

# **CORPORATE SOCIAL RESPONSIBILITY PRACTICES OF SELECTED PRIVATE HOSPITALS IN KERALA**

**Thesis**

Submitted to the  
University of Calicut  
for the award of the Degree of  
**DOCTOR OF PHILOSOPHY IN COMMERCE**  
under the Faculty of Commerce and Management Studies

**By**

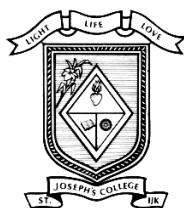
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## *Declaration*

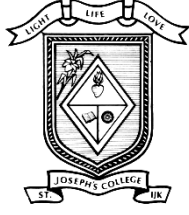
I hereby declare that this thesis entitled “**Corporate Social Responsibility Practices of Selected Private Hospitals in Kerala**”, submitted to University of Calicut, for the award of Degree of Doctor of Philosophy in Commerce, is a record of the bonafide research work done by me under the supervision and guidance of **Dr. Sr. Rosa K.D.**, Associate Professor (Retd.), Research & PG Department of Commerce, St. Joseph’s College, Irinjalakuda, Thrissur.

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## CERTIFICATE

This is to certify that, the thesis titled “**Corporate Social Responsibility Practices of Selected Private Hospitals in Kerala**”, is a record of the bonafide research work done by Ms. Dhanya K M., Full Time Research Scholar, under my supervision and guidance.

The thesis is the outcome of her original work and has not formed the basis for the award of any Degree, Diploma, Associateship, Fellowship or any other similar title and is worth submitting for the award of the Degree of Doctor of Philosophy in Commerce under the Faculty of Commerce and Management Studies, University of Calicut. All the relevant corrections and modifications recommended by the Doctoral Committee during the Pre-Submission Seminar has been incorporated in the thesis.

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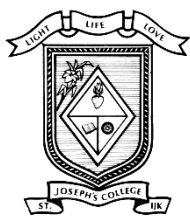
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DHANYA K M

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## **Abbreviations**

- CSR-Corporate Social Responsibility
- GFI-Goodness of Fit Index
- AGFI -Adjusted Goodness of Fit
- ANOVA-Analysis of Variance
- ARB-Research Bureau
- ART-Amul Relief Trust
- BSE-Bombay Stock Exchange
- CFA-Confirmatory Factor Analysis
- CFI-Comparative Fit Index
- CG-Corporate Governance
- CPCB-Central Pollution Control Board
- CV- Coefficient of Variance
- CII-Confederation of Indian Industries
- EU-European Union
- GRI-Global Reporting Initiatives
- ISO-International Organization for Standardization
- IICA-Indian Institute of Corporate Affairs
- NABH-National Accreditation Board for Hospitals and Healthcare Providers
- NFI-Normed Fit Index
- NGO-Non-Government Organization
- RMSEA-Root Mean Squared Error of Approximation
- SRMR-Standardized Root Mean Residual
- SEM-Structured Equation Model
- SA-Social Accountability
- SR-Social Responsibility
- SPSS-Statistical Package for the Social Science
- TBL-Triple Bottom Line

# **Chapter 1**

## **Introduction**

### **Contents**

- 1.1 Introduction
- 1.2 Background of the Study
- 1.3 Corporate Social Responsibility
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## **1.1 Introduction**

Business obligations have changed to serve the greater community as well as the direct beneficiaries of the company's operations. Consequently socially and morally responsible business practices have gained prominence at practitioner and academic levels.(Smith 2003). The notion of firms looking beyond profits and their role in society is generally termed as Corporate Social Responsibility (CSR). It resolves the interdependent relationships that prevail among business and economic systems and the communities in which they are positioned. Accordingly, CSR may be defined in general terms, as “the obligation of the firm to use its resources in ways to benefit the society, through committed participation as a member of the society, taking into account the society at large and improving the welfare of the society at large, independent of direct gains of the company” (Kok et al., 2001, p.288). Besides, it is an umbrella term which describes a company's efforts to improve the society in a certain course.

CSR concerns a firm's activities and status associated with its requirements against its stakeholders and the society in populous and oversees the relationships shared between a company and the wider community (Brown and Davin, 1997; Sen and Bhattacharya, 2011). Today, those businesses that have CSR engagements are committed to serving the society and environment alike. Thus the objective of every responsible company is to fulfill the undertakings of the community in which it operates. The main motive behind CSR is the enormous potential benefits that the firms can derive, when they are perceived as being socially responsible by their stakeholders (Tian, Wang and Yang, 2011). Since the CSR programs have got significance on customer-related outcomes, consumers deserve special attention among the stakeholder groups. Contemporary business considers consumers as

tycoons. For example, Sen and Bhattacharya (2001) found that in the consumer realm, the CSR record of a company has a positive effect on a consumer's evaluation of the company and their intent to purchase the company's products or service. The organizational marketing strategy employs CSR as a tool to foster customer loyalty. Loyal customers are the lifeblood of a business regardless its profit concerns. Now, customer loyalty programs have become a norm even in non-consumer based industries like manufacturing and non-profit organizations. Customer retention is often regarded as the ultimate aim of an organization. Thus, CSR and customer loyalty can be said to be mutually contributing, in the sense that, an increase in CSR and customer retention go hand in hand. So, it is relevant to communicate the CSR activities by a particular organization to derive a long-term beneficial relationship.

The company and the consumers have generated a remarkable explanatory relationship on the basis of social norms of reciprocating benefits, received as part of CSR practices of a company. The organizational marketing strategy employs CSR as a tool to foster customer loyalty because today's business activities place paramount importance on "customer value", seeking to maximize their satisfaction by continuously looking at things from the customers' perspectives and anticipating the needs of the customers. According to Vijayalakshmi (2017), consumers today are not only worried about the money and quality of the product and services, but they are more conscious about the surroundings and the society in which they live, and want to be a part of a scheme, that makes a positive difference to the universe. In strategic marketing, the study about customer loyalty has been considered as one of the most important areas. It is the responsibility of an organization, to hold on to the loyal customers, who are crucial for the business and for maximizing profit. Now, corporates in each industry are seriously considering CSR as a significant part of their

business. Some of them undertake it as a strategy to increase the image of their business. For some others, it is pure philanthropy. The Indian companies Act 2013 has made CSR mandatory for prescribed classes of companies, making it a mandatory strategy inclusion rather than optional. The proper implementation of CSR would benefit both the corporation and its environment alike, if carried out effectively.

## **1.2 Background of the Study**

Companies that are able to innovate new solutions and values in a socially responsible way are the most likely to succeed. Recently, firms are blending their CSR initiatives with their marketing activities. Good CSR programmes can produce a number of benefits: especially, framing strong customer loyalty while enhancing the company's public image with govt. officials and other decision makers, creating a pool of goodwill, boosting internal morale and increasing the services of an organization. Customer loyalty of a firm establishes a strong, unique bond with the firm among the other competitive firms in the marketplace. It is evident that the hospital sector also undertakes CSR activities as a tool to generate customer loyalty.

It has been widely noted that Corporate Social Responsibility (CSR) has become a conventional business activity. Many firms have assimilated CSR as part of their strategy. Most of the research that has been previously carried out has shown how CSR activities can be beneficial to an organization and has drawn a favourable response from their stakeholders (Judy Nijra, 2014). Thus it is necessary to understand the perceived benefit of the customers as an important stakeholder and how it affects the entire organization positively as in the form of customer loyalty in the service sector too. The modern business recognizes CSR that creates customer loyalty and it is important for today's marketing strategy. As per Sen and



Bhattacharya (2001), customers view an organization that carries out CSR activities positively and identify with it. These positive customer discernments may lead to Customer Loyalty and Satisfaction. The consumer assumes that, such firms are their lifelong partners, with whom they engage in value co-creation. Therefore, when they build bonds with companies, they seek value-laden traits embedded not only in their products or services but also in their actions (Lii & Lee, 2012). Consumers consider CSR activities as one of the paths through which they learn about the values of companies.

However, in the early years, healthcare professionals did not like the combination of the words 'health care' and 'marketing'. The environment changes as its focus deviate from an organization which is product based or service oriented to user-oriented. The marketer aims to care for the customers in order to improve customer relationships and indirectly increase the revenue of the organization. CSR has a number of definitions however in the context of tertiary care hospital. Kristiane and Posner define it as 'conducting business in a responsible way, that delivers value, not only to the organization but to its stakeholders and the community within which it operates'. The organization creates CSR as part of the code of conduct, where principles and obligations run right through every stream of the organization's activities and ethos. In our country, CSR has become mandatory as per Indian Companies Act, 2013 governed by clause 135 which emphasizes the relevance of CSR in the context of modern-day business and management. In 2014, India became the first country in the world, to have a mandatory CSR contribution legislation.

In the present scenario, there is evidence suggesting that, significant Corporate Social Responsibility efforts enhance corporate image leading to customer loyalty (Argenti and Druckemiller, 2004). As Donner (2012) opines, "perception is one of

the key psychological factors that influence customer behaviour. Perceived customer benefit and services, for example, have found to play a crucial role in a customer's decision to remain as a loyal customer". Thus by understanding how their services are perceived by their customers, hospitals can devise strategies to meet the expectations of their cherished customers better and to secure their loyalty. It is important to understand how Corporate Social Responsibility is socially constructed in a specific context in which the development of business strategies can be based (Chang and Yeh, 2016; Dahlsrud, 2018). Now the Corporates view that undertaking CSR practices is a responsibility rather than as an optional activity. They have realized that, the success of the company depends upon the Customer's Perceived Benefit, Customer-Company Identification, Gratitude, Customer Engagement, and Customer Loyalty.

### **1.3 Corporate Social Responsibility**

The term Corporate Social Responsibility (CSR) is used continually, many corresponding and extending concepts such as Corporate citizenship, business ethics, stakeholder management, and sustainability, by those in facilitating role such as the corporate sector, Govt. agencies, academics, and the public sector. A widely cited definition of CSR in the business and social context has been given by the European Union (EU, 2002); it describes CSR as "the concept whereby companies integrate social and environmental concerns in their business operations and interactions with stakeholders on a voluntary basis. Corporate Social Responsibility is defined as "the responsibility of enterprises for their impacts on society" (European Commission, 2011). Today the organizations are realizing the importance and the long term benefit of being socially responsible in the society. This definition is concise and encompasses all aspects of corporate social responsibility including the environment,

society, and human rights amongst others in business activity. The basic objective of CSR is to maximize the company's overall impact on the society and the stakeholders, at the same time, considering the environment and sustainability.

Corporate Social Responsibility (CSR) has become prevalent in the corporate world; it is expected to go beyond just philanthropy, as a part of society by establishing a strategic relationship with govt., and the local community. It means, to “Contribute to strengthening a firm's competitive advantage by enhancing its relationship with its customer” (Carroll & Shebana, 2010, p.98). For the existence of an organization in a society, it has to face competition and maintain an ample relationship with the customers. Carroll (1979, p.500) presents CSR as a construct that “encompasses the economic, legal, ethical and discretionary expectations that society has, of organizations at a given point of time”. In this definition, Carroll claims that, the responsibilities that are expected from a firm are to be performed, not only for the sake of the firm, but also for the sake of the society at large.

The most classical definition of the dimensions is the one offered by Carroll (1979) that emphasizes the four principal types of responsibilities as dimensions which are economic, legal, ethical and philanthropic. Carroll argues that, the four dimensions are intimately related and thus, the organization should strive to achieve all the four at all the times. In other words, a socially responsible firm “should strive to make a profit, obey the law, be ethical, and be a good corporate citizen”.

Milton Friedman argued against CSR in the 1960s. Friedman believed that, ‘the responsibility of a commercial enterprise is to make profit. Some of the people followed this, but others felt that corporate social responsibility is essential for the survival of the society. The government also undertakes steps to motivate

organizations to promote CSR activities, giving awards to the entrepreneurs for the contribution made through CSR activities. Another initiative taken by the Government for CSR was enacting the Companies Act 2013, which made CSR mandatory.

