



FACTORS AFFECTING THE PRACTICE OF CORPORATE SOCIAL RESPONSIBILITY IN THE HEALTH SECTOR: EMPIRICAL EVIDENCE FROM LOCAL HOSPITALS IN ETHIOPIA

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ABSTRACT

In this article, we demonstrate the status of Corporate Social Responsibility (CSR) in a health sector in the context of the developing country, where CSR, in general, and CSR in the health sector, in particular, is the least explored field. In view of this, the paper investigated the factors affecting the practices of CSR in three health institutions/hospitals in Ethiopia. In terms of sampling, the study used two sampling stages. The first one is to sample out the hospitals and secondly, respondents within the selected hospitals. Based on ownership type, currently there are three types of hospitals in Ethiopia: for profit/private, non-profit/charitable, and government owned. From the existing hospitals, one hospital from each category was randomly selected (of course, later on this also depended on their willingness to participate in the study); namely, St Paul's Millennium Medical College (government owned), Myungsung Christian Medical Center/MCM/Korean (privately owned), and Hamlin Fistula (charitable Hospital). Inferential

statistics (regression analysis) was employed to test hypothesis and correlation analysis was done to establish the nature and degree of relationships between dependent variable (the level of CSR adoption) and independent variables (government, organization culture, competition, customers demand, employees' demand, and pressure group). The results show that organization culture, government policy, and pressure group positively and significantly influence the level of CSR adoption. Employees demand, competition, and customers demand have positive relationship but not significant in explaining the level of CSR adoption. The study recommends that hospitals should see social performance as an enlightened self-interest and should therefore handle it with a great concern.

Key Words: hospitals, CSR adoption/level, organization culture, government policy, employees demand, pressure group, customers demand, competition

1. INTRODUCTION

Nowadays, Corporate Social Responsibility (CSR) is known as a rising business imperative that organizations are integrating into their core activities and the field is further improving in strength and significance (Bichta, 2003; Oger, 2010). CSR is defined as corporate social or environmental behavior that goes beyond the legal or regulatory requirements that a company faces (Kitzmueller and Shimshack, 2012) and it has become a common business practice around the world, particularly in the industrialized world. Consequently, CSR literature is dominated by CSR studies from the developed part of the world, which led to a regional gap in CSR literature that leaves the global/international understanding of CSR incomplete (Dobers and Halme, 2009; Jamali and Karam, 2018).

In other words, in the developing world such as in Sub-Saharan Africa, little evidence is available on CSR practices and reforms that focus on redefining CSR practices (Idemudia, 2011). Meanwhile, a consistent economic growth (GDP) rate, celebrated since 2001, Sub-Saharan Africa has seen increasing environmental risks and a depletion of natural capital assets from unsustainable economic activities (Oginni and Omojowo, 2016). Thus, the contributions of industries to sustainable development agendas via CSR still needs to be assessed on a broader scope. But the central question is how do industries including hospitals in Sub-Saharan Africa promote

sustainable development via CSR practices? Previous studies have extensively focused only on CSR practices in the mining, oil, and gas industries in Zambia, South Africa, and Nigeria (Oginni and Omojowo, 2016).

That is, there is a dearth of studies on the social and environmental responsibilities of hospitals at national and institutional level in the study's setting and even at regional level (Robertson, 2009), despite the fact that CSR is increasingly relevant in the health sector (Macuda, 2016). Besides, although, it is not much written on in CSR literature how hospitals can adopt and use CSR, hospitals are still contributing for environmental pollution and natural resources depletion (SIEMENS, 2012); which warrants the importance of investigating CSR practices in hospitals. Further, CSR in Ethiopia, in general, and its health sector, in particular, is in an infant stage as is in most of the developing countries. Unlike the developed world in which corporate governance system plays vital role in ensuring the ethical business practice, countries like Ethiopia and their respective sectors such as the health sector are faced with lack of well-established ethical business practice. Therefore, in order to shed light on the issue of CSR in a hospital setting (especially in the context of the developing world), this study provides an empirical evidence that examines the factors affecting the practices of CSR in the health sector of Ethiopia by focusing on three local hospitals that have shown interest to participate in the study; namely, St Paul's Millennium Medical College (Government owned hospital), Myungsung Christian Medical Center (MCM/Korean) (privately owned hospital), and Hamlin Fistula (charitable Hospital).

