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The Interplay of Profitability and Social Responsibility in Achieving Institutional Excellence: An Exploratory Study in Government and Private Hospitals in Jeddah, Kingdom of Saudi Arabia

Waleed Ahmed Dirbas [α] & Heba Mohammed Al Haddad [σ]

Abstract- In the Kingdom of Saudi Arabia, the healthcare sector has been evolving rapidly, presenting a dynamic landscape where the pursuit of financial viability intersects with the imperative of social responsibility. This study investigates the intricate relationship between profitability and social responsibility and their collective impact on achieving institutional excellence in government and private hospitals. Employing an exploratory approach, a comprehensive analysis of qualitative and quantitative data was conducted to discern the patterns and trends shaping the healthcare landscape in the context of the Saudi Arabian society.

The study reveals that while financial viability remains a crucial aspect for the sustenance and growth of hospitals, social responsibility has emerged as a key determinant in building trust and establishing long-term credibility within the community. Through a review of existing literature, combined with in-depth interviews and surveys with healthcare professionals, administrators, and patients, this research underscores the delicate balance required for hospitals to navigate the complex terrain of societal expectations while maintaining financial stability.

Furthermore, this study examines the strategies and mechanisms adopted by hospitals to harmonize profitability and social responsibility, shedding light on the pivotal role of effective governance, ethical practices, and community engagement in fostering institutional excellence. The findings underscore the significance of a holistic approach that integrates financial prudence with community-centric initiatives, thereby contributing to the overall well-being of society.

The implications of this research extend to policy formulation, strategic planning, and operational decision-making in the healthcare sector, emphasizing the need for a nuanced understanding of the interdependencies between financial performance and social obligations. By highlighting the nuanced dynamics at play, this study provides a comprehensive framework for stakeholders and policymakers to cultivate sustainable healthcare systems that prioritize both financial viability and societal welfare, ultimately fostering institutional excellence in hospitals across the Kingdom of Saudi Arabia.

Index Terms: healthcare management, social responsibility, financial viability, patient satisfaction, institutional excellence.

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I. Introduction

The healthcare industry is always changing, so finding ways to make money has been seen as a key part of institutional success for a long time. Unfortunately, in today's complex society, success means more than just making a lot of money. It also means that institutions are taking their ethical, moral, and social duties more seriously (Beil- Hildebrand, 2002; Kitsios et al., 2023).

This shift in thinking has become very important in the Kingdom of Saudi Arabia, where it has changed the way people talk about the roles of healthcare institutions in improving the health of the communities they serve(Rajeshkumar et al., 2023; Zaman et al., 2023).

This research looks into the complicated relationship between making money and doing the right thing by society. It aims to find the significant factors that support institutional excellence in both public and private hospitals across the Kingdom.

Taking into account that healthcare in Saudi Arabia is always changing, our study takes a close look at the methods hospitals use to keep their finances stable while also being deeply committed to helping people and doing the right thing. This study focuses on the delicate balance hospitals need to find in order to meet the needs of a society that is changing quickly. It aims to find out how important good governance, community involvement, and ethical behaviour are in building institutional credibility and long-term trust.

Our study aims to give a full picture of the complicated relationship between social responsibility and financial sustainability in Saudi Arabian healthcare institutions by using a wide range of qualitative and quantitative data, such as feedback from healthcare professionals, administrators, and patients themselves.

One of the main goals of this study is to find the most important factors that lead to trust, credibility, and community involvement in Saudi Arabia's healthcare system. By looking closely at the part that ethical practices, good governance structures, and community-centered initiatives play, the study aims to find the most important things that affect how people in Saudi Arabia

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think about hospitals and how well they do in the long run (Pallathadka et al., 2023).

Using what was learned from the analysis, this study aims to come up with a complete framework that balances social welfare with sound financial management in the way healthcare institutions work. The study's main goal is to help stakeholders, policymakers, and healthcare professionals build long-lasting healthcare systems that put both financial success and the well-being of society first. This will lead to higher standards of institutional excellence across the Kingdom of Saudi Arabia.

By pursuing these goals, the study hopes to add to the larger conversation about how healthcare management is changing, highlighting the urgent need for a balanced approach that not only ensures financial success but also upholds the ethical and social duties of healthcare institutions in Saudi Arabia.

The Kingdom of Saudi Arabia's healthcare system has changed a lot over the past few years. There have been big investments, improvements to infrastructure, and a greater focus on giving its citizens access to all kinds of healthcare services (Mororó et al., 2020).