A joint study conducted by Majmudar, Rana, and Sanan, (2015) identified that only 18% of all companies surveyed, have fulfilled the mandatory 2% spending norm. Education, health and the environment are prominent areas of CSR conducted by the companies. Projects like women empowerment, supporting artisans and sports persons have come up. By linking opportunity with responsibility, companies can identify new ways to bring their products to consumers. The difference made by such initiatives is huge and there is always a challenge for corporates to identify CSR activities according to the needs of the society.

#### **1.4 CSR in Hospitals**

Health has become one of India's largest sectors both in terms of revenue and employment. Health care sector is vital, because it adds to the economic development of the country by making job opportunities, though the rate of creation of job opportunities is a little less compared to others like IT. This provides job seekers with a chance to enter and retain employment in a very wide range of health occupations and skill levels. Many of those jobs offer smart wages and opportunities for career advancement. Whether an Ebola virus outbreak in West Africa, a backlog of basic surgeries in India, persistently high neonatal and maternal mortality, or the worldwide surge in cancer incidence, hospital service remain central to an effective response to existing new and unexpected health care problems. Developing a competent healthcare workforce across the full spectrum of occupations is crucial for the sector

and for the economic well-being of the state. Hospitals are only marginally included in global health priorities and donors have effectively ignored them, placing continued emphasis on rural primary healthcare for basic preventive services. In India, private hospitals capture the significant segments of the upper- income market through self-pay, either via out of pocket payment or health insurance. (Preeti S. Desai, Meena R Chandawakar, 2016)

Confederation of Indian Industries [CII] had recognized health sector as an industry in the 1980s (Outlook Arena, 2002). This industry encompasses various sectors like hospitals, pharmaceuticals, insurance, manpower outsourcing, health care tourism, hospital information systems, and medical equipment and medical technology. Since the last two decades, healthcare services in India have witnessed rapid growth and development. Multi-specialty / super specialty corporate hospitals are playing key roles in Indian health care service sector. Currently, the country can boast of approximately 13,550 hospitals, 27,400 dispensaries, 7, 17860 registered medical practitioners, 4, 95,000 nurses and 2, 27000 auxiliary nurses. Indian health care business is growing at a rate of 12% p.a. The CSR is no longer optional to health care services (Dr. Arundati Ninawe, 2015). “Corporate hospitals ought to be accountable and responsible in their functioning...performance or interactions at every level of the society...social and environmental stability will follow” says Jasbir Grewal, Head, Fortis Health care.

Now, CSR mission of the health sector is to touch a billion lives. The CSR could play a vital role for the health care service sector to improve their image or goodwill and enhance the stakeholder participation. The new corporate hospitals have understood what CSR means and how to initiate CSR practices in the society. The primary responsibility of today’s hospitals is the dedication to its well-embraced CSR

policy and to follow the best business practices. Hence, being socially accountable and being committed to the present responsibility means that, “to continually try to search out the correct balance between what patients wish and what the hospital would afford, ensuring that the institution as a whole has good standards of health care services, that the staff are willing and able to provide the care needed, with the corporate affairs ministry making mandatory for companies to invest in good projects rather than make casual spending”, said Bhaskar Chatterjee, Director General and CEO of Indian Institute of Corporate Affairs (IICA).

The health sector is also talking about marketing strategies and brand building because hospitals invest huge amount. The managerial initiative and financial gain are the key motives for the adoption of CSR. Utilization of Carroll’s four-dimensional CSR model in hospitals can result in higher efficiency in operations and help to understand the positive effect of CSR in customer loyalty. “Moreover, proponents however characterize CSR as essential for successful business operations and as opportunities for business to look beyond narrow economic returns and take the wider social concern into consideration” (Jakson & Nelson, 2004).

### **1.5 The Research Problem**

Kerala is a health conscious state which has a good distribution of hospitals and health clinics. There are 527 hospitals in Kerala, spread among all the districts. Of the hospitals, 316 are registered under the Indian Companies Act. The Indian Companies Act, 2013 has made it mandatory for companies to use 2% of their profit for Corporate Social Responsibility (CSR) activities. The hospitals registered under the Companies Act are also liable to contribute towards CSR. Of the 28 private hospitals approved by the National Accreditation Board for Hospital and Healthcare Providers (NABH), only nine hospitals (32%) have registered under the Act, fulfilling CSR norm.

The creamy layer of the society mostly approach super specialty hospitals, which are making good profits. The practice of CSR will be beneficial for large number patients who are unable to make the payment for treatment in good hospitals. Hospitals also can benefit from CSR. Regular practices of CSR will attract more customers to the hospital, which will in turn, increase their income and profit. Therefore, this study investigates the level of CSR practices in the hospitals in Kerala which will be beneficial to the hospital as well as to the society at large.

Almost all the hospitals in Kerala are registered under the Registrar of Companies as per the Indian Companies Act. But very few of the hospitals have a CSR policy and still very few are undertaking the CSR activities. People are aware of the fact that some of the hospitals in Kerala have been practising CSR, since the implementation of Indian Companies Act 2013. Through such corporate social proceedings, the customer aspires not only relationship and communication with hospitals, but also proper medical assistance and ample service to common people. By this it is observed whether there is an increment in customer's 'Perceived Benefit' along with analyzing the possibility of 'Company Identification' between the customers. 'Perceived Benefit', means beliefs about the positive outcomes associated with behaviour in response to a real or perceived threat. Whereas 'Company Identification', refers to consumer's psychological attachment to a company, based on the substantial overlap between their perceptions of themselves and of the company.

Customers expect to see more CSR activities in hospitals and the officials are viewing CSR as a marketing tool. Studies have shown that CSR has been generating the so called variables such as 'Customer Gratitude', 'Customer Engagement' and 'Customer Loyalty'. Customer Gratitude refers to the emotional appreciation of benefits received, accompanied by a desire to reciprocate, which is an important

variable related to understanding the characteristics of relationship between two types, namely, “Just good business relationship” vs. “More than that relationship”. ‘Customer Engagement’ is the psychological, cognitive and emotional levels shown by customers while interacting with a certain organization. No observation has been made so far, based on the feasibility of ‘Customer Gratitude’ and ‘Customer Engagement’.

The customer loyalty includes behavioural loyalty and attitudinal loyalty. Behavioral loyalty measures, the customers’ repurchasing or revisiting intention and attitudinal loyalty measures the customers’ willingness of recommending the company to others. So the next aspect of the study is the investigation concerning the development of ‘Customer Loyalty’ in hospitals exercising CSR activities. No reflection has been made earlier, of hospitals that functioning under CSR norms as to whether they are based on ‘Loyal Customers’ and what all mechanisms could be done further to achieve this in the hospitals in Kerala. The present study aims to evaluate the effect of CSR on ‘Customer Loyalty’.

Since some hospitals have already adopted CSR, it is relevant to examine the attitude of customers towards CSR and how the CSR activities of the hospital are beneficial for creating customer loyalty to fill the gap. The present study is made, by applying Carroll’s model of CSR to the Hospital Sector in Kerala. Carroll defines, the four types of CSR as: economic, legal, ethical and philanthropic. These four parts of conceptualization of CSR includes the “idea” that the corporations have not only economic and legal obligations, but also ethical and philanthropic responsibilities.”

Therefore, this study especially tries to answer the following research questions:



1. What are the dimensions along with the healthcare customer consider or perceives of the Corporate Social Responsibility perspectives undertaken by the hospitals in Kerala?
2. Do the effects of Corporate Social Responsibility activities undertaken by the hospitals have a potential impact on the 'Customers' Perceived Benefit' and 'Company Identification'?
3. Does the effect of Corporate Social Responsibility activities undertaken by the hospitals have the potential impact on 'Customer Gratitude' and 'Customer Engagement'?
4. Do the Corporate Social Responsibility activities undertaken by hospitals have any effect in creating 'Loyal Customers'?
5. Do the Corporate Social Responsibility activities undertaken by hospitals leads to a 'Loyal Customer Base', and how it influences the loyal customer base? What is the mechanism through which it influences the customer base?
6. How seriously do private hospitals take CSR activities in their 'Reputation Building Process'?

It is hoped that the study would help the private hospitals in planning CSR activities and formulating marketing strategies. The study uses both behavioral and attitudinal loyalty.

### **1.6 Objectives of the Study**

The study focuses on the Corporate Social Responsibility practices of the selected private hospitals in Kerala. The major objectives of the study are:

1. To understand the dimensions through which the customers perceive the Corporate Social Responsibility activities undertaken by the private hospitals in Kerala.

2. To analyse customers view of CSR by demographics.
3. To examine the effect of CSR activities undertaken by private hospitals, on the 'Customers Perceived Benefits' and 'Customer Identification'.
4. To examine the effect of CSR driven gratitude and customer engagement in generate customer loyalty
5. To examine the effect of CSR driven customer loyalty
6. To examine the 'Hospital Reputation Building Process' through CSR practices

### **1.7 Scope of the Study**

The study covers the hospitals in the private allopathic health care service sector in Kerala, practising Corporate Social Responsibility. The study highlights the significance of CSR theory in hospitals and the changes it brings about in the society. It is the patients or customers who know about the implementation of CSR in health sector. Hence those 'customers' are focused in among the stakeholders' group as they deserve importance. One of the notable aspects of this study is that, it tries to show the profit driven commitment of the CSR towards the customers, unlike the Studies on healthcare tourism packages, which are expected to promote foreign customers to be a part of CSR health care service sector in Kerala.

### **1.8 Significance of the Study**

The Corporate Social Responsibility practices play a vital role in the sustainable development of health care service sector, which not only facilitate the needs and desires of their stakeholders but also consider the cost of environment and society. CSR concept has been undertaken by the business organisations to mitigate the negative impact on the organization. The implementation of CSR practices in hospitals initiated the growth of hospital industry with a compound annual growth rate

of 16-17% to reach an income of Rs. 86 billion by 2023. At present, it is Rs. 4 billion in India, as per 2017 census. The CSR in health care service sector reduces the problem of customers and communities to a large extent by providing employment opportunities to the nearby local people, educational facilities for the children of the diseased persons, facilitating environmental benefits, great material recyclability, better product durability and functionality through the massive use of renewable resources and enhancing insurance facilities.

Hospitals can be considered as a sector which can bring about more social prospects in social responsibility practices. Though only a few hospitals have managed to follow the CSR practice instructed by Indian Companies Act 2013, they propagate virtue to a certain extent. Private hospitals can play a vital role in strengthening the entire humanity through CSR activities. Actually, it is the lay customers or patients who get benefitted from such CSR practices and this would help building customer loyalty in the mind of customers and maintaining pleasant relation with the hospitals.

Through the survey the researcher analyzes the CSR activities of hospitals in Kerala and how it leads to customer loyalty. The result of the study is believed to be beneficial to all the hospitals in Kerala and other organizations engaged in CSR and also to non-CSR companies as a potential aspirant. It also holds that no such possible implication has been introduced yet, both theoretically and practically by means of marketing strategy.

## **1.9 Research Methodology**

The methodology adopted for the present study is explained below:

### **1.9.1 Method of Research**

The research work is a descriptive and analytical in nature. It is descriptive study because it is a fact finding investigation and focuses on the particular facts and dimensions of the problem. On the other hand, in analytical research, on the other hand, the researcher has to use facts or information already available and analyses these to make a critical evaluation of the material. Statistical methods are used for examining the quantitative information, and relationships between variables are established.

### **1.9.2 Source of Data**

Both primary and secondary data were used for the Study.

The secondary data was collected from the following sources:

- Annual reports
- Sustainability reports
- Research Dissertation and Theses
- Handbook of CSR
- Magazines, Journals and Books on CSR and Business Ethics
- Bibliographic Databases
- Documents from various Websites
- Online Data bases such as Emerald, Proquest, Taylor and Francis
- Willey and Springer links

The primary data were collected from the customers and officials of private hospitals in Kerala through questionnaires. Survey method was adopted for the purpose of collecting data, two sets of questionnaires were developed for the purposes; one for the officials of private hospitals and the other for the customers from the major cities of Kerala having large number of private hospitals with CSR policy, namely Thiruvananthapuram, Ernakulum and Kozhikode. The data were collected from the customers of the selected hospitals directly through an interview schedules. The list of hospitals selected for the study is given in Table 1.1

**Table 1.1: The List of Hospitals Selected for the Study**

| <b>Sl. No.</b> | <b>District</b>    | <b>Name of Hospitals</b>                              |
|----------------|--------------------|---|
| 1              | Thiruvananthapuram | KIMS, PRS   |
| 2              | Ernakulum          | VPS Lakeshore, Polakulath Narayanan Renai<br>Medicity |
| 3              | Kozhikode          | Aster MIMS, Baby Memorial Hospital                    |

Source: Registrar of Companies, Ernakulam.

