P value	0.08	0.01**	0.24	0.95	0.10	0.04**	0.00**	0.00**	0.02**

*ANOVA

**Significant at P<0.05

Table 4: The mean scores of employees' emotional intelligence and its components in studied hospitals

Hospital type	Self-motivation	Self-awareness	Self-control	Social consciousness	Social skills	Emotional intelligence
Governmental	69.32±4.9	73.71±5.5	65.95±6.6	69.67±5.5	69.31±6.7	69.70±4.5
Private	62.73±5.9	68.94±5.3	66.26±6.2	64.67±5.2	69.21±6.1	66.10±4.1
Charity	60.81±6.8	69.70±5.8	64.83±6.7	65.68±6.2	68.93±6.7	65.49±5.1
Total	1/6±46/68	70.90±5.5	65.67±6.5	66.79±5.8	69.15±6.5	67.26±4.6
P value	0.00**	0.01**	0.70	0.01**	0.90	0.01**

*ANOVA

**Significant at P<0.05

Table 5: The statistics of relationship between employees' emotional intelligence and corporate social responsibility of hospital

Emotional intelligence dimensions		Corporate social responsibility	
		R	P value
Self-motivation	Governmental hospitals	0.02	0.80
	Private hospitals	0.17	0.33
	Charity hospitals	-0.07	0.65
	Total	0.00	0.95
Self-awareness	Governmental hospitals	-0.16	0.16
	Private hospitals	-0.02	0.33
	Charity hospitals	-0.21	0.17
	Total	-0.09	0.22
Self-control	Governmental hospitals	-0.09	0.41
	Private hospitals	0.07	0.69
	Charity hospitals	0.03	0.82
	Total	-0.01	0.86
Social consciousness	Governmental hospitals	-0.01	0.37
	Private hospitals	0.05	0.76
	Charity hospitals	-0.03	0.82
	Total	-0.02	0.71
Social skills	Governmental hospitals	0.11	0.36
	Private hospitals	-0.12	0.50
	Charity hospitals	0.14	0.35
	Total	0.11	0.15
Emotional intelligence	Governmental hospitals	-0.06	0.59
	Private hospitals	-0.02	0.88
	Charity hospitals	-0.06	0.70
	Total	-0.02	0.80

the private hospitals scores of social responsibility and its dimensions (except confidentiality of information) were higher than governmental and charity hospitals. In confidentiality of information the governmental hospitals obtained the highest score. When we analyze the social

responsibility of governmental, private and charity hospitals separate, it shows that governmental and charity hospitals had the excellent scores in social responsibility and its 4 dimensions including immediate action, communications, dignity and confidentiality of information and the moderate scores in remaining 4 dimensions. In contrast, private hospitals have been rated with excellent scores in social responsibility and its all dimensions except one dimension (confidentiality of information) in which they obtained the average score. In Javadi *et al.* study in the selected public and private hospitals of Isfahan, Iran the studied hospitals obtained moderate score of social responsibility. In their study, like our results, the private hospitals had been scored in higher scores than governmental hospitals [20]. Rohini *et al.* have evaluated Indian hospitals in moderate in accordance to social responsibility [24]. Therefore, the studied hospitals enjoy from an acceptable situation of social responsibility but it should be improved.

Also, our analytical findings about the relationship between employees' emotional intelligence level and hospitals' social responsibility indicated emotional intelligence and its dimensions don't have statistical relationship with corporate social responsibility. Nevertheless, some previous studies such as Maisler and Karim have showed that emotional intelligence level of employees has effect on organizational perceived justice [25, 26]. In this study with the hypothesis that emotional intelligence as an individual ability can affect the social responsibility of hospitals we studied this relationship within Iranian hospitals but the results failed to confirm this relationship. Based on our knowledge, this is the first study in this field in Iranian hospitals; therefore the

confirmation of the relationship between employees' emotional intelligence and corporate social responsibility needs to be more studied. Despite this, based on the results of the study we can propose that to increase the corporate social responsibility of hospitals the policy makers and managers of healthcare have to focus on the other approved determinants of CSR. It is notable that our study had some limitations. The results which presented in this study are cross-sectional. Therefore, the limitations of cross-sectional studies are relevant to our study.

ACKNOWLEDGEMENT

This paper has been extracted from a research which was funded by hospital management research center, Shahid Sadoughi hospital, Yazd, Iran. Authors appreciate the participants for their participation.

Conflicts of Interests: There was no conflict of interests to be declared.