The government has been very dedicated to improving healthcare infrastructure over the past few decades. As a result, there are now more hospitals, clinics, and specialized healthcare facilities across the country (Gerard, 2021). At the same time, societal expectations have changed significantly, with a greater focus on ethical awareness, community involvement, and social responsibility in the healthcare field (da Costa et al., 2022).

People in modern-day Saudi Arabia are more aware of the moral obligations and social duties of healthcare institutions. As a result, they expect hospitals and healthcare providers to take a more community-centered and holistic approach (De Foo et al., 2021).

From the other hand, the healthcare industry around the world has gone through a paradigm shift, with more people realizing how closely connected social responsibility and financial sustainability are (Lieneck et al., 2021). International best practices have shown how important ethical leadership, community involvement, and long-term healthcare models are for improving institutions and making sure everyone is happy in the long run.

This worldwide trend emphasizes how crucial it is for Saudi Arabia's healthcare system to strike a balance between social obligations and financial considerations in order to deliver medical services that adhere to international standards (Welch, 2022).

Previous research in the field of healthcare management has provided valuable insights into the mutual influences between financial success and social responsibility, both domestically and globally. Nonetheless, there is a significant absence of investigation the challenges face the public and private hospitals in achieving such equilibrium.

In addition, there is shortage regarding exploring strategies Saudi Arabian healthcare institutions employ to maintain balancing between generating revenue and providing high quality healthcare services (Khuntia et al., 2017).

This discrepancy indicates that further research is needed to fully understand the complex interaction and challenges that exists in Saudi Arabian healthcare between generating profits and upholding social responsibility (Wu et al., 2022). The way healthcare is managed in Saudi Arabia is changing, so the country needs strong rules that take into account how important social responsibility is becoming along with financial stability.

This study looks into the history of healthcare management in order to help come up with policies and programs that are based on facts and help create long-lasting, socially responsible healthcare systems. This will improve the quality of care in the Kingdom and make society healthier (Veenhuizen et al., 2021).

II. Study Problem

The healthcare industry in the Kingdom of Saudi Arabia has grown and changed a lot, driven by a strong desire to stay profitable. However, there is an urgent need to investigate the balance between being profitable and maintaining socially responsible(Pereira et al., 2023).

Although it is clear that making money is important, recent changes in society have made it even more important for healthcare institutions to do more than just meet their financial goals. They also need to do things that are good for society and are morally responsible(Huang & Yuan, 2024).

The most important problem right now is the conflict between hospitals' need to make money and people's growing expectations of ethical, caring, and community-focused healthcare services. Finding the right balance between these often-opposing priorities is very hard for healthcare institutions. They need to rethink their operational frameworks in order to include both financial stability and societal welfare(Kim et al., 2023).

Because people's expectations are always changing, we need to learn more about how important trust and credibility are to the survival and success of healthcare institutions. As Saudi Arabian society continues to show signs of greater social and moral awareness, the study's main goal is to find the things that help or hurt the growth of long-term trust and credibility in the community, which will ultimately have an effect on the quality of healthcare providers(Pushpa Hongal & Yashpal Kshirsagar. IFS., 2023).

At the heart of the study problem is the problem of balancing the needs of different groups, such as the

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community, private investors, government agencies, and healthcare professionals. Understanding how ethical practices, good governance, and meaningful community involvement can be seamlessly integrated into the way hospitals work is essential for coming up with a long-lasting and effective plan to achieve institutional excellence (Bogiatzidis & Pervou, 2023).

In light of these important issues, the purpose of this study is to delve deeply into the tricky issues of balancing fiscal responsibility with social duties, in order to come up with strategic insights and suggestions that will help the Kingdom of Saudi Arabia create a healthcare system that not only does well financially but also meets its moral and social goals.

III. Hypothesis Development

a) First Axis: Social Responsibility

In contemporary healthcare settings, the concept of social responsibility has garnered significant attention due to its implications for community engagement and support for healthcare institutions. Hypothesis 1 posits that the practices of social responsibility within a hospital directly influence the community's perception and endorsement of the healthcare facility. This suggests that hospitals that actively engage in community-based initiatives, such as health education programs or outreach services, are more likely to be positively regarded and supported by the local populace.