The hospitals have been chosen based on the following criteria:

1. The hospitals are registered under the Registrar of Companies (RoC)
2. The hospitals are having NABH Accreditation.
3. The hospitals have CSR Policy and Committee.
4. Hospitals have more than 500-beds.

There were 9 hospitals which fulfilled the above mentioned criteria. Out of them 6 hospitals were chosen by using lottery method to study the part of customer. For selecting managers/officials 9 hospitals were selected.

### **1.9.3 Sample Design**

The sample design used for the study is explained in the following section:

The Study is conducted with the help of two sets of questionnaires. The first set was distributed to the customers and the second set, to the officials of private hospitals.

The population for the Study for the first part of analysis is the customers of all the Private Allopathic hospitals in Kerala, which are registered under the Registrar of Companies. For the second part of analysis, the population is the officials of the Private Allopathic hospitals in Kerala, registered under the Registrar of Companies. Though the total number of such private hospitals in Kerala is 316, there are a large number of officials associated with these hospitals and a still larger number of customers, from whom the sample is selected as explained below.

Thus, the population for the study consists of customers of the Private Hospitals who are aware of the CSR activities conducted by the hospitals. The sample frame of the officials consisted of the Top Level Managers and CSR Committee members in the hospitals.

### **1.9.4 Sampling Technique and Sample Determination**

#### **a) Sample Selection of Customers**

Multi-stage sampling technique is used to determine the sample size of customers of Private Allopathic Hospitals in Kerala. The population for the survey

consists of the customers of Private Hospitals, who have knowledge about CSR practices of the sector, which is reckoned to be infinite.

Considering the infinite population of customers in the present research study, the following formula mentioned in Kothari, (2012, page-178, paragraph 1) is used:

$$n = \frac{z^2 \sigma_p^2}{e^2}$$

Where n = size of the sample

e = acceptable error

$\sigma_p$  = standard deviation of the population

z = standard variate at a given confidence level

Since it is impractical to get the information regarding the huge population, i.e., the customers/patients of the hospitals, the researcher used the standard deviation obtained from the data collected from the pilot study, to calculate the sample size. Cochran's formula is used for sample size calculation.

$$\text{In this } n = \frac{z^2 \sigma_p^2}{e^2}$$

Where,

$$e = 0.12$$

$$\sigma_p = 1.1$$

$$Z^2 = 1.96$$

$$n = (1.96)^2 \times (1.1)^2 / (0.12)^2 = 322$$

Thus, the result gives a sample of 322 or more consumers as adequate for the study and hence the researcher has collected data from 390 customers, and after editing, 378 questionnaires were considered in the final analysis.

## **b) Sample Selection of Officials of Private Hospitals**

Multi-stage sampling technique was used to determine the sample size of hospital's officials. In first stage, the lists of Private Allopathic Hospitals registered under Registrar of Companies obtained which were 316 in number. In the second stage, the list of hospitals approved by National Accreditation Board for Hospital and Healthcare Providers (NABH), were collected which came to 28 hospitals. In the third stage, the 9 hospitals which fulfill the CSR norms were selected. Out of 70 officials from the Top Level Management and CSR Committee, 33 officials were selected from different hospitals. They are taken as the sample for the study among the officials of the Private Hospitals. Interview was held directly for the officials of the selected Private Hospitals in Kerala.

### **1.9.5 Questionnaire**

Two sets of structured questionnaires were used for collecting the primary data; one for the customers and the other for the officials of selected Private Allopathic Hospitals in Kerala. The items used in the questionnaire are set based on Likert's five point scale. In a newly designed questionnaire, it is very important to test the developed instrument for consistency and validity (Saane et.al, 2003). Therefore, the questionnaire was tested for scale refinement and validation.

#### **1.9.5.1 Reliability**

Reliability refers to the degree of dependability or consistency of a scale. Four high-quality methods for measuring reliability are Test-retest, Multiple forms, Interrater, and Split half reliability. Nowadays, particularly for field survey, internal consistency is estimated by using Cronbach's alpha value. While a value of 0.70 or above is considered to be a criterion for demonstrating strong internal consistency, the alpha value of 0.60 or above is considered to be significant (Cronbach and Meehl,



1955). A reliability test was run by the researcher to find out the reliability and consistency of each variable included in the questionnaire and the result is shown in Chapter Four and Five.

#### **1.9.5.2 Scale Refinement and Validation**

Validation is the most critical evaluation measure of scale and it indicates the degree to which the instrument measures, what it is believed to measure. The Content Validity and Face validity are the major types of validity checked. (Berelson, 1952)

- **Content Validity**

Content validity is a non-statistical type of validity that indicates “systematic examination of the test content to determine whether it covers a representative sample of the behaviour domain to be measured” (Shadish et. al, 2002). The researcher discussed with various experts and academic professionals in this particular area of the study for the purpose of content validity and made sure that the questionnaires prepared are having enough content validity.

- **Face Validity**

Face validity is almost similar to content validity. It depends upon a theoretical basis for assuming a criterion, meanwhile, face validity relates to whether the test appears to be a good measure (Haynes et. al., 1995). Face validity was tested with the help of experts in the field.

- **Convergent Validity**

Convergent validity is the degree to which a measure interacts with other measures that is theoretically predicted and one of the approaches to the construct validity. This involves theoretical and empirical support for the interpretation of the construct (Bogozzi et. al., 1991). By applying CFA each item in the Scale is checked with the help of the coefficient called Bentler-Bonett fit index (TLI). A scale with TLI

value of 0.9 or above is a sign of strong convergent validity. It has been observed that TLI values of each construct, as well as, overall TLI values are more than 0.90, which indicated a strong convergent validity of the instrument. This scale refinement and validation using the CFA is conducted in the study.

Thus, the questionnaire has been designed by considering the above factors and a pilot study was carried out before proceeding with the final analysis.

### **1.9.6 Survey Procedure**

For collecting the details of CSR activities of private hospitals in Kerala, the researcher used the survey technique. Interview method is used among the top officials of private hospitals in order to enquire about the CSR practices and to know about the organizational background. A pilot survey was among conducted the customers of private hospitals in order to identify the CSR practices and their relationship with Customers' Perceived Benefit, Company Identification, Customer Engagement, Customer Gratitude and ultimately with the Customer Loyalty level. After the pilot survey, modifications were done in the questionnaire, and again conduct a survey among the customers. The Pilot study helped to check the validity of the interview schedule and content validity of the questionnaire.

### **1.9.7 Pilot Study and Pre-testing**

#### **1.9.7.1 Pre- testing of Questionnaire**

The researcher prepared the questionnaires based on the literature review related to CSR policy/practices and the variables such as Customers' perceived benefit, Company identification, Customer engagement, and Customer gratitude and Customer Loyalty. Then the researcher consulted with various academic experts

independently to check the questionnaire structure, questionnaire sequence, wordings, relevance and adequacy of content.

Then the researcher consulted the questionnaire also with the top level managers and public relation officers of various private hospitals under study for identifying the CSR practices existing in their organizations. This helped the researcher to limit the CSR dimensions into four such as Economic dimension, Ethical, Legal and Philanthropical. After considering the expert's suggestions, necessary modifications were made in the questionnaire.

#### **1.9.7.2 Meeting the Subset of Original Sample Units**

After the consultation with the officials in the private hospital, the researcher selected 6 private hospitals such as KIMS Thiruvananthapuram, PRS Thiruvananthapuram, Renai Medicity Ernakulam, VPS Lakeshore Ernakulam, Aster MIMS Kozhikode and BMH Kozhikode for the study. The researcher personally approached customers of these selected hospitals who have knowledge about CSR. Questionnaires were distributed and the data was collected and analysed. After a pilot study, suitable modifications were incorporated into the questionnaire and thereafter the work of data collection was started.

#### **1.10 Data Analysis**

The collected data are processed and analyzed by using common statistical and mathematical tools. For this, descriptive statistical tools like Mean, Median, Variance, Standard Deviation, Skewness, and Kurtosis are used. Multi variate analysis like ANOVA, Exploratory Factor Analysis (EFA), Confirmatory Factor Analysis (CFA) and structured Equation Models (SEM) are used. Multivariate analysis is the

statistical technique that simultaneously analyzes multiple measurements on individuals or objects under investigation.

The study intent to analyse the data in five different stages:

In the first stage, the basic demographic characteristics of the respondents are analysed using Mean, Median and Standard Deviation. Further the basic assumptions of multivariate data i.e., Multivariate normality is assessed for all the study items. Later the descriptive statistics of the study items (Mean, Median, Standard Deviation, Skewness, and Kurtosis) are analyzed to examine the pattern and tendency of multivariate data. In the second stage, the dimensionalities of selected study measures were assessed using Exploratory Factor Analysis (EFA) with Varimax Rotation. In this method the Principal Component Analysis has been used as a technique of factor extraction.

In the third stage, Confirmatory Factor Analysis (CFA) is conducted to check the validity and reliability of study measures using AMOS. In this stage, the study has assessed the convergent and discriminant validity.

In the fourth stage, the hypothesized model is checked using Structured Equation Model (SEM) technique. The SEM technique will be performed using AMOS software. Analysis is conducted for testing the model fit and also to assess and test the study hypotheses.

In the fifth stage, a series of Univariate ANOVA is used with demographic and other background characters as independent variables and the study constructs are the dependent variables.

- **Exploratory Factor Analysis (EFA)**

The role of Factor Analysis is to identify the underlying structures derived from a set of variables (Hair, Anderson, Tatham, & Black, 1998). EFA with varimax rotation was performed to identify the number of factors with maximum explanations (Hair et al., 1998). A higher factor loading is considered better. According to this, loading above 0.71 are excellent, 0.63 very good, 0.55 good, 0.45 fair and 0.32 poor. (Tabachnick & Fidell, 2007).

- **Confirmatory Factor Analysis (CFA)**

Confirmatory Factor Analysis (CFA) is a statistical technique for confirming the factor structure of a set of observed variables. CFA, can be used to examine whether the original structure of the measure fits in the population, thus it tests the specific aspect of validity (Harrington, 2009). CFA helps the researcher to understand the number of factors and the pattern of indicator factor loading in advance, based on past evidence and theory of factors that exist in the data. It is applied for four major purposes namely psychometric evaluation of measures (questionnaire), construct validation, testing method effects and measurement invariance (cross group or populations) (Brown, 2006)

- **Structural Equation Model (SEM)**

SEM, a powerful multivariate statistical analysis technique is used to analyse the structural relationships between latent constructs and measured variables. In the words of Gefen, Straub & Boudreau (2000), SEM is a statistical technique that enables the researcher to answer a set of interrelated research questions in a single, systematic and comprehensive analysis by modelling the relationship among multiple independent and dependent constructs simultaneously. This technique is a

combination of factor analysis and multiple regressions (Ullman, 2001). Anderson and Gerbing, developed a two-step approach to perform SEM analysis. In the first step, a measurement model is specified using the interrelationships between indicator (observed) and latent (unobserved) factors. The second step is the development of a structural model related to dependent and independent variables to test the hypothesis. SEM analysis was made using IBM AMOS for hypothesis testing and validation of the measurement and structural model.

Indices used to assess the model are Goodness of Fit Index (GFI), adjusted goodness of fit (AGFI), Normed Fit Index (NFI), Standardized Root Mean Residual (SRMR), and the Comparative Fit Index (CFI). The Root Means Squared Error of Approximation (RMSEA) is selected as such a measure (Gignac, 2006).