REFERENCES

1. Bowen, H., 1953. Social Responsibilities of the Businessman. New York: Harper and Row.
2. Schouten, P., 2011. Corporate social responsibility in hospitals focusing on sustainable procurement. The Netherlands: ZonMw, pp: 11-12.
3. Elkington, J., 1994. Towards the sustainable corporation: Win-win-win business strategies for sustainable development. California Management Review, 36/2: 90-100.
4. Wood, D.J., 2010. Measuring corporate social performance: A review. International Journal of Management Reviews, 12(1): 50-84.
5. Matten, D. and J. Moon, 2007. Pan-European Approach: A Conceptual Framework for Understanding CSR. Springer. pp: 179-199.
6. Carroll, A.B., 1991. The Pyramid of Corporate Social Responsibility: Toward the Moral Management of Organizational Stakeholders, Business Horizons, 34: 39- 48.
7. Brandao, C., G. Rego, I. Duarte, *et al.*, 2012. Social Responsibility: A New Paradigm of Hospital Governance?. Health Care Anal 2012. Published online: 06 April (open access).
8. Rohini, R. and B. Mahadevappa, 2010. Social responsibility of hospitals: an Indian context. Social Responsibility Journal. 6(2): 268-285.
9. Corporate Social Responsibility: Towards a Sustainable Future, A White Paper. Available from: <http://www.kpmg.com/in/en/services/advisory/risk-compliance/documents/whitepaper%20on%20csr.pdf>. Last access: 26/08/2013.
10. Sharma, S., J. Sharma and A. Devi, 2009. Corporate social responsibility: The key role of human resource management. Business Intelligence Journal. 2(1): 205-2013.
11. Hsiu-Pi Lin, Wen-Chen Huang, Hui-Fang Chen and Yan-Pin Ke, 2011. An Empirical Study of Taiwan's Hospital Foundation Investment in Corporate Social Responsibility and Financial Performance. World Academy of Science, Engineering and Technology, 54: 345-349.
12. Maon, F., A. Lindgreen and V. Swaen, 2010. Organizational Stages and Cultural Phases: A Critical Review and a Consolidative Model of Corporate Social Responsibility Development. International Journal of Management Reviews, pp: 20-38.
13. Amala de Silva, 1997. A framework for measuring responsiveness. Gpe Discussion paper series: know. 32: World Health Organization, pp: 6.
14. Alvani, S.M. and M. Dadehbeygi, 2007. The effect of emotional intelligence education on the quality of Mellat bank's branches services. Iranian Management Sciences Journal; 2(7): 1-29.
15. Yildirim, O., 2007. Discriminating emotional intelligence-based competencies of IT employees and salespeople. Journal of European Industrial Training, 31(4): 274-282.
16. Rnajibar Ezzatabadi, M., M.A. Bahrami, M. Arab, *et al.* 2012. Nurses' emotional intelligence impact on the hospital services quality. Iran Red. Cres. Med. J., 14(12): 758-763.
17. Higgs, M., 2004. A study of the relationship between emotional intelligence and performance in UK call centers. Journal of Managerial Psychology, 19(4): 442-454.
18. Aremu, A.O., 2005. A confluence of credentialing, career experience, self-efficacy, emotional intelligence and motivation on the career commitment of young police in Ibadan, Nigeria. Policing: An International Journal of Police Strategies & Management; 28(4): 609-618.
19. Namdar, H., M. Sahebihagh, H. Ebrahimi, *et al.*, 2008. Assessing emotional intelligence and its relationship with demographic factors of nursing students. IJNMR, 13(4): 45-49.

20. Javadi, M., S. Karimi, A.R. Raisi, *et al.* 2012. Organizational justice and responsibility in selected public and private hospitals of Isfahan city. *Journal of Public Health Faculty*, 9(4): 11-20.
21. Choi, S., 2010. Task and relationship conflicts in subordinates and supervisors relations: Interaction effects of justice perceptions and emotional intelligence. A dissertation submitted to the graduate faculty of the Louisiana state university and agricultural and mechanical college in partial fulfillment of the requirements for the degree of doctor of philosophy. Louisiana.
22. Birks, Y., J. McKendree and I. Watt, 2009. Emotional intelligence and perceived stress in healthcare students: a multi-institutional, multi-professional survey. *BMC Medical Education*; 9: 61. Doi: 10.1186/1472-6920-9-61. (open access).
23. Chakrabarty, R. and Z. Sayeed, 2008. Burn-out and emotional intelligence quotient: A study among health professionals in eastern India. *Indian Management Studies Journal*, 12: 1-18.
24. Kotler, P. and N. Lee, 2005. *Corporate Social Responsibility: Doing the Most Good for Your Company and Your Cause*. New Jersey: John Wiley and Sons, Inc. (HB: pp. 307, \$29.95 US, ISBN: 0-474-47611-0).
25. Meisler, G., 2013. Empirical exploration of the relationship between emotional intelligence, perceived organizational justice and turnover intentions. *Employee Relations*, 35(4): 441-455.
26. Karim, J., 2011. Emotional intelligence, leader-member exchange, organizational justice and outcome variables: A conceptual model. *International Journal of Leadership Studies*, 6(3): 390-411.