2. Theoretical Framework

This section presents the theoretical framework that the study draws on. It will focus on two aspects: level of CSR adoption and factors affecting CSR adoption in line with the objective of the study that seeks to examine factors affecting the practices of CSR.

Adoption/level of CSR

Stakeholders influence the adoption of CSR practices. Most researchers of the adoption of CSR practices take an explicit stakeholder approach. The type of stakeholder groups that are usually considered include communities, customers, employees, shareholders/investors, suppliers, governments, and NGOs (Ervin et al., 2013; Frank et al., 2007; Massoud et al., 2010; Russo and

Tencati, 2009). All these authors consider environmental issues; some (Clarkson, 1995; Campbell, 2007; Foerstl et al., 2010) consider social issues.

Factors Affecting CSR Adoption/level of CSR

CSR scholars (e.g. Osemene, 2012; Polonsky and Jevons, 2009; Sprinkle and Maines, 2010; Weber, 2008) assert that demand for CSR comes from Government Policy (GP), Organizational Culture (OC), Competition (CP), Customer Demands (CD), Employee's Demand (ED), & Pressure Groups(PG). The following section presents brief review on this.

CSR and Government Policy

CSR is not a new and isolated topic among the new challenges facing governments in a globalized context (Albareda et al., 2007; Crane and Matten, 2004; Moon, 2002). As a result, in the last few decades, governments (through public policy) have joined other relevant stakeholders as drivers of CSR (Moon, 2004). The most common public policy options in CSR development, according to Fox (2002), are mandating, facilitating, partnering and endorsing. In fact, CSR scholars and institutions advocate softer forms of government CSR intervention (e.g. Joseph, 2003; European Commission, 2002).

CSR and Organizational Culture

Although one of the most important tasks for a corporate executive is managing for all stakeholders, including corporate shareholders (Donaldson and Preston, 1995), among others, the implementation of CSR depends on organizational culture. Organizational culture reflects the personality or the feel of the company through entrenched values, beliefs and assumptions (Galbreath, 2010). Several CSR scholars indicated that there is a congruence between organizational culture and CSR (Hillman and Keim, 2001; Rooney, 2007; Thornton and Jaeger, 2008; Wieland, 2005) arguing that CSR should be seen as an embodiment of an organization's culture and values.

CSR and Competition

The development of CSR practices has a positive influence on competitive performance as CSR engagement serves as a rational way for firms to maximum profits (Becchetti et al., 2014). In other words, CSR contributes to achieve competitive advantages due to the fact that CSR investments enhance a firm's reputation (Lepoutre and Heene, 2006; Moneva et al., 2007; Porter and Kramer, 2006; Zhao et al., 2010).

CSR and Customers Demand

Luo and Bhattacharya (2006) indicated that customer satisfaction can also be increased through CSR. CSR activities such as caring for the environment, employees, and any kind of help toward the community are becoming important criteria for customers' decision making (Marin et al., 2009). In general, it is noted that customers who perceive a company as more socially responsible are more likely to trust the company's products (Pivato et al., 2007; Russell and Russell, 2009).

CSR and Employees Demand

Employees are becoming increasingly important to businesses as internal stakeholders and are increasingly considered as driver of CSR (Corley et al., 2001; Moon, 2007); as a result, some of the CSR demands come from internal stakeholders, such as moral and relational needs of employees (Aguilera et al., 2006). Frolova and Lapina (2014) also explain that integrating CSR in organizational policy and activities allows increasing well-being of the employees, improving the quality of the processes, which they perform and enhancing loyalty. Further, it is noted that CSR activities can directly or indirectly affect the attractiveness of a company for potential employees (Weber, 2008).

CSR and Pressure Groups

In addition to a business's capacity for understanding and undertaking CSR, there are various CSR enabling environments that influence a business's engagement in CSR. Some of these include pressures from NGOs (civic society campaigners), trade unions, media, and CSR may also be performed in response to CSR tools such as CSR guidelines/initiatives and award schemes (Gjølberg, 2011; Ward, 2004). Similarly, Ribstein (2005) put forth that public pressures and expectations influence corporations to consider socially responsible behavior, and the author indicated that such pressures as actions by NGOs, which may include demands for more CSR upon

businesses could be taken as an alternative to market and government regulation. So, scholars have asserted that there are increasing internal and external pressures exerted on organizations to engage in CSR to fulfill societal expectations (Logsdon and Wood, 2002; Matten and Crane, 2005; Meyer and Rowan, 1977; Wood, 1991).