- **Analysis of Variance (ANOVA)**

ANOVA is employed to test the differences among the means of the population by examining the number of variations within each of the sample, relative to the number of variations between the samples. In ANOVA, two estimates of population variation are derived. One based on ‘between group’ variance and the other based on ‘within group’ variance. A ratio of these two estimates of population variance is calculated. The value of ‘F’ may be compared to the F-limits for a given degree of freedom. If the F value exceeds the F- limit values, it is stated that, there are significant differences among the sample means.

### **1.11 Operational Definition of Terms Used**

- 1. Customer Perceived Benefit:** It can be referred as any sort of benefit that a customer perceives as a part of CSR practices.

2. **Company Identification:** If a customer is able to identify and distinguish an organization from the other by means of the elements of CSR, then it is termed as Company Identification.
3. **Customer Engagement:** It is the situation in which, a customer consciously participate in the CSR practices of an organization, to build good relation with the organization.
4. **Customer Loyalty:** It is the power of the CSR to build a bond with the customers over time and retain them as a loyal customer along with the financial improvement of the company through CSR practices.
5. **Customer:** A person who is either associated with or has interacted with or has received from the organization any service or benefit directly or indirectly as a part of CSR practices.
6. **Corporate Social Responsibility:** It is a term used to describe the responsibility of an organization to be accountable towards the stakeholders in all its operations and activities while increasing the profit, considering the society and the environment.
7. **Customer Gratitude:** It is the emotional appreciation of customers towards a particular institution or management from which the customer has received any physical, mental or financial assistance.
8. **Marketing Communication:** Any efforts taken by the hospitals to communicate the services rendered to analyze ways to increase business.
9. **Hospital Reputation:** According to reputation management, an organization had to carefully set policy and action in order to create hospital reputation among stakeholder in long-term (Susanto,2009)

## 1.12 Hypotheses

In order to obtain the objectives stated above, the following hypotheses were formulated and tested by using the appropriate statistical tools. Research hypotheses and statistical hypotheses were generated in the study. The research hypotheses are as follows:

### **a) Hypotheses generated for the Study from the point of view of Customers:**

- H1: Economic Responsibility is an important dimension of CSR in hospitals.
- H2: Legal Responsibility is an important dimension of CSR for hospitals.
- H3: Ethical Responsibility is an important dimension of CSR for hospitals.
- H4: Philanthropic Responsibility is an important dimension of CSR in hospitals.
- H5: Gender creates a difference in the perception of CSR by customer.
- H6: Education creates a difference in the perception of CSR by customer.
- H7: Martial status creates a difference in the perception of CSR by customer.
- H8: Income creates a difference in the perception of CSR by customer.
- H9: Hospital Affiliation creates a difference in the perception of CSR by customer.
- H10: CSR practices positively influence the Customer's Perceived Benefit.
- H11: CSR practices have a positive effect on Customers' Hospital Identification.
- H12: Customers' Perceived Benefit has a positive impact on Customer Engagement.
- H13: Customer's Perceived Benefit has a positive impact on Customer Gratitude.



- H14: Customer Identification has a positive effect on Customer Engagement in hospitals.
- H15: Customer Identification has a positive effect on Customer Gratitude
- H16: Customer Engagement has a positive effect on Customer Loyalty
- H17: Customer Gratitude has a positive effect on Customer Loyalty.

**b) Hypotheses generated for the Study from the point of view of Officials**

- H18: There is significant relationship between Marketing Communication and Hospital Reputation
- H19: There is indirect positive influence of CSR on Hospital Reputation

**1.13 Limitations of the study**

1. As there are only a less number of private hospitals in Kerala with CSR policy, the researcher had to encompass our study to a few hospitals.
2. As the officials were reluctant to part with CSR data, quantitative analysis of Secondary data could not be made.
3. Non-response error or bias restricted the study findings quite a bit as the researcher relied only on one method for data collection.
4. The hospital officials were not always available; it created difficulty in the study.

**1.14 Chapterisation of the Thesis**

The **First** chapter offers an Introduction to the study, Statement of the problem, Objectives of the study, Scope and significance of the Study and the Research Methodology applied by the researcher. Further, the representation of the population, sampling, data collection procedures, tools and the techniques for data analysis are provided along with the limitations of the study, chapterisation and the period of the study.

The **Second** chapter comes up with relevant literature review on previous studies related to CSR and Customer loyalty, Conceptual Model of the study, List of Variables, and the Operational definitions of terms used.

The **Third** chapter presents a detailed description about the Concept of Customer loyalty and CSR, Evaluation of Indian experience on CSR, History of Customer Loyalty and CSR, Steps in implementing CSR, Benefits of CSR, and Implementation of CSR by Hospitals and Hypotheses formulation.

The **Fourth** chapter shows an Analysis of data and its interpretation using the statistical techniques of Exploratory Factor Analysis, Confirmatory Factor Analysis and Structural Equation Modeling.

The **Fifth** chapter deals with the analysis of data and its interpretation regarding the customer's perception of CSR and Reputation Building Process

The **Sixth** chapter gives the Summary, Findings, Recommendations and Conclusions of the research.

### **1.15 Conclusion**

An overall picture of the study is given in this chapter. It deals with the description of the research problem of the study. The objectives, scope and significance of the study are also discussed. The chapter ends with the operational definitions and chapterisation of the research work.

## References

- Aasad, A. (2010).**The role of brand equity in the effects of Corporate Social Responsibility on customer loyalty. University Sains Malaysia.
- Anderson, J., & Gerbing, W. (1998).** Structural equation modeling in practice: A review & recommended two stage approach. *Psychological Bulletin*, 27(1), 5-24.
- Argenti, P.A and Druckenmiller, B. T. (2004).**Reputation and corporate brand. Tuck School of Business working paper N0. 03-13. <http://dx.doi.org/10.2139/ssrn.387860>.
- Bagozzi, R. P., Yi, & Phillips, L.W.(1991).** Assessing construct validity on organisational research. *Administrative Science Quarterly*, 36, 421-458.
- Baskin, J., & Gordon, K. (2005).** Corporate responsibility practices of emerging market companies. OECD is working papers on International Investment, 2005/03.OECD publishing.
- Berelson, B. (1952).**Content Analysis in Communication Research, New York: Free Press, 45-60.
- Brown, T. J.&Dacin, P. A. (1997).**The Company and the Product: Corporate Associations and Consumer Product Responses. *Journal of Marketing*, 61(1): 244-249.
- Bhattacharya, C.B. (2010).** “Introduction to the special section on Stakeholder marketing”, *Journal of public policy & marketing*, 29(1), 1-3.
- Blomquist K H, Posner S. (2004).** “There strategies for integrating CSR with brand marketing”, *Market leader*, October 2004, pp.33-36.

- Carroll, A.B., Shabana, K.M. (2010).** The Business case for Corporate Social Responsibility: A Review of concepts, Research and practice. *International Journal of Management Reviews*, 12(1), 85-108, DOI: 10.1111/J.1468-2370.2009.00275.x
- Carroll, A.B. (1991).** The pyramid of Corporate Social Responsibility: Towards the moral management of organizational stakeholders.
- Carroll, A.B. (1999).** Corporate Social Responsibility: Evolution of a Definitional construct. *Business society*, 38(268)
- Carroll, A.B. (1979).** *The Academy of Management Review*, 4(4), 497-505. DOI: 10.2307/257850, <https://www.jstor.org/stable/257850>.
- Chang, Y.H., Yeh, C.P. (2016).** “Managing corporate social responsibility strategies of airports: the case of Taiwan’s Taoguan International Airport Corporation”, *Transport Responsibility Part a policy practice*. 92, pg: 338-348, [http://www.mallenbaker.net/CSR\\_files/definition.html](http://www.mallenbaker.net/CSR_files/definition.html).
- Dahlsrud, A. (2008).** How Corporate Social Responsibility is defined: an analysis of 37 definitions. *Corporate Social Responsibility and Environmental Management*, 1(13), DOI: 10.1002/csr.132.
- Gefen, D., Straub, and D., Boudreace, M. (2000).** Structural equation modeling and regression: guidelines for research practice. *Communications of the Association for Information Systems*, 7(7), 1-7.
- Hair, J., Black, W., Babin, B., Anderson, R., & Tatham, R. (2006).** *Multivariate Statistics*: London: pearson.

- Haynes, S.N., Richard, D.C.S., & Kubany, E.S. (1995).** Content validity in psychological assessment: A functional approach to concepts and methods. *Psychological Assessment*, 7, 238-247.
- Ira, J., and Nelson, J. (2004).** Value based performance: Seven Strategies for delivering profits with principles. *Ivey Business Journal* (Nov.-Dec.): 1-8.
- Kotler P. S. & Stevens R, J.(2011).** Strategic marketing for health care organizations: building a customer driven healthcare system, wiley& sons.
- Lii, Y.S., & Lee, M. (2012).** Doing right heads to doing well: When the type of CSR and reputation interact to affect consumer evaluations of the firm. *Journal of Business Ethics*, 105 (1), 69-81.
- Majumdar, U., Rana, N., & Sanam, N. (2016).** Gearing up for responsible growth: India's top companies for sustainability and CSR 2016. Retrieved 2 November 2016, from <https://www.futurescape>
- Ninawe, A. (2015).** Setting New Agenda: Critical Study of perspectives of CSR practices in Indian private Corporate Hospitals. *International Journal of Science and Research (IJSR)*, 5(4), 1986-1991.
- Pakseresht, A. (2010).** "Brand equity and corporate responsibility: A review of brand valuation methods", <http://www.essays.se/essay/9e20739689/>
- Preeti, S.D., & Meena, R.C. (2016).** Aligning CSR activities of Health Care Sector to Developmental Needs of India. *Journal of Pharmaceutical Sciences and Research*, 8 (9), 1008-1016.

- R.Roshini, B. Mahadevappa. (2010).** “Social responsibility of hospitals: an Indian context”, *Social Responsibility Journal*, Vol.6. Issue 2, pp.268-285.
- Sen, S., & Bhattacharya, C.B. (2001).** Does doing good always lead to doing better? Consumer reactions to Corporate Social Responsibility. *Journal of Marketing Research*, 38(2), 225-243.
- Tabachnick, B. G., & Fidell, L.S. (2007).** *Using Multivariate Statistics*, (5<sup>th</sup> Ed.). Boston: Pearson.
- Ullman, J.B. (2001).** Structural equation modeling. In Tabachnick, B.G & Fidell, L.S. (Eds), *Using multivariate Statistics* (4<sup>th</sup> ed.). Needham Heights, MA: Allyn & Bacon.
- Vijayalakshmi, C. (2017).** Brand Building Through Corporate Social Responsibility: An Evaluation of Indian Experience (Master’s thesis, University of Calicut). Retrieved from <http://www.shodganga.com>.
- Zhilong, T., Rui, W., & Wen, Y. (2011).** Consumer Responses to Corporate Social Responsibility (CSR) in China. *Journal of Business Ethics*, 101 (2), 197.

## **Chapter 2**

### **Review of Literature**

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## **Review of Literature**

### **2.1 Introduction**

This chapter summarizes various reviews on the studies from literature on Customer Loyalty, CSR and the related topics. The published articles in research journals, theses, dissertations and research papers in discrete Indian and foreign Universities are also reviewed. The review of literature is classified under the three heads namely, CSR, Customer Loyalty and CSR in Hospital Management.

### **2.2 Literature Survey**

#### **2.2.1 Studies on Corporate Social Responsibility**

**Ahmed, (2016)** explores whether the amount spent for CSR fund in the annual reports of the companies had any significance as far as profitability and valuation of these companies are concerned. Return on Equity, Return on Asset and Average Market Value of shares were the dependent variables for the study. All the listed banking companies in Bangladesh were selected for the study. Data regarding CSR and financial performance of these companies between 2009 and 2012 were considered for the study. By conducting regression analysis, it was found that CSR had no significant relationship with firm performance in terms of profitability and stock market. The findings suggested that, in Bangladesh, CSR activity was still not considered as a growth factor and thus did not reflect in a company's operations, its bottom line profits or valuation of shares.