Furthermore, Hypothesis 2 suggests that investing in strategies that prioritize the well-being and satisfaction of employees can yield tangible benefits for the hospital. A higher level of employee satisfaction often translates to increased productivity and, consequently, improved overall performance. By fostering a supportive and conducive work environment, hospitals can potentially enhance employee morale, reduce turnover rates, and ultimately deliver better healthcare services to their communities.

Building on these notions, Hypothesis 3 suggests a positive correlation between the implementation of responsible practices towards customers and the overall excellence of the healthcare institution. Hospitals that prioritize customer- centric initiatives, such as personalized care plans or efficient complaint resolution mechanisms, are likely to cultivate stronger patient loyalty and satisfaction, ultimately contributing to the institution's long-term success and growth.

b) Second Axis: Institutional Excellence

In the pursuit of excellence, hospitals often focus on both administrative efficiency and service quality. Hypothesis 1 emphasizes the importance of continuous improvement in administrative performance as a key driver for institutional excellence within the healthcare sector. Implementing streamlined administrative processes, optimizing resource allocation, and fostering effective communication channels within the organization can result in improved operational efficiency, reduced costs, and enhanced overall performance. Concurrently, Hypothesis 2 emphasizes the significance of delivering high-quality healthcare services to patients. The provision of superior medical care, along with an emphasis on patient safety and satisfaction, can contribute significantly to the hospital's reputation for service excellence. Establishing robust quality assessment frameworks and continually monitoring patient feedback and outcomes can aid hospitals in maintaining and further enhancing their service standards, thus solidifying their position as a trusted healthcare provider in the community.

Lastly, Hypothesis 3 underscores the pivotal role of visionary leadership and effective management practices in driving institutional excellence within healthcare organizations. Hospitals led by proactive and strategic leaders who prioritize innovation, staff development, and adaptive decision-making are better positioned to navigate the complexities of the healthcare landscape and maintain a competitive edge in the industry. Effective leadership fosters a culture of continuous learning and improvement, enabling hospitals to adapt to evolving healthcare trends and deliver sustainable value to their stakeholders.

IV. Design and Study Population

The present study aimed to assess The Interplay of Social Responsibility in Achieving Institutional Excellence. This study was approved by the research hospitals and reviewed by the research Ethics . The study was applied to workers in government and private hospitals in Jeddah, Kingdom of Saudi Arabia, The city of Jeddah, the bride of the Red Sea, and the largest city overlooking it, is distinguished by its geographical location as it is the gateway to the holiest places in the world. It is the first stop at which pilgrims arriving from all over the world land on their way to Mecca.

Its distinguished strategic location on the Red Sea coast has given it great importance for the Kingdom's international trade movement with foreign markets. Jeddah is considered a major commercial center characterized by constant activity, as it has developed greatly in all commercial and service fields, and has witnessed a major industrial renaissance, which has made it one of the most attractive cities in the world for business, and has become an important center for finance and business.

The city of Jeddah, the second largest city in the Kingdom of Saudi Arabia, contains 57 private hospitals and 17 government hospitals. The study population includes all government and private hospitals in the city of Jeddah affiliated with the Ministry of Health,

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which have a capacity of more than 200 beds. They are 5 government hospitals and 6 private hospitals. These hospitals are as follows:

First: Private Hospitals

1. Bagedo Hospital and Dr. Irfan.
2. Dr. Soliman Fakeeh Hospital.
3. International Medical Center.
4. The Saudi-German Hospital.
5. Ghassan Naguib Pharaoh Hospital.
6. Andalusia Hospital.

Second: Government Hospitals

1. King Abdullah Medical Complex.
2. Maternity and Children's Specialized Hospital.
3. King Fahad General Hospital.
4. King Abdulaziz Hospital.
5. East Jeddah Hospital.

V. The Study Sample

Based on the study population, this study will use a multiple random sample, as according to the data of the Ministry of Health, the number of workers in private and government health agencies in the city of Jeddah is 3,512 doctors, and as for nursing, it is 26,601 nurses, in addition to about 10,000 employees for administrative assistance services and miscellaneous. Therefore, the total number of employees or individuals is about 20 thousand, and accordingly the sample size will be obtained through the Herbert Arkan equation.

$$n = (1 - p)/((E \div z) + [p(1 - p) \div N])$$

Therefore, the sample equals 178 individuals.