3. Research Questions and Hypotheses

This study attempts answer the following research questions.

- What are the common CSR practices that the selected Ethiopian hospitals undertake?
- Why do they engage in CSR?

In line with the above research questions the following six hypotheses are proposed:

Hypothesis 1: The level of CSR practices that the selected Ethiopian hospitals carry out is directly influenced by government policy.

Hypothesis 2: The level of CSR practices that the selected Ethiopian hospitals carry out is directly influenced by an organization's culture.

Hypothesis 3: The level of CSR practices that the selected Ethiopian hospitals carry out is directly influenced by competition.

Hypothesis 4: The level of CSR practices that the selected Ethiopian hospitals carry out is directly influenced by customer demand.

Hypothesis 5: The level of CSR practices that the selected Ethiopian hospitals carry out is directly influenced by employees' demand.

Hypothesis 6: The level of CSR practices that the selected Ethiopian hospitals carry out is directly influenced by pressure groups.

Model Specification

The relationship connecting the independent and dependent variables is given below. That is, mathematically, the model is expressed as:

$$CSR = \alpha + f(GOV, OC, COM, CD, ED, PG) + U1$$

Where

CSR= Adoption/Level of Corporate Social Responsibility

GOV = Government policy

OC = Organizational Culture

COM= Competition

CD = Customer’s demand

ED = Employees’ demand

PG = Pressure groups

U1 = Stochastic error term

The level of CSR (dependent variable) is regressed against the listed factors (independent variables) in order to determine the degree of influence of these factors and their impact on CSR activities level.

Operationalization of Variables

Variable	Dimensions	Definition
Government Policy (GP)	Policy, regulation, guidelines	Decision-making criteria that the hospital is forced to implement
Organizational Culture (OC)	The hospital purpose , mission , vision , values, procedures, habits and management style	Personality or the feel of the hospitals through entrenched values, beliefs and assumptions
Competition (CP)	Win customers choice, image building, attractive value	Company commitment to maintaining a relationship of respect and community support
Customer Demands (CD)	Consideration of Customers’ opinions, Improving quality of service delivery	Responsibility of the hospital with its customers to meet their needs without risk to them, providing accurate information on the services offered
Employee’s Demand (ED)	Safe working conditions, Quality in the work environment	It includes the policies and practices related to work carried out by an employee in the hospital

Pressure Groups(PG)	Environmental, Social, NGO and media pressure	The pressure exerted from environmental, social, NGOs and any media to promote ethical conduct that applies to a hospital
Level of Corporate Social Responsibility (CSR)	Performance of the hospital in relation to its social responsibility	Degree to which the company implements a socially responsible activities with the various factors in the economic, social , legal and environmental philosophy

(Source: Helmig et al., 2016; Jaakson et al., 2009, and Haleem et al., 2014)

4. Research Methodology

A quantitative research approach is employed. Quantitative method is a means for testing objective theories by examining the relationship among variables (Creswell, 2003).

Sample Design

In terms of sampling, this study used two sampling stages. The first one is to sample out the hospitals and secondly respondents within the selected hospitals. Currently there are three type of hospitals in Ethiopia, based on their ownership type: for profit/private, non- profit/charitable, and government owned. From the existing hospitals randomly one hospital from each category was selected (later on it depended on their willingness to participate in the study), namely St Paul's Millennium Medical College (government owned), Myungsung Christian Medical Center/MCM/Korean (privately owned), and Hamlin Fistula (charitable Hospital). The target populations selected were all the management team, namely medical directors/provosts, managers/administrators, department/unit heads, officers, coordinators and case team leaders in each selected hospital. Based on the information taken from Human Resource Department of each hospital, in St. Paul there are 60, in MCM 34 and in Hamelin fistula 25 management team members and a total of 119 questionnaire were distributed for all management team members; from which a total of 89 responses were obtained (i.e. 48 from St. Paul, 27 from MCM and 14 from Hamline fistula hospital).

Instrument

The study used self-administered standard survey questionnaire that was previously used by different authors such as Helmig et al., 2016; Jaakson et al., 2009 ; and Haleem et al., 2014 to collect the primary data. The survey instrument contains closed ended questions with each of the questions on a five-point Likert response scale that ranged from 5 “strongly agree to 1 “strongly disagree”.