**Ahuja, (2013)** made a descriptive study based on the secondary data and gave an overview about Corporate Social Responsibility and its evolution in India. It also explains various benefits, issues and challenges faced while implementing CSR in India. The development of CSR in India has been divided into four phases. They are:



First phase (1850- 1914), Second phase (1914- 1960), Third phase (1960- 1980) and fourth phase (1980 until present). The paper mentioned three drivers of CSR in India. They are values taken up by business, socially and environmentally responsible strategic development by the corporates and public pressure in the form of customers, media, state etc.

**Anuaghasthiya, (2014)** tried to provide an overview of the global landscape of women entrepreneurship. The study pointed out the challenges that women face in accessing finance, and also highlighted some of the typical challenges faced by capacity- building programmes targeted on women entrepreneurs. Also, this paper focused on potential solutions and enablers by drawing on practical experiences from the public and private sectors in both emerging and developed markets. It talks about global efforts about international organizations as well as corporates in India that focuses on women empowerment through CSR. It has also shown cases in Kerala like Muthoot Corporation and their efforts to support women entrepreneurs. The study concluded that innovative partnerships, particularly when private and public sector entities are involved, are beginning to make a dent, with the potential for large-scale impact. Those who embrace women's entrepreneurship as an opportunity are likely to reap the rewards in new market opportunities and higher development impact. The study has also given special mention that rural women will have to make a bigger struggle emerge as successful entrepreneurs since there are more cultural and social limitations for them, than the urban women.

**Amini and Dal Bianco,(2006)** analyzed the impact of CSR on firm performance in six Latin American countries, namely, Argentina, Bolivia, Chile, Colombia, Ecuador and Mexico. The study used World Bank Enterprise Survey (2006) and firm level data .For analysis, the authors used Propensity Score Matching

technique to identify the causal effects of CSR on firm's turnover, labor productivity, innovativeness, product differentiation, and technological transfer. The results showed evidence for CSR showing a positive impact on the above mentioned variables, suggesting that the corporate goals are compatible with conscious business operations. Another aspect noted in the study was that, there was a great variability in the effect of CSR on variables across countries. Poorer countries such as Bolivia and Columbia displayed highest links between CSR and outcome variables like turnover, labor productivity, innovativeness etc. while in case of richer counties such as Mexico and Argentina, CSR had a sizable effect on innovativeness only and no effect in Chile the most developed country in the sample.

**Adeneye and Ahmed,(2015)** examined the impact of CSR on Company Performance. A descriptive research design including CSR and company performance was used in the study. Corporate Social Responsibility was measured using CSR Index. Company performance was measured using market to book value, company size and return on capital employed. Descriptive statistics, regression and correlation analysis were done on statistical data collected from 500 UK firms. Findings of the work showed significant positive relationship between CSR, market to book value and return on capital employed. The study however found no significant relationship between CSR and firm size. The author tried to found theoretical implication for stakeholder theory of CSR as stakeholder's wealth was maximized. The study also suggested that CSR can serve as a source of competitive advantage for the UK firms.

**Bankira, (2013)** examined the voluntary fulfillment of social responsibilities by private companies. The study was done based on Jindal Steel and Power Limited, Jharkhand. Corporate Social Responsibility activities at JSPL extend well beyond its objectives, and the companies concerns for the society are evident from the various

initiatives that they have taken in different fields. JSPL's CSR objectives further gets reiterated through the company's vision "to be a globally admired organization that enhances the quality of life through sustainable industrial and business development." Its CSR policy aims at bringing about a radical transformation in the quality of life of people living in and around operation areas of the company through positive intervention in social upliftment program. Its key areas of focus are health, education, women empowerment, livelihood, livestock, drinking water and sanitation, youth and sports and infrastructure development.

**Bocquet et al. (2015)** attempt to examine the impact of technological innovation (product and process) and CSR on firm growth, which provides a measure of medium term economic performance. Data was collected from two surveys conducted by CESP/INSTEAD Luxemburg and an administrative data set from national institute of statistics and economic studies of Grand Duchy of Luxemburg. The model related to determinants of innovation showed that firms implementing strategic corporate social responsibility exhibited a higher probability to innovate their technological process in both processes and products. There is no significant impact on product or process innovation or on pure product innovation. The study also showed that firms implementing organizational innovation indicated a higher probability for being technological innovators. The author showed that the firms that are less innovative in meeting stakeholders' needs may send a negative signal of incorrect or opportunistic strategic choices that degrades their legitimacy and performance. In contrast, highly innovative firms can generate positive market value from CSR, given that stakeholder's needs are successfully satisfied. With respect to impact on firm growth, the results were weakly significant.

**Buciuniene and Kazlauskaitė, (2012)** tried to examine the current CSR and HRM developments in Lithuania and to study the relationship between CSR, HRM and organizational performance outcomes. A survey of 119 medium and large sized organizations (over 100 employees) in Lithuania was conducted to study the CSR and HRM implementation in the country and to test the relationship between CSR, HRM and organizational performance outcomes. As for the first hypothesis, which stated that HRM development will have a positive impact on CSR policy possession, the regression analysis showed that the HR strategy possession and the extent to which the HR function performance is evaluated had a positive impact on the possession of formal CSR related policies. As for the second hypothesis which stated that a positive impact of the CSR policy possession on organizational performance outcomes, the findings showed that performance outcomes are affected by the possession of diversity statement, one of the CSR related policies. The linkage between the three variables of the study were in the form of flexible work arrangement, communication about strategy and performance outcomes to employees and the use of different methods for employees to communicate their views to management that were related service quality.

**Charles et al. (2015)** identified the differences in CSR disclosure by computing adequate measures in terms of disclosure breadth and comparing them for any potential changes in the influence of legitimacy factors between 1977 and 2010. The authors used a standard valuation model to compare the association between CSR and firm value between the two time periods. The study found that the breadth of CSR disclosure increased significantly, with respect to environmental and social information provision. The analysis also revealed that the relationship among legitimacy factors and CSR disclosure does not differ across the two time periods.

The analysis focusing on environmental disclosure provided evidences that industry membership was less powerfully related to differences in reporting, but only for the weighted disclosure score. Further the work showed that CSR disclosure, in contrast to the recent main stream studies was not positively valued by investors.

**Chopra and Marriya,(2013)** study outlined that higher educational institutions could also be considered as corporations and whether the current idea of Corporate Social Responsibility had any part in the principles and practices of the educational institutions where such CSR programs were done. Businesses had started to take a more targeted approach in the CSR programs and are seeking to impact the areas that are correlated with their own business. This actually showed the level of importance that corporates had to give to the society. The analysis relays upon secondary data and includes contributions made by corporates in the educational sector as part of Corporate Social Responsibility. The study concluded that there was a strong desire for changing the current state of education while pointing out the less than adequate regard for the impact of business on larger societies. It further concluded that the role of CSR in education was mitigating the skill gap with considerable experimentation and learning-by-doing along the way.

**Christina et al. (2012)** discusses the different CSR issues that emerge within 4 multi-national companies, namely, Apple, Canon, Coca-Cola and Walmart. The four cases were compared by studying a CSR conflict that each one of the multi-nationals faced and how that became a turning point of the CSR policies for these multinationals. The article was based on desk research and made use of publicly available information on company's web-sites, online newspapers, and NGO reports, as well as academic journals and books. The responses of the multinationals to the conflicts varied ranging from attempting to repair reputation damages and denying

claims, to providing a remedy. The case studies showed evidence that after the multinationals faced conflicts, the companies made changes to their CSR policies. Common features of Canon, Coca-Cola and Walmart policy changes were the establishment of specific goals that they aimed to achieve in company level. The sustainability reports of these multi-nationals presented the CSR policies were created as long term commitments and not just to resolve current conflicts.

**Cornett, Erhemjants and Tehranian, (2014)** analyzed the CSR for banks and its impact on bank's financial performance in the context of the financial crisis faced by USA in 2009. The largest banks consistently had higher CSR strengths and CSR concerns during the period taken for the study. The study also showed that the above mentioned group had a steep increase in CSR strength and steep decline in CSR concerns post 2009. The study found that the largest banks appeared to be rewarded for their social responsibility, as both size adjusted Return on Asset as well as Return on Equity were positively and significantly related to CSR scores.

**De Souza and Pai, (2013)** explained that the hotel industry in Goa undertaken by Corporate Social Responsibility towards employees the community and the environment. It can be inferred that most of the hotels considered for the study did not make an additional effort for extending the benefit of CSR to the family of the employees. Hence a unity in the practices of CSR is advisable.

**Delbard, (2008)** aimed to investigate the CSR policy orientations in the European Union by focusing on the case of French legislation on compulsory sustainability reporting for publicly listed companies. The author mentioned that the European Union environmental policy compelled the firms under it to bring up new strategies for setting up measurements and reporting systems to meet these regulatory

requirements. Environmental reporting obligations were increasing in European Union, which showed the advanced integration of sustainable development in European Union economic policy. About the 2001 French “New Economic Regulations” (NRE) law, the author mentioned that the law compelled companies to inform their stakeholders on their social and environmental impact but did not include any specific constraints in terms of standards, norms, pollution thresholds or any new forms of regulatory requirements. Surveys conducted showed a low rate of compliance and choice of indicators were a major flaw in the French policy. Studies have concluded that the European Union was trying to move from traditional role of state to a relational model whereby the decision making process is the result of multi-stakeholder consultation. This is clearly reflected in the evaluation process of the French NRE law by the French government which involved new style consultation process with various stakeholders.

**Delbard, (2011)** introduced the status of trade unions on CSR today in the European Union. It asked the question of how they would evolve from being a social partner to a full-fledged stakeholder status. The study examined the question from the point of view of the stakeholder theory and also from field studies from three different countries. The paper was done based on interviews conducted in three countries that is, France, Germany and United Kingdom with different stakeholder, union representatives, NGOs, experts and employers’ associations. The study concluded that unions will fully take part in CSR as stakeholders only if CSR governance is deeply transformed and adapted to the European environment, so that unions co-manage the CSR agenda with the companies, with full transparency from both sides.

**Dhaneshwar and Pandey, (2015)** conducted an explorative research paper that attempted to provide a comprehensive analysis of CSR policies and its tangible

impacts on the society by drawing larger picture of the condition of CSR in India. The data used for the study was basically secondary and was derived from various related sources. The research was done on two sectors namely, Oil sector and Power sector PSUs. The work pointed the following draw backs of PSUs when it comes to the implementation of CSR.

**Feng, Wang and Saini, (2015)** investigated how workforce-oriented CSR moderates: first, the association between non-executive compensation and firm performance and second, the association between executive compensation and firm performance. The study used a sample of 181 from the largest 3000 US companies for the period 1991 to 2011. The authors investigated how workforce oriented CSR moderates the association between compensation and firm performance. Compensation was examined at two levels, nonexecutive and executive. The workforce oriented CSR score was constructed as total strength less total concerns in the KLD employee relations dimension. The authors noticed an improvement in firm performance with increase in both nonexecutive and executive compensations. The study also showed that workforce oriented CSR positively moderates the association between non-executive compensation and firm performance, and negatively moderates association between executive compensation and firm performance.

**Flammer, (2013)** attempt to examine the effect of CSR on financial performance. The study analyzed the effect of CSR-related shareholder proposal that pass or fail by a small margin of votes. The author developed its hypothesis on 3 grounds that is, increased financial performance, decreasing marginal returns of CSR and institutional norms about CSR. The required data were collected from Risk Metrics and Fact Set databases. Regression and cross sectional analysis were conducted for the study. The



study concluded that “doing good” pay off had far-reaching implications for corporate decision making and strategic management.

**Ghelli, (2013)** aimed to investigate the strength and direction of the correlation between CSR and company’s financial performance. It also intended to understand if an “industry effect” actually exists, that is, to verify if the correlation between CSR and financial performance change when studied in a single industry or whether “industry” had an effect on the two variables. 322 sample companies from the Fortune 500 companies were taken for the study. It showed that Corporate Social Performance and Corporate Financial Performance had a significant and positive relationship. It also showed that the relationship goes in both directions, that is; Corporate Social Performance and Corporate Financial Performance. The study concluded that when companies operate in different sectors or countries they are exposed to different internal and external pressures, environmental, legal requirements, the needs of stake-holders and therefore it is normal that this relationship has different outcomes based on industries.