The units will be enlarged to reach 200 items in order to increase the level of confidence in the data collected, especially since the 200 items will be divided into several specializations as follows based on the importance of each category:

There are 100 questionnaire for private hospitals, and they are divided as follows:

- 15 Medical Administration
- 20 Executive Administration
- 15 Nursing Administration
- 15 Maintenance Administration
- 20 Quality and excellence Administration
- 15 Support Services Administration

Government hospitals are 100 questionnaire and are divided just like private hospitals.

VI. Measurement

Data was obtained by administering a structured questionnaire consisting of two main parts. The first part consists of the demographic data of the study and the second part consists of two main axes. The first axis is social responsibility and includes 15 paragraphs under which three main dimensions fall. The second axis is Institutional excellence and includes 10 paragraphs under which two main dimensions fall.

To answer these items, a five-point Likert scale was used, where the answer "1" expresses the degree of agreement (strongly disagree), the answer "2" (disagree), the answer "3" (neutral), the answer "4" (agree), and the answer "5"(strongly agree).

VII. Data Analysis

After the scanning process, questionnaires which are eligible to be included in the analysis, were computerized. A statistical program was used for data analysis. Exploratory factor analysis (Principal Axes Factoring) was applied in the study to measure construct validity. The reliability (Cronbach's alpha) of the data.

Finally, stepwise regression analysis was conducted to determine the effects of independent variables on the dependent variable. Statistically, p value which was equal or less than 0.05 was accepted to be significant.

VIII. Analysis

Respondents' demographic characteristics are stated in Table (1) where 200 respondents have participated in the research.

Table 1: Demographic Characteristics

Variable	Category	N	%
Gender	Male	84	42
	Female	116	58
Experience	From 1 to 5 years	39	19.5
	From 6 to 10 years	52	26.0
	From 11 to 15 years	65	32.5
	More than 15 years	44	22.0
Educational level	Diploma	32	16.0
	bachelor's degree	114	57.0
	Master/PhD	54	27.0
Workplace	Government hospital	100	50.0
	Private hospital	100	50.0

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According to the frequency distribution, 58% of the respondents were females and 42% were males.

From the table we conclude that 32.5% of the respondents have From 11 to 15 years of experience, 26 % of the respondents have From 6 to 10 years of experience

We conclude that 57% of the respondents with bachelor's degree, 27% of the respondents with Master/PhD degree.

And we also conclude that 50% of the respondents working in private hospital, and 50% of the respondents working in government hospital.

In order to identify the number of dimensions in exploratory factor analysis, Horn's parallel analysis and Velicer's minimum average partial test were carried out on the social responsibility and Institutional excellence data sets. The results of the tests showed that for the social responsibility three -factor solution and for Institutional excellence two-factor solution should be accepted for extractions.

First results of Principal Axis Factoring showed that factor correlations were higher than 0.58 and lower than 0.84.

For the social responsibility data set, Kaiser-Meyer-Olkin illustration value realized as 0.843 more than 0.5 which means that the sample size is sufficient to conduct factor analysis, the value of (Bartlett's Test of Sphericity) was a statistically significant value at a significance level equal to (0.00) less than (0.05).

The social responsibility data set is formed under three factors and explained 74.18% of the common variance. These factors are named as Responsibility to society; Responsibility to employees; Responsibility to customers.

For the Institutional excellence data set, Kaiser-Meyer- Olkin illustration value realized as 0.807 more than 0.5 which means that the sample size is sufficient to conduct factor analysis, the value of (Bartlett's Test of Sphericity) was a statistically significant value at a significance level equal to (0.00) less than (0.05).

The Institutional excellence data set is formed under two factors and explained 70.13% of the common variance. These factors are named as administrative excellence, Service excellence.

The communalities were all above 0.49 and over the recommended value of 0.30.

Table 2: Factor Analysis Results for the Social Responsibility

The Social Responsibility	Factor Loading	Eigen value	Variance Explained
Responsibility to Society		**16.04**	**39.16**
The hospital administration is working to implement a social responsibility plan that includes activities and tasks related to multiple axes, suchas preserving the environment and raising awareness through a series of awareness programs, education and scientific research.	.81		
The hospital provides medical aid through a systematic series of charitable medical campaigns, through which the hospital administration is keen to direct the latest medical technologies and services to benefit segments of society at various levels.	.69		
The hospital contributes to providing job opportunities for qualified people and providing suitable job opportunities for people withspecial needs	.73		