Data Analysis and Presentation Method

Using SPSS version 20, descriptive analysis was carried out, and inferential statistics (regression analysis) was also employed to test the hypothesis and correlation analysis was done to establish the nature and degree of relationships between dependent variable (the level of CSR) and independent variables (government, organization culture, competition, customers demand, employees demand and pressure group). Before this, the model was tested for classical linear regression model assumptions such as heteroscedasticity, autocorrelations, multicollinearity, normality and linearity assumptions and the model satisfy the classical linear regression model assumptions. Besides, reliability test was performed; i.e, Cronbach alpha coefficients were computed for each of the variables being assessed by the instrument. Cronbach Alpha Coefficients for each of the CSR adoption variables of this study were 0.89 for CSR adoption/level, 0.847 for government policy, 0.821 for organization culture, 0.881 for competition, 0.621 for customer demand, 0.729 for employees demand and 0.822 for pressure group. Each coefficient was statistically significant and very satisfactory compared to normal standards of reliability (i.e. 0.7).

5. Result

Descriptive and inferential statistics including correlation and multiple regression were provided to have clear perception to gauge the degree of differences in the relationship between the independent variables (organization culture, government policy, pressure group, competition, employees demand and customer demand) and the dependent variable (CSR adoption/level).

Descriptive Results and interpretation

This section discusses the results of the survey in respect of CSR adoption/level and government policy, organization culture, pressure group, competition, customer demand and employee demand

CSR adoption/level

CSR adoption/level	N	Mean	SD
Philanthropic	89	3.32	.90365
Ethical	89	3.364	.71323
Legal	89	3.2397	.91424
Economic	89	3.3596	.7575

Source: Survey Results and Own Computation

The above table signposted all CSR dimension overall score, the respondents asked to rate the CSR adoption/level of their hospital based on CSR dimensions, the highest response rate regards to ethical responsibility indicated by the mean of 3.364 (SD 0.7132), followed by economic responsibility with mean value of 3.3596(SD 0.7575), and the respondent rated philanthropic responsibility third with mean value of 3.32 (SD 0.903) then legal responsibilities with mean value of 3.2397 (SD 0.9142) fourth. This implies that the hospitals CSR practice is mainly characterized by ethical responsibilities followed by economic responsibilities.

Government Policy

Government Policy	N	Mean	SD
Government force initiatives to increase transparency in our business.	89	3.26	1.103
Government passes laws to increase transparency in our sector.	89	3.25	1.026
Government tries to initiate CSR activities of the organization.	89	3.03	1.102

Source: Survey Results and Own Computation

The above table depicts almost similar response rate with respect to government force initiatives to increase transparency in their business and government passes laws to increase transparency in the sector, this indicated by the mean of 3.26(SD 0.103), followed by government tries to initiate CSR activities of the organization with mean value of 3.25(SD 1.026). This implies that the hospitals' CSR adoption/level is mainly influenced by government policy, directives and regulation specific to the sector.

Organization Culture

Organization Culture	N	Mean	SD
Strategic and decision making process	89	3.4382	.76712
Management	89	3.5674	.81251

Source: Survey Results and Own Computation

The above table illustrates two categories of questions, 4 questions regards to strategic and decision making process and 2 questions for management. Management related organizations cultures are more influential (Mean of 3.5674, SD 0.8125) than strategic and decision making process (mean of 3.4382, SD 0.76712). This concludes that the hospitals CSR adoption/level is more influenced by management issues like: working conditions and market stakeholders followed by strategic and decision making issues: presence of social responsibility issues in the mission/vision statement, principles for responsible entrepreneurship, participation of stakeholders in hospitals decisions, considering the effect on different stakeholders and natural environment before making certain decisions.

Competition

Competition	N	Mean	SD
Our strongest competitors take a leading role in Corporate Social Responsibility.	89	3.39	1.029
Our strongest competitors are known for their transparent communication policies.	89	3.16	.976
Our strongest competitors communicate openly about their CSR activities.	89	3.04	.940
Our strongest competitors invest regularly in social funds and projects.	89	3.24	.905

Source: Survey Results and Own Computation

The above table displays the influence of competition on CSR adoption/level. The table shows competitors take a leading role in CSR with the highest mean score of 3.39 (SD 1.029). The respondents rated competitors invest regularly in social funds and projects and competitors are known for their transparent communication policies second and third with mean value of 3.24(SD 0.905) and 3.16(SD 0.976) respectively. The last rated question is competitor communicate openly about their CSR activities with mean score of 3.04 (SD 0.94). This result implies that in the

hospital, having the leading role and investing on CSR are important influencer to adopt CSR practice.