**Galberth, (2006)** examined the relation between Corporate Strategy and Corporate Social Responsibility. It sought whether the same CSR strategy implemented in the home base makes the same effect on host counties. It describes four options with respect to Corporate Social Responsibility strategies. They are Shareholder Strategy, Altruistic Strategy, Reciprocal Strategy and Citizenship Strategy. While addressing Corporate Social Responsibility in a global context, the aspects like culture, regulatory environment, non-governmental organizations and global standards are to be considered. The work concluded that choosing a Corporate Social Responsibility strategy in home base does not necessarily translate into global program.

**Geetha, (2014)** categorized CSR into two types. The one was about corporations providing funding and resources for worthwhile social causes, such as donating money or employee time to charities and the second put together a real plan to produce products or provide services that are in the best interests of society. These included things like using safe materials in design and manufacture, corporate environmental initiatives, and other factors such as job creation and economic development. The study also discussed about showing true commitment to the stakeholders, the influence that social media can bring to the business, the benefits of positive public relations to the business and also about favoring the employees by generating a better working condition for them. It showed that how each stakeholder can positively or negatively affect a business and how important each of them.

**Ghosh and Chakraborti, (2010)** focused on a relatively new proposal by the United Nations called ‘Global Compact’ and ‘Millennium Development Goals’ to reshape Corporate Social Responsibility as a tool for national and international development and its applicability in India context. Global Compact and Millennium Development Goals evince the already existing UN efforts to highlight the major developmental needs in the world. In addition UN also urges international business community to make a concerted effort to take up challenges of addressing these needs. In case of India’s economic development, it is clear from the magnitude of population it is clear that the Government of India alone cannot eradicate developmental problems. Need of co-operation from other parties like the corporates has become necessary. Under this circumstance, UN approach of inclusion of CSR policies more as a developmental tool has got direct relevance to India. Initiatives of Confederation of Indian Industry (CII) and Federation of Indian Chamber of Commerce and Industry (FICCI) have shown Indian corporates ways to be good

corporate citizens. Developmental activities by companies are usually taken to include initiatives towards social upliftment or community improvement. Environmental protection and energy conservation has also turned out to be a major area in the CSR initiatives of Indian corporates.

**Guha, (2011)** explained the road map of evolution of India Inc. It has included those companies who have crossed the various milestones of standard, namely ISO 9000, ISO 14000, ISO 18000 and SA 8000, to satisfy quality, environmental trustworthiness, safety and social accountability, respectively. Among the selected companies in the study Tata Steel was the one which satisfied the requirement for most of the above mentioned standards. It also rated high in the Karmayog rating scale. The study concluded that Indian companies are increasingly getting involved in the CSR dimensions of their business activities. The author holds the view that reporting CSR in the annual reports and conducting sustainability rating by CSR rating agencies can help build stakeholder confidence.

**Hanley and Seric, (2015)** explained the importance of Corporate Social Responsibility considerations in the decision taken by a foreign affiliate of a multinational company about the choice of local suppliers. It was an empirical study using firm level data of more than 2000 foreign owned firms in 19 Sub-Saharan African countries. In terms of the role of global value chain, the study showed that the firms that import intermediaries from parent companies abroad are more likely to implement CSR. It also showed that Corporate Social Responsibility played a major role for affiliates that export their output to developed countries. The study also suggested that immediacy of production chain provides a strong link to CSR. The results pointed out that the determinants of environment and social CSR activities are likely to be different.

**Hogeveen, (2010)** explore the effect of CSR on financial performance by controlling firm size, level of risk and industry, in order to point out the drivers of this relationship. The study showed that effect of CSR on financial performance varies across different dimensions of CSR. CSR in corporate governance and community dimensions could be considered as key drivers to improve next year's financial performance although depending on level of risk of the firm. The paper revealed that the effect of CSR on financial performance varied across industries. The effect of CSR on next year's financial performance in manufacturing industries is positive, while the sign of the effect of CSR on next year's financial performance in the retail trade industry depended on measures of financial performance.

**Jaakson, Vadi and Tamm ,(2009)** investigated the effect of organizational culture on CSR in service companies in Estonia. The authors hypothesized that the more extensively an organization engaged in CSR activities, the less likely would task orientation exceed relationship orientation in the organization and organizational culture in general would be stronger. Empirical study was conducted in seventeen service organizations operating in Estonia. The authors used task orientation and relationship orientation as characteristics of organizational culture. These data were obtained from an organizational culture questionnaire completed by randomly selected employees of respective organizations. The analysis implied that socially responsible behavior must also be culturally rooted in the organization and manifested in the ways employees interacted with each other.

**Karnani, (2014)** examined the Corporate Social Responsibility practices of Coca Cola India in the light of Garrett Hardin's theory of "Tragedy of Commons". Tragedy of Commons occurs when each individual who obtains resources from a Common-pool resource (CPR) assumes that if he alone takes more resource from the pool for

his purpose, it will not affect the entire pool, leading to the lack of resources for the commons. The study mentioned that according to the views of the corporates, they have CSR and they decide voluntarily to contribute to a better society and cleaner environment. Thus CSR is the corporate counterpart for altruism at the individual level and will help avert the tragedy of commons. The study concluded that, lacking a property regime, the only remaining alternative for averting the tragedy of commons is altruism and Corporate Social Responsibility. There is no evidence of farmers individually behaving in altruistic manner. Nor is there evidence that businesses, including Coca Cola, have significantly restrained themselves from extracting ground water. The prediction regarding the tragedy of unregulated commons was coming true to Kaladera watershed.

**Kaur, (2015)** explored with the policies that govern Corporate Social Responsibility in India, the status of CSR in India and also about various problems faced by companies while implementing CSR. It is an exploratory study completely based on secondary channels. The study concluded, by finding out some benefits and challenges faced by Indian Companies.

**Kalaimani, (2014)** focused study on women and their rise in today's corporate world. Women's entry into business is a recent phenomenon. With growing awareness and spread of Education over the years, women have started engrossing to modern activities like engineering, electronics and energy popularly known as 3Es. Every business enterprise is the organ of society; it is required to discharge its social obligation to the various sections of the society. Women in India are no longer able and they remain confined to the four walls of the house. They are participating and performing well in all spheres of activities such as academic, politics, administration, space and industry. Therefore each and every organization should discharge the social

responsibility to develop women entrepreneurial. The study also mentioned that as part of their social responsibility, corporates provide various facilities to bring out the entrepreneur in women.

**Karagiorgos, (2010)** revealed that the relationship of Corporate Social Responsibility and firm's financial performance in Greek companies. The study was based on Stakeholders Theory and the theory of "Good Management". The author has found out if an improvement in CSR actions resulted in higher stock returns. In order to measure the financial performance, the price of stock of samples during 2 subsequent time periods and dividends received by the firms during the time was taken. Content analysis on CSR annual reports was used to measure the Corporate Social Responsibility. Correlation and regression analysis was used to find the relationship between the variables. The findings of the study showed that there existed a positive correlation among stock returns and CSR performance in Greek companies. In an operational level, these results mainly aimed at persuading managers to implement CSR actions in a greater extend in order to enhance firm market efficiency.

**Kalyar, Rafi and Nawaz Kalyar, (2012)** aimed to test two antecedents if they contribute in shaping the firm's CSR. This study considered formal strategy planning and humanistic culture as drivers of CSR. Data were collected from CEOs of eight hundred randomly selected organizations in Pakistan, with 21.5% response rate. CSR was measured based on scale developed by Maignan and Ferrell (2000) which had 4 dimensions namely, economic, legal, ethical and discretionary responsibilities. A multidimensional scale consisting of external orientation, internal orientation, resources provided, functional coverage and analytical techniques were used to measure formal strategic planning. The scale of humanistic culture was adopted from Cooke and Lafferty's (1994) Organizational Culture Inventory. The findings of the

paper proposed that formal strategic planning had link with CSR. It was shown that firms that adapt to a formal approach to strategic planning possibly develop deep insight into the demand of social responsibility, enabling and promoting CSR policies and practices. The study also supported that stakeholder's mere critical in strategy development and that understanding their wants and expectations were essential for a company's survival. Regarding humanistic culture, the study suggested that the culture of an organization can affect the degree of demonstration as to socially responsible practices.

**Kent, (2015)** empirical study has reached inconsistent conclusions that, the link between CSR and Financial Performance was positive, neutral, negative or non-existent. In this paper, a thorough literature was conducted seeking answers for the contradiction in the current literatures available. The review showed that the research was initially sectioned off into one of 3 or 4 different islands of causal thoughts. It could be noted that all these arguments disagree in their very presuppositions, and therefore arguing results are not helpful, for foundational consistency was not present. The review also showed that the contradictions are due to the inadequate framework of CSR itself because of the researcher's lack of clarity about CSR at a practical level.

**Kumar and Balakrishnan, (2011)** opine that how effective was the social responsibility demonstrated by the Mechanical, Electrical and Civil contracting organizations of the United Arab Emirates, in relation to the CSR framework of European Foundation for Quality Management (EFQM), and to identify the areas of strength and challenges in such CSR practices. Major focus of this study was to select a stratified random sample of 50 organizations in the UAE and to review their CSR characteristics such as the methodology and evaluation of CSR activities in relation to the best-practices. 8 constructs were tested to experiment the inter relationship

between the variables driving the CSR performance. The hypothesis of the study was that there is no relationship between Effectiveness of CSR Programs and identification of Stakeholder needs and expectations. The study concluded that social responsibility was gaining focus in the UAE, with strong areas being a clear strategic direction and a sound financial capability.

**Kumar, (2014)** descriptive study analyzed that the CSR status in India, and focuses on the finding & reviewing of the issues and challenges faced by CSR activities in India. The study showed that CSR has an impact on India's corporations, society, and educational organizations. Despite its complexities, the numerous sustainability initiatives point toward a continued, positive impact. The author pointed that CSR policy should function as a built-in, self-regulating mechanism whereby businesses would monitor and ensure their adherence to law, ethical standards and international norms. It was found that there was a need for creation of awareness about CSR amongst the general public to make CSR initiatives more effective. This effort would also motivate other corporate houses to join the league and play an effective role in addressing issues such as access to education, health care and livelihood opportunities for a large number of people in India through their innovative CSR practices.

**Laudal, (2011)** examined the drivers and barriers of CSR varied with regards to stages in the transformation process from a small and medium size enterprise to a multinational enterprise. The main method used in the study was literature survey of 47 journal articles. A limited survey of managers in Norwegian clothing business was used to validate the findings of the literature survey. Based on the literature survey eight main drivers and barriers of CSR were identified. They were; cost/benefit ratio (capacity), external control (risk), sensitive to local stakeholders (reputation),



geographical spread (risk), internal control (risk), following leading companies (conformity), sensitive to public perception (reputation), to ward off government regulation (autonomy). The drivers and barriers were found to be compatible based on regression analysis done on Norwegian sample data. The work showed how these drivers vary over the eight stages of development of a small/medium company into a multinational company and suggested that different public policies were appropriate at different stages of transformation process from SME to MNE.

**Laidroo and Oobik, (2013)** elaborated how the financial crisis of 2008 reflected in the CSR disclosure quantity and readability of banks' headquarters and subsidiaries and how banks' disclosure patterns differed after this crisis. The study was based on four banking groups namely, SEB Group, Swedbank Group, Danske Bank Group and ABLV. The research showed that, Nordic banks' headquarters' disclosure quantity and readability outperforms those of their Baltic subsidiaries. However, no convergence of intra-group CSR disclosure was detected in the study. Banks' response to legitimacy gap depended on its CSR reporting strategy: passive superficial (Baltic subsidiaries, ABLV), passive thorough (Swedbank), intermediate (Danske Bank) and active (SEB). Passive and intermediate strategy pursuers' CSR disclosure quantity and readability remained stable during the financial crisis. But active strategy pursuers increased disclosure quantity and reduced readability indicating possible stakeholder manipulation attempts. Both intermediate and active strategy pursuers disclosed in greater detail steps taken to improve CSR behavior.