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The hospital continuously evaluates its societal role, as the administration is committed to submitting reports that include the social responsibility projects that have been implemented	.70		
The hospital's mission and goals are consistent with societal goals and values	.802		
Responsibility to Employees		**9.19**	**28.15**
The hospital provides the appropriate environmental climate for workers while working	.77		
The hospital provides training and rehabilitation programs for all employees in all specialties	.81		
The hospital stimulates and encourages the creative abilities of employees	.79		
The hospital applies the principle of justice and equality in evaluating employees	.68		
The hospital involves employees in the decision- making process	.64		
Responsibility to Customers		**11.19**	**19.44**
The hospital provides all the medical services that patients need	.83		
The hospital responds to complaints submitted by customers urgently	.78		
The hospital administration is committed to establishing systems that maintain the confidentiality of customer data	.75		
The hospital has all the specialties necessary to treat patients	.69		
The hospital has all the X- ray and medical analysis equipment	.70		

Table 3: Factor Analysis Results for the Institutional Excellence

Institutional Excellence	Factor Loading	Eigenvalue	Variance Explained
Administrative Excellence		**8.24**	**42.13**
The hospital follows decentralized systems free ofbureaucratic barriers in performing work	.86		
The hospital works to develop the mission, institutional values, and	.794		
future planning processes according to societal needs			
The hospital is keen to establish a culture of excellence through motivation systems directed at encouraging distinguished people	.881		

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The hospital applies all contemporary scientific, technical and administrative practices to achieve excellence	.805		
The hospital applies contemporary scientific and technical administrative practices to benefit from them in developing work methods	.796		
Service Excellence		**9.13**	**31.27**
The hospital seeks to provide new and innovative services	.882		
The hospital conducts periodic surveys to examine complaints and suggestions related to the services provided to patients	.701		
The hospital is committed to periodic monitoring of its services provided to improve the mechanisms of service delivery to patients	.698		
The hospital's service delivery procedures are fast and convenient	.772		
The hospital is distinguished by its medical services that exceed patients' expectations	.783		

For internal consistency, reliability tests were conducted on data. The general Cronbach's alpha is found 0.83 for social responsibility, and 0.866 for Institutional excellence data sets, for reliability analysis, over the 0.70 recommended.

Results of reliability analysis for social responsibility and Institutional excellence variables were also shown in Table 4. In order to analyze the relationship between dimensions of social responsibility and Institutional excellence, correlation coefficient values were calculated.

Descriptive statistics and correlation matrix of continuous variables were presented in Table 4. There is a positive relationship between the dimensions.

All correlations were moderately strong to strong, ranging between r = 0.45, and r = 0.89, p < 0.001. The Cronbach's alpha coefficient was also calculated for each dimension in order to test the internal consistency reliability. According to reliability analysis, Cronbach's alpha values of dimensions, means and standard deviations are shown in Table 4.

Table 4: Correlation Matrix among the Factors of social responsibility and Institutional excellence

Dimension	1	2	3	4	5
Responsibility to society	1				
Responsibility to employees	0.881 [a]	1			
Responsibility to customers	0.843 [a]	0.880	1		
Administrative excellence	0.798 [a]	0.809 [a]	0.822 [a]	1	
Service excellence	0.889 [a]	0.863 [a]	0.872 [a]	0.863 [a]	1
Mean	4.06	4.12	3.92	4.21	4.15
S.D.	0.664	0.643	0.702	0.58	0.611
Cronbach's Alpha	0.842	0.893	0.902	0.885	0.832

Preliminary analyses were conducted for the assumptions of normality, linearity, and homoscedasticity. Examination of case wise diagnostics with Cook's distance (Administrative excellence, Min = 0.00; Max = 0.88; Service excellence, Min = 0.00, Max = 0.17) suggested there were no cases exerting undue influence on the models.

The Durbin-Watson statistic was computed to evaluate independence of errors and was 1.89 for administrative excellence and 1.82 for Service excellence, which is considered as acceptable (Cohen et al. 2003).

Tolerance was greater than 0.10 (Administrative excellence, Min = 0.32; Service excellence, Min = 0.40), and the variance inflation factor was less than 10 (Administrative excellence, Max = 3.41; Service excellence, Max = 3.27).

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Regression analysis is applied to determine the importance of independent variables on dependent variables. It is found out that R square values in both regression analyses are at a sufficient level for the research made in social sciences.