Customer Demand

Customer Demand	N	Mean	SD
Our customers purchasing habit are changing to support responsible corporations.	89	3.19	.752
Our customers are ready to boycott products and services which do not comply with social standards.	89	3.12	.975

Source: Survey Results and Own Computation

As illustrated in the above table, respondent were asked whether customers demand is an influencer to adoption CSR practices on their respected hospitals. Accordingly, customers purchasing habits are changing in favor of responsible corporations and customers are ready to boycott products and services which do not comply with social standards rated first and second with slight difference on mean value of 3.19 (SD 0.752) and 3.12(SD 0.975) respectively. This result entails customer has less influencing power to adopt CSR practice in their hospital.

Employee's Demand

Employees Demand	N	Mean	SD
Our employees voluntarily engage in CSR activities of the organization.	89	3.19	1.127
Our employees expect the firm to implement CSR activities.	89	3.35	0.906
Our employee monitor whether the promise concerning CSR are fulfilled.	89	3.10	1.001

Source: Survey Results and Own Computation

The above table depicted questions related to employee demand as influencer to CSR adoption/level. The highest response rate is employees expect the firm to implement CSR activities with mean value of 3.35(SD 0.906) followed by employees voluntarily engage in CSR activities

of the hospital with mean value 3.19(SD 1.127). Least rated question is employee monitor whether the promises concerning CSR are fulfilled with mean score of 3.1(SD 1.001). This means employees expectation and engagement are important factors that influence CSR adoption/level.

Pressure Group

PressureGroup	N	Mean	SD
Media Pressure	89	3.1742	.82262
NGO Pressure	89	3.3202	.84021

Source: Survey Results and Own Computation

As specified in the table above, the survey questions that inquired respondents about the pressure group that influence to adopt CSR practices. The respondents rated NGO pressure the highest mean score of 3.3202 (SD 0.84021). Media pressure is the second dominant with mean score of 3.1742 (SD 0.82262). This implies that CSR adoption level of the hospitals more influenced by NGOs which are more willing to negotiate and want to foster partnership with the hospitals.

Correlations Matrix

Variables	CSR	GOV	OC	COM	CD	ED	PG
CSR Adoption/level	1						
Government Policy (GOV)	.740**	1					
Organization Culture(OC)	.774**	.696**	1				
Competition (COM)	.647**	.600**	.592**	1			
Customer Demand(CD)	.621**	.518**	.620**	.572**	1		
Employees Demand(ED)	.552**	.585**	.487**	.550**	.603**	1	
Pressure Group (PG)	.752**	.567**	.682**	.537**	.595**	.480**	1

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

Source: Survey Results and Own Computation

The correlations matrix above illustrates the correlation between CSR adoption/level and government policy, organization culture, pressure group, competition, employees demand and customer demand. The strongest relationship is with organizational culture($r=0.774$), government

policy ($r=0.740$), and pressure group ($r=0.752$). The weakest correlation is with employees demand ($r=0.552$) compared to others. Altogether, the relationship between all independent variables and CSR adoption/level was positive and significant at 1% significance level.

Regression Analysis

Regression analysis is concerned with measuring and explaining the relationship between a given variable (usually called the dependent variable) and one or more other variables (usually known as the independent variable(s)). It is used to understand the relationship between variables and predict the value of one variable based on another variable. This is also indicated in the model summary below where the statistical relationship of the dependent and independent variables is shown, that is between the independent variables: government policy, organization culture, pressure group, competition, employees demand and customer demand on the one hand and dependent variable CSR adoption/level on the other.

Variables Analysis

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.871 ^a	.759	.741	.36236
a. Predictors: (Constant), PG, ED, COM, CD, GOV, OC				
b. Dependent Variable: CSR				

Source: Survey Results and Own Computation

The model summary indicates, the independent variables statistically predicted the overall CSR adoption/level of St. Paul's, MCM and Hamelin fistula hospital. From the table the R value 0.759 indicates the presence of strong correlation between the independent variables and dependent variable. The value of R Square = 0.759 entails the independent variables explain 75.9% of the variations on the dependent variable - CSR adoption/level.