**Lungu, Caraiani and Dascălu, (2011)** tried to find the relationship between the characteristics of the reporting companies' and the importance assigned to social and environmental disclosure. The company characteristics taken up as the subject was company size and profitability. The analysis showed that size characteristics

measured by assets and revenue had a very weak correlation to the extent of CSR reports published by companies. An explanation for this was that the credibility and the trust in very large companies were already assured by their goodwill, and the value-added by the disclosure of corporate social information could not overcome their already high credibility. Results indicated that, there was a significant negative relation between profitability and social and environmental disclosure for the sample firms. Thus the study concluded that, on a short term, companies with higher change in revenues and with higher return on equity for one year tend either to give a smaller importance to social and environmental disclosure, or to reach a superior level of concision.

**Mishra and Suar, (2010)** examined whether the strategy towards primary stakeholders and their salience influence corporate social responsibility towards the corresponding stakeholders. The study highlighted stakeholder management strategy and salience of stakeholders as two antecedent factors of CSR. With increased importance of issues such as environment, labor, customer safety, community relations, corporate governance and supply chain in the new global economic order, salience of primary stakeholder groups induces firms to adopt CSR policies sensitive to their needs. The higher is the salience of a particular stakeholder group, higher is the CSR towards the group. Thus the study has brought out the importance of strengthened stakeholder relations for Indian companies. A firm sensitive to needs of its stakeholders reaps positive impression about itself, its values, direction and overall worth. A high CSR sends positive signals about the values embedded in a firm. This results in intangible and non-replicable benefits for the firm such as corporate image, reputation, and trust that cannot be easily imitated by the competitors. This ultimately enhances the overall performance of a firm.

**Mangayarkarasi and Chandrika, (2014)** discussed about the new Companies Act 2013 and about the implication of a new act and corporate social responsibility with respect to self-help groups. The paper discussed the roles played by SHGs in social development by providing support to political parties for implementing their practices, including multiple castes in the groups and sharing the government benefits provided for these groups, providing assistance for the vulnerable sections of the group, especially rural women. The work has shown that majority of these SHGs take up women leadership thereby promoting them to come out of the society's barriers and also provides them with good entrepreneurial and management skills.

**Maguire, Sundgren and Schneewis, (1988)** investigated the relationship between perceptions of firm's Corporate Social Responsibility and measures of their financial performance. The study was done using Fortune magazine's rating of corporate reputation. The rating considered mainly 8 attributes: financial soundness, long term investment value, use of corporate assets, quality of management, innovativeness, quality of products or services, use of corporate talent and community and environmental responsibility. Correlation and regression analysis showed that, accounting based measures of CSR were better predictions of CSR than market measures and reduction of firm risk is an important benefit of social responsibility.

**Midttun, Gautesen and Goldberg, (2006)** opined that the increasing engagement in CSR potentially indicates an attempt to "re-embed" the economy in a wider societal context, following a period of neo-liberal market exposure, deregulation and separation of commercial and societal concerns. The purpose of this paper was to explore the relationship between this new social embedding of the economy and older traditions of social embeddedness, such as the welfare state, neo-

corporatist arrangements and other socio-political and labor market arrangements. The overall findings at aggregate level provides supported for the idea of a symmetric relationship between “old” politically driven embeddedness and “new” industry driven embeddedness. But deeper inspection of the results showed interesting diversity and variation between countries and between scores, in the aspects and evolution of CSR.

**Moreno, (2010)** aimed to address reflect on the “meeting points” and “encountering places” where the action of individuals, families, corporations, NGOs and public policies can optimize the advancement of social citizenship within the European context. It highlighted the institutional arrangements and operational welfare rationales as well as value systems and cultural tenets shaping commonalities and diversities in public policy governance in European Union. Based on the study, considerations were made on the impacts that both the global order and “new social risks” had for the promotion of CSR and advancement of social citizenship. The case of reconciliation of work and family life clearly illustrated how CSR might induce a greater role for business in welfare development.

**Moyeen and West, (2014)** observed that the attitudes and perception of senior managers in Bangladesh with regards to CSR, focusing on the impact of CSR promotional programs in fostering an affirmative view of sustainable development. The study recognized that, in spite of the prevalence of more positive an attitude to CSR, the perception the CSR was mostly philanthropic based initiatives had persisted. Various general efforts undertaken to promote CSR in Bangladesh, such as media reports, were posited as having played important role on the attitudinal development towards CSR.

**Nag and Bhattacharyya, (2009)** examined the CSR strategies and activities of firms disclosed in annual reports and explored its linkage to accounting and marketing performance of firms. The study examined the annual reports of a sample of 30 firms belonging to the index of National Stock Exchange of India and tracked these reports for evidence of CSR activities over a period between 2007 and 2011. The study showed that CSR reporting may not have any significant impact on accounting and marketing performance of the firm in the short term but environment oriented CSR disclosure may be negatively related to the market performance of the firm. A possible interpretation for this relation could be that, investment in CSR activities by firms have a long term return horizon and thus was not reflected in returns in a years' time as all financial variables in the model were lagged by a year only subsequent to the CSR activity being reported. The study also showed that firms focus heavily on employees and customer oriented CSR and the modes of CSR inventory were more contributory rather than participative in nature.

**Nord, (2006)** mentioned, the impact of culture and local context on CSR performance by evaluating and comparing CSR performance across hotel groups in culturally and geographically diverse regions. The study revealed that the power distance ranking is inversely correlated with the frequency of trade union memberships and that there is a slight inverse correlation between Masculinity ranking and percentage of females in white collar positions. The inverse correlating is especially apparent at hotels in Scandinavia and the Middle East. Furthermore, the result indicated that the political systems and level of economic development of a region might affect levels of CSR.

**Paramasivan and Savarimuthu, (2014)** tried to highlight the various initiatives taken up by Bharat Heavy Electricals Limited towards CSR. BHEL works along a

predetermined CSR Scheme and its Mission Statement on CSR is "Be a Committed Corporate Citizen, alive towards its Corporate Social Responsibility". BHEL's contributions towards Corporate Social Responsibility till date include the adoption of villages, free medical camps, charitable dispensaries, schools for the underprivileged and handicapped children, child labor, disaster or natural calamity aid, employment for the differently abled, widow resettlement, employment for ex-serviceman, irrigation using treated sewage, pollution checking camps, plantation of millions of trees, energy saving and conservation of natural resources through environmental management. The research has mentioned various activities it does under the area of medical care, infrastructure development, education, village adoption, employability etc.

**Praveenraj and Vijayalakshmi, (2014)** discussed about what an NGO is and how does it facilitates corporates in India under a circumstance of CSR being mandatory in India. A non-governmental organization (NGO) is any non-profit, voluntary citizens' group which is organized on a local, national or international level. Task-oriented and driven by people with a common interest, NGOs perform a variety of service and humanitarian functions, bring citizen concerns to Governments, advocate and monitor policies and encourage political participation through provision of information. The paper also dealt with various emerging trends in NGO and corporates partnership while implementing CSR and sustainable development.

**Prasad, Kumar and Ritesh, (2014)** examined the importance of voluntary fulfillment of social responsibilities by Tata steel industry in India. The study revealed that the success of TSRDS's initiatives could be measured in terms of two facts i.e. healthy organizational base which could cover the totality of the sample beneficiaries and ensure its full and effective participation; and orientation of

beneficiaries towards sustainable development such as measure adopted for the upliftment of weaker beneficiaries, democratization of political processes and institutions, elimination of exploitation and emergence of self-reliant policy which may be characterized by collective conscience and unity.

**Pradhan and Ranjan, (2010)** revealed that the Corporate Social Responsibility initiatives taken by selected Public and Private Indian companies for rural development and also to understand the mode of implementation of such initiatives. The study also assessed the impact of Corporate Social Responsibility actions on the socio-economic development of rural population in India. Secondary data were collected regarding the CSR initiatives of 14 public and private companies. The paper concluded that social responsibility was regarded as an important business issue of the Indian companies irrespective of their size, sector and business goals. Therefore, CSR actions have positive impact not only on the development of rural communities, but also on the corporate's business. The research showed that the implementations of such initiatives were done directly by the companies or through various foundations, NGOs or through partnership with Government. Besides, it recommended the companies to have a CSR division with well trained, qualified and experienced professionals and social audit by external agencies to assess CSR performance.

**Pollach et al. (2012)** aimed at shedding light on the corporate practices regarding the integration of CSR and corporate communication as well as the cooperation between the two. This study showed that all companies surveyed had communication departments of some kind. Most commonly they handle media relations and take of corporate websites. Only about half of the surveyed companies had CSR departments. CSR was managed most frequently by these departments but also by communication

departments to a small extent. A few companies have split CSR among several departments or assigned these duties to other departments. The communication department frequently engages in the cooperation with CSR department. The more frequently the two cooperate, the more likely they are to have their cooperation formalized. With regards to the question where communication and CSR were arranged with the top management level, the paper concluded that the corporate communication department was generally aligned with the top management level, whereas, this was not always the case of the CSR department.

**Rishi and Moghe, (2009)** viewed that an intention of studying various aspects of leadership process being reflected by Bajaj Group at Hind Lamps and its impact on various Corporate Social Responsibility activities and corporate strategies. Bajaj group has a history of ethics based on Gandhian Leadership. Hind Lamps Limited of Bajaj Group the SBU of Bajaj electrical limited also follows the footsteps of their veteran leaders and show their commitment for environment and society at large through a foundation named “Friends of Nature”.

The organization believed that its first responsibility is to serve the society by delivering them environmentally safe products. It was observed that the top management of Hind Lamps Ltd. has shown a positive attitude for development of environment friendly products and systems as a long term strategic plan to build a better image in the market place. This would help to raise the motivational level of the workforce of Bajaj group for societal commitments and organizational growth and development.

**Ramachandran, (2010)** discussed the conceptual paper about the relation between Corporate Social Responsibility and Corporate Governance. The author



explains the theory of Corporate Social responsibility and Corporate Governance. The study has related with the association between CSR and Corporate Governance. It also suggested that both should be the two pillars which can be used to run the organization economically vibrant, financially viable and feasible, and eco-friendly for its prolonged walk in the tussle of the business boat.

**Rao and NarasimhaRao, (2012)** mentioned the social needs are greater in India than in most other countries and efforts of the companies. The research undertaken by an industrial body in June 2009, which studied the CSR activities of 300 corporate houses, Corporate India has spread its CSR activities across 20 states and Union Territories, with Maharashtra gaining the most from them. 36% of CSR activities are concentrated in the state, followed by about 12% in Gujarat, 10% in Delhi and 9% in Tamil Nadu. CSR initiatives of Indian companies should become integral parts of overall business policy and aligned with business goals and their success stories.

**Ravi Sankar, (2014)** reviewed the literature of different authors conducted with respect to the relationship between corporate social responsibility initiatives of organizations and their financial performance. This study attributed one of the causes for the positive or negative impact of CSR on financial performance to costs incurred by the firm on CSR. The study concluded that effect of CSR activities on financial performance of firms is small, positive and significant. CSR activities do not destroy shareholder value. Prior studies have reported positive, negative and neutral impact on financial performance. However, it appeared that the predominant view is that CSR initiatives of a firm have a positive impact on its financial performance.

**Sankar and Sarkar, (2015)** analyzed the potential implications of Corporate Social Responsibility which was made mandatory under the Companies Act 2013 on firm incentives, responses of corporates that come under the before mentioned law, implications for resources availability and delivery of social goods and the prospects and challenges of implementing mandated CSR. Empirical examination of voluntary CSR behavior of 500 companies listed on the BSE between 2003 and 2011, that is, before the amendment of 2013 was done in this study. The study concluded that the new amendment was given enough flexibility for the corporates to perform their Corporate Social Responsibility in various areas.