The first regression analysis aims to determine the relative importance of social responsibility dimensions on the "Administrative excellence". Using the Enter method, it was found that the overall model explains 0.71 of the variation in social responsibility ($F = 219.88$, $p<0.05$ with $R = 0.84$, adjusted $R2 = 0.71$).

Responsibility to society, Responsibility to employees, Responsibility to customers were statistically significant and positively related to administrative excellence.

The Beta coefficients are presented in Table 6. According to the results of multiple regression.

Table 5: Regression Analysis of the social responsibility Dimensions Affecting to Administrative excellence

Variables	β	95% CI
Responsibility to society	0.51 [a]	[0.43, 0.57]
Responsibility to employees	0.37 [a]	[0.31, 0.48]
Responsibility to customers	0.21 [a]	[0.19, 0.39]
R^2	0.71	
F	219.88	

a p< 0.01, CI= confidence interval

The second regression analysis aims to determine the relative importance of social responsibility dimensions on the "Service excellence". Using the Enter method, it was found that the overall model explains 0.668 of the variation in social responsibility ($F = 231.06$, $p<0.05$ with $R = 0.788$, adjusted $R2 = 0.642$).

Responsibility to society, Responsibility to employees, Responsibility to customers were statistically significant and positively related to Service excellence.

The Beta coefficients are presented in Table 6. According to the results of multiple regression.

Table 6: Regression Analysis of the social responsibility Dimensions Affecting to Service excellence

Variables	β	95% CI
Responsibility to society	0.46 a	[0.40, 0.53]
Responsibility to employees	0.117 a	[0.10, 0.22]
Responsibility to customers	0.24 a	[0.18, 0.42]
R^2	0.642	
F	231.06	

a p< 0.01

IX. Conclusion

The present study provides valuable insights into the complex interplay between financial profitability and social responsibility in the context of hospitals in Saudi Arabia. The findings highlight how crucial it is to achieve institutional excellence by striking a balance between sustainable financial practices and moral, community-focused operations.

The statistical research shows that administrative and service excellence in hospitals are significantly correlated with social responsibility characteristics like employee wellbeing, community participation, and customer service. This highlights the requirement that healthcare organizations integrate socially conscious ideals into their basic business practices and go beyond financial measures.

More particular, the execution of social responsibility initiatives, the offering of equitable opportunities, and the timely resolution of patient complaints can cultivate credibility and trust among stakeholders, ultimately improving hospitals' standing, capacity to compete, and long- term viability.

Additionally, as demonstrated by the study's strong emphasis on visionary leadership, innovation adoption, and stakeholder engagement in order to achieve administrative and service delivery excellence, hospitals are able to successfully fulfil their social obligations while maintaining financial stability thanks in large part to effective governance and leadership.

The research highlights the possibility of a mutually reinforcing relationship between profitability and social responsibility by presenting empirical data within the Saudi Arabian setting. By utilizing a strategic approach that strikes a balance between these two

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factors, hospitals may produce shared value for society and provide better healthcare services.

X. Recommendations

The following suggestions are put out in light of the findings:

1. Comprehensive social responsibility frameworks that outline the goals of the hospital for the community, staff, and patients should be established. To methodically develop and oversee CSR efforts, specialized departments for corporate social responsibility (CSR) might be created.
2. The implementation of leadership development programs may foster an ethical and compassionate leadership culture among healthcare managers, which will improve services and engagement across the board for the organization.
3. Hospitals can increase their social effect by working with community organizations and non-governmental organizations (NGOs) to implement outreach and health education initiatives.
4. To find problems with the engagement and work environment, regular employee satisfaction surveys should be carried out. Programs that assist in enhancing staff welfare and capacity should be reinforced.
5. The identification of any gaps and the ongoing improvement of service standards can be facilitated by utilizing patient feedback channels like surveys and quality assurance committees.
6. Incentives should be provided by policymakers to hospitals that emphasize social responsibility initiatives over financial goals. It is possible to incorporate CSR into hospital accreditation procedures by implementing standards.
7. Future investigations can look into the long-term benefits of CSR activities for hospitals in terms of financial gains and brand equity. It would also be helpful to compare various CSR models.

In summary, the research provides preliminary recommendations to Saudi hospitals on how to realign their management approaches and priorities in order to achieve a sustainable balance between social welfare and profitability. Hospitals may gain credibility, confidence, and a competitive advantage by adopting a strategic CSR approach, which will eventually promote multidimensional excellence.

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