ANOVA of the Variables

	Model	Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	33.830	6	5.638	42.941	.000 b
	Residual	10.767	82	.131		

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	Total	44.596	88			
a. Dependent Variable: CSR						
b. Predictors: (Constant), Pressure Group, Employees Demand, Competition, Customers Demand, Government Policy, Organizations Culture						

Source: Survey Results and Own Computation

Analysis of variance indicated that the variance of the variables that the researchers established, i.e, the F ratio, $F(6, 82) = 42.941, P < 0.000$) was statistically significant at 1% level of significance. This shows that government policy, organization culture, pressure group, competition, employees demand and customer demand have statistically significantly influence CSR adoption/level of St. Paul's, MCM and Hamelin fistula hospital.

Regression Coefficients of the Variables

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.276	.209		1.320	.191
	Government Policy	.201	.063	.271	3.210	.002
	Organization Culture	.249	.089	.254	2.790	.007
	Competition	.103	.064	.123	1.615	.110
	Customer Demand	.049	.075	.053	.655	.514
	Employees Demand	.015	.062	.018	.238	.812
	Pressure Group	.305	.076	.319	4.030	.000

Source: Survey Results and Own Computation

The table above shows that the influence of government policy, organization culture, pressure group, competition, employees demand and customer demand on CSR adoption/level of CSR adoption/level of St. Paul's, MCM and Hamelin fistula hospital. Pressure group ($t = 4.030, P < 0.01$), government policy ($t = 3.210, P < 0.01$) and organization culture ($t = 2.790, P < 0.01$) found to be the strongest and statistically significant influencers. Although, the coefficient of competition

($t=1.615$), customer demand ($t=0.655$) and employee's demand ($t=0.238$) is positive but statistically insignificant even at 10% level of significance. This implies that they have least influence on CSR adoption/level of St. Paul's, MCM and Hamelin fistula hospital. Moreover, the t-coefficient of constant is positive that is 1.320 indicating that there is a positive relationship with CSR adoption/level.

6. Discussions and Conclusion

This chapter presents the discussions and conclusions of the research. The result of the study exhibit that, organization culture, government policy and pressure group significantly influence CSR adoption.

First, with respect to hypothesis 1 (H1), which states that the level of CSR practices that the selected Ethiopian hospitals carry out is directly influenced by government policy, is statistically supported, that means. We don't reject H1 because it is significant with t value of 3.21 at 1% level of significance. Thus, the study concludes that pressure from government encourages companies to implement CSR activities. Second, with regard to H2, which states that the level of CSR practices that the selected Ethiopian hospitals carry out is directly influenced by pressure groups; we don't reject H2 because it is significant at 1% significance level with t value of 4.030. This implies that NGO and media pressure influence CSR adoption/level. Third, with respect to H3 which holds that the level of CSR practices that the selected Ethiopian hospitals carry out is directly influenced by customer demand ($t=0.655$) is found to be very weak and insignificant. This indicated that customer has no bargaining power over the hospitals. Fourth, regarding H4, it was hypostasized that the level of CSR practices is directly influenced by employees demand (t value of 0.238); however, the direct relationship between employees demand and CSR adoption is not significant. This indicated that in the selected hospitals the employee have no influence on CSR adoption/level. Fifth, in contrast, the influence of organizational culture on CSR adoption/level is statistically supported ($t=2.790$) at 1% level, hence, we don't reject H5. Six, the direct relationship between competition and CSR adoption/level ($t = 1.615$) is not significant, which contradicts H6. Finally, study results also show that CSR adoption/level relates positively to organization culture, government policy, customer demand, employee demand, pressure group and competition.

Therefore, the above findings provide answers to the question why do the hospitals engage in CSR. As stated already, mostly it is because of organization culture, government policy and pressure group influence. This study revealed that, the variable with the strongest influence on CSR adoption is pressure group asserting that pressure from NGOs and media could be the source. The second factor that influence CSR adoption/level is government policy (government regulation, directives and guidelines) this may be the case because hospitals in Ethiopia are highly governed by basic rules and guidelines. The assumption of the strong influence of government (Campbell, 2007) holds true in our study; government has strong pressure. As per this study, the third factor that influences CSR adoption in hospitals is organizations culture. The assumption that CSR adoption/level directly influenced by organizations culture: hospital's purpose, mission, vision, values, procedures, habits and management style holds true. Although this study assumed that employees demand, competition and customer demand directly influence CSR adoption, the study result confirm that employees demand, competition and customer demand has the weakest weight and has no influence on the CSR efforts of the selected hospitals.