**Sangtani and Gupta, (2005)** explained the major social responsibility initiatives including environmental conservation and community welfare undertaken by Mexico-based CEMEX, one of the largest cement companies in the world. In more than 30 countries in which the company operated, Cemex had taken several steps to improve the quality of living of the people residing in the local communities. In case describes in detail, Cemex's 'Patrimonio Hoy' Program introduced in Mexico, which aimed at fulfilling the housing needs of the low-income group. Cemex's initiatives on environmental conservation fetched the company many local and national awards in the areas in which its plants operated.

**Sankar, (2014)** attempted to document various researches that have been conducted with respect to the relationship between corporate social responsibility initiatives of organizations and their financial performance. An attempt was made through the study to analyze select research papers which spread across the period from the 1970s till date. Research papers covering different facets of the relationship between a firm's CSR activities and its financial performance was considered for the study. These studies attributed one of the causes for the positive or negative impact of

CSR on financial performance to costs incurred by the firm on CSR. The paper concluded that effect of CSR activities on financial performance of firms is small, positive and significant. CSR activities do not destroy shareholder value. Prior studies have reported positive, negative and neutral impact on financial performance. However, it appeared that the predominant view of CSR initiatives of a firm have a positive impact on its financial performance.

**Soliman, Bahaa and Ahmed Sakr, (2012)** empirically investigate the impact of ownership structure on CSR in Egypt on of the developing countries in the world. The study, using a sample of 42 companies hypothesized that different types of shareholders will have distinct motivations towards the firms CSR engagement. For the purpose of the study, the authors categorized owners into 3 separate groups: management, institutional and foreign ownership. A regression model was created and the underlying assumptions in the regression model were tested for multicollinearity based on the correlation matrix as well as the variance inflation factor. The study showed that the ownership structure has significant effect on the firms CSR engagement. It was also found that the top managers in Egypt tend to be less interested in improving their firms CSR rating than institutional investors and foreign owners. Since the analysis of CSR was based on the CSR disclosure done by the samples, the study was also a contribution to the improvement of the accounting disclosure systems.

**Singh and Grover, (2011)** opined that the total variable cost on per acre based on the cultivation of organic paddy was less as compared to inorganic paddy by around Rs. 211. Net returns over variable cost of organic and inorganic paddy were Rs. 31,516 and Rs. 20,229/acre. The investigation further highlighted that the organic crop yielded about 4.59/acre less paddy as compared to inorganic paddy. The study

has therefore brought out that the organic paddy cultivation has been more remunerative for the producers than the inorganic and realized that it is a good solution for rational food security issue.

**Srikanth and Rao, (2015)** focused on the concept of Corporate Social Responsibility and the roles and challenges faced by private and public sector banks in India while implementing Corporate Social Responsibility practices. It also focused on the major areas of CSR initiatives in Indian Banking sector. The study was done based on case study method and six public sector banks and three private sector banks were selected for the same. The analysis concluded that the samples were all keen on social banking which was in fact Corporate Social Responsibility merged to their business strategies. The major areas in which the banks were focusing while implementing Corporate Social Responsibility practices were employment generation, education, health care, agricultural training, women empowerment etc. Another aspect pointed out in the study was that, these banks were reluctant to disclose details of their CSR spending.

**Sharma, (2013)** analyzed several aspects of the new CSR law in the context of modern corporate philosophy and also showed the practical difficulties in the implementation of new provisions and possible solution to overcome these difficulties. The study also mentioned that the companies were paying 1/3<sup>rd</sup> of their annual profit towards tax and 1percent to wealth tax and the government is responsible for channelizing these funds to the society. It also raised questions regarding calculation of annual profits in various situations, misuse of share-holders funds, and minimum number of directors in the case of private limited companies and fluctuation in average earnings. The paper recommended that in order to ensure meeting the true spirit of CSR law, a well-organized professionally capable and

independent team has to be formed. It could be possible only if the corporates come forward to build such a team.

**Sharma and Kiran, (2012)** made an attempt to understand the status and progress and initiatives made by large firms of India in connection to CSR policy framing and implementation. Data has been collected from the official websites of 12 firms including FMCGs, IT sector and auto-sector, in-person interviews and through structured questionnaire. CSR activities done by these firms particularly in the area of Health, Education and Environment are considered. The analysis of the study showed that IT and Auto-sector are making larger contributions to all three areas of CSR practices mentioned above. But FMCG industry was lagging behind and was focusing primarily on Health only. In conclusion, the findings of this study have provided insights into an area of growing concern of firms towards society.

**Subhasis Ray, (2013)** examined the possibility and problems created by CSR guidelines of government by analyzing the policy documents and interviewing managers responsible for implementing CSR programs in Indian Public Sector. The study mentioned that Indian's discourse on sustainable development has been marked by acute poverty as well as high inequality in the distribution of goods and services. The problem is still remaining and even after many decades it is the major concern of India government. This research showed that the hold of corporates on the economic condition of India can make them a major player in the sustainable development of the country. The paper discussed the implication of the findings on India and other emerging economies that are struggling to balance growth and inclusive development. The study concluded that the mandatory CSR guidelines of Indian public sector have the potential of achieving sustainable development only if early action is taken on the identified areas.

**Srisuphaolarn, (2013)** investigated the adoption and evolution of CSR in Thailand. It also focused on scrutinizing the mechanisms that drove the direction of CSR activities to their current forms. Qualitative data were collected through in-depth interviews with executives of 14 companies, and open-ended questionnaires filled by three organizations that had reputations for being highly socially responsible. Additional data were collected from two CSR seminars, official company websites, and a database provided by Stock exchange of Thailand. The study revealed the pattern of CSR development in Thailand that emphasized social and environmental issues, which are less relevant to the business' core activities. It also showed that Thai social and religious values were important backgrounds of CSR strategy and implementation. Corporations communicated implicitly and executed a two-stage public relations strategy indirectly.

**Tewari, (2011)** analyzed the Corporate Social Responsibility reporting of the Indian companies operating in the Information and Technology sector in India and to compare them with the Multi-National Corporations operating in the same sector. For the purpose of the study annual reports were used as a medium of communication and content analyses were employed to analyze the focus and intensity of the CSR communication. The study concluded that both Indian and Multi-National companies target and lay importance to similar group of stakeholders for their CSR communication but the area of focus for the specific stakeholder varies. For the human resource the MNCs address quality of work life more than that of Indian companies' focuses on monetary benefits. Similarly for the customers, the focus of MNCs is on the quality of products while for Indian companies it is on the price as a parameter. Indians outperform MNCs in their environment related disclosure while

society as a stakeholder is least attended through CSR communication made through annual reports.

**Thiripurasundar, (2014)** discussed about the role of Non-Governmental Organizations (NGOs) in CSR activities and their contribution. They join hands with the corporate in their effort to social and environmental development forms the main concern of this work. The study showed that how the NGOs do their role in CSR activities around India. The paper contained the works of two NGOs: SMILE and DHAN foundation. SMILE foundation does their CSR activities mainly in child education, women empowerment, disaster relief etc. and special programs such as Mission Education, Smile to Wheels, Smile Twins e – Learning Program etc. The finding also mentions that the opportunities of NGOs have also increased since the government mandates the CSR activities of corporates.

**Tilakasiri, (2012)** aimed to develop the CSR framework wide, surveys and interviews were conducted and the researcher used iterative Delphi method. The researcher conducted content analysis which identified 28 activities for potential CSR framework, and these were divided in 6 CSR constructs. The findings showed that CSR for Sri Lankan companies range from philanthropic activities, environmental protection, community responsiveness and corporate sponsorship. It showed that the CSR activities disclosed by sample companies could be measured using CSR index developed in the study. Regarding the relationship between CSR and company performance, the study showed that the Return on Equity, Return on Asset and Return on Sale had significant relationship with CSR. Return on Equity and Return on Asset had highly significant relationship while Return on Sale had a less significant relationship with CSR performance. This study also revealed a negative relationship between environment related factors and Return on Equity.

**Thorne, Mahoney and Manetti, (2014)** intended to provide insight into the companies' motivations to issue or not issue voluntary standalone CSR reports in the Canadian context. The authors conducted a questionnaire survey that asked Canadian companies regarding their issues of standalone CSR reports, their motivations and costs, and the extent to which they comply with the GRI guidelines. The results of the study showed that larger firms issued standalone CSR reports. As large firms had more political visibility and are subject to greater external scrutiny than smaller firms, the findings indicated that firms primarily issued standalone in response to external scrutiny by stakeholders, which was consistent with stakeholder perspective.

**Van der Wieleet. al. (2001)** discusses about the relation between Corporate Social Responsibility and Quality Management. It dealt with the evolution of Quality Management from quality of products or services to Total Quality Management and the distinct kinds of business ethics too. It also explains about the different levels of Corporate Social Responsibility from companies' point of view and the three positions identified for social responsibility of a company parallel to three forms of ethics in organizations. The general conclusion was that ethics is stimulated through the model and its criteria are mainly related to compliance with legal demands. More over some cases show tendencies towards enlightened self-interest and therefore ethics do not play a major role in social responsibility.

**Vijay and Divya, (2014)** mentioned detailed information about CSR activities in Indian commercial banks. It also studies the customer satisfaction and the activities provided by CSR concept in selected Indian banks and distinguish the impact of CSR activities in pre and post-period of banking industry activities in India. The data for the study was taken from nine banks including top service providing various public sector banks and private sector banks. Both primary and secondary data was used for



the study. The research paper concluded that the selected Indian banking institutions have been developing after the implementation of strong CSR concepts and it have been providing more satisfaction to bank customer.

**Vo and Phan, (2013)** investigated the relationship between corporate governance and the performance of firms in Vietnam. In the study, corporate governance was considered to consist of elements like size of the board, presence of female board members, duality of CEOs, education level of board members, working experience of the board, presence of independent (outside) directors, compensation of the board, ownership of the board and block-holders. The study used flexible generalized least square method for the analysis. The sample consisted of 77 listed firms trading during the period from 2006 to 2011. Sample companies were part of industries like mining quarrying, oil and gas, construction manufacturing, wholesale and retail trade, agriculture, forestry, fishing and hunting, utilities and transport and warehousing. The study concludes that the ownership of board members had a non-linear relationship with firm performance.

**Vintila, (2013)** analyzed the relationship between profitability and company size had potential influence on levels of corporate social responsibility according to the annual dates of Roman companies. Data from a sample of Roman companies in the year 2008 was used for the study. Data was gathered from publicly available information as well as information Corporate Social Responsibility of Romania. Corporate Social expenditure budget for Romanian companies were divided into areas like education, culture, environment, social, human rights and sports. Regression and correlation was used to analyze the data. The study concluded that company size and company profitability had a positive effect on the CSR expenditure.

**Vilke, (2011)** observed the CSR developmental issues by organizing critical CSR promoting factors and hindering factors to evaluate CSR development problems in Lithuania according to organized factors, legal context and previously implemented empirical investigations in new European Union states and Lithuania. In order to evaluate the CSR development problems in Lithuania, legal documents and collateral analysis of empirical CSR research in new European Union member states and Lithuania methods were applied. The study concluded that the determining factors of the CSR development can be categorized as internal and external, but the relevance may vary according to size, age and activities of the companies and the geographical political or cultural context.

**Waters and Ott, (2014)** assessed that scholars have increasingly been studying the impact of corporate social responsibility as a business strategy in four profitable institutions, and the result frequently indicated benefits to the organization such as increased reputation, sales and revenue. Little is known about the impact of corporate social responsibility on organizations from the non-profit sector. The result concluded that it was one of the first attempts to examine attitudes towards corporate social responsibility among non-profit sector leaders. Even though the sector is working towards improving the community, non-profit sectors are dedicated seemingly to remain quiet about their socially responsible work unless it is grounded in their mission. An important implication of their research is the acknowledgement by non-profit leaders that they are uncomfortable with the term “Corporate Social Reasonability”.

**Zhung and Gu, (2012)** investigate the relationship between Corporate Social Performance and Corporate Financial Performance. Based on the Triple Bottom Line and stakeholder theory, the authors divided the stakeholders that corporations should

take responsibility for, into 7 categories, namely, shareholders