In a nutshell, the study result showed that organizational culture, government policy, pressure group, employees demand, competition and customer demand are significant joint predictors of CSR adoption/level with $R^2 = 0.759$; $F(6, 82) = 42.941$, $P < 0.01$). The variability of the dependent variable jointly 75.9% explained by predictor variables, while the remaining 24.1% could be due to the effect of extraneous variables.

Pressure group ($\beta = 0.319$) followed by government policy ($\beta = 0.271$) and organization culture ($\beta = 0.254$) has the highest beta and are statistically significant predictors. This implies that hospitals adopt CSR practice mostly because of pressure group, government policy and organization culture. This result agree with Helmig et al. (2016) assumption, they found that in SME government's role on CSR adoption were insignificant but they put in their recommendation that this indicator might be of greater importance in another environment. Hence, the second predictor, government role is higher in Ethiopia especially in a hospitals set up. This result also conforms Osemene (2012) who found that demands for corporate social responsibility come mostly from legal requirements, competitors, customers, pressure group and service quality.

Employees demand ($\beta = 0.018$), competition ($\beta = 0.123$) and customer demand ($\beta = 0.053$) has the smallest beta and statistically not significant even at 10% level of significance but has an influence on CSR adoption/level. Regarding the level of CSR, mean value of 3.31 was obtained within a range of 1 to 5, the same average obtained by Keyvanara and Saddat (2015) in their study of 946 hospital staff. This implies that our finding is reliable. Our finding indicated that, there are CSR practices which are attached to organization culture, government policy and pressure group influence. These findings have several implications. Apparently, the treatment received by the client is of great importance for assessing responsible behavior, especially because it is a service hospital that involves people's health, and therefore the quality of service is of great importance. This means that organizations must ensure the needs of customers without exposing them to risk, which will be difficult to achieve if not ensured by a code of ethical practice. While the results have shown the importance of the participation of the hospitals in the development of the community, for the employees surveyed, being a public institution automatically grants the distinction of being a hospital that deals with society, but this does not mean that it is involved in educational, cultural and sports activities.

Furthermore this study answered the research question "What are the common CSR practices that selected Ethiopian hospitals undertake?" According to St. Paul's, MCM and Hamelin fistula hospitals' management team members response, ethical responsibilities (mean=3.364) are the most performed CSR activities such as fostering industry collaboration to meet social concerns and stakeholder dialogues on CSR; having a comprehensive code of conduct; having a confidential procedure in place for employees to report any misconduct at work; emphasizing fairness towards coworkers and business. The second most performed activity is economic responsibilities (mean=3.3596) such as strive to lower their operating costs and closely monitor employee productivity. Furthermore, philanthropic responsibilities (mean= 3.32) ranked third having a program in place to reduce the amount of energy and materials waste and supporting employees who acquire additional education. The respondents rated legal responsibility (mean=3.2397) the least common activities performed such as having programs that encourage diversity in their workforce; internal policies prevent discrimination in their employees' compensation and promotion; defining internal standards/policies for situations and contexts not regulated explicitly by current law (e.g., bribery).

So, the findings above shed light that of course hospitals from this part of the developing world are engaged in CSR practices in line with discharging ethical responsibilities, economic responsibilities, philanthropic responsibilities, and legal responsibilities. Of these four dimensions of CSR, ethical dimension is the leading CSR aspect that the studied health institutions are engaged in. Besides, the leading CSR driver for the studied institutions is found to be pressure groups (the pressure exerted from NGOs and media to promote ethical conduct that applies to a hospital). Further, while this study sheds light regarding the types of CSR practices that are undertaken and the motivation for CSR that the studied hospitals rely on based on an empirical study of a single sector, i.e. the health sector in Ethiopia, future studies could take this pioneer study as an opportunity to extend and enlarge the scope by examining the CSR practices of health sectors in other developing countries so that this would provide a wide CSR outlook of CSR in the health sector of the developing world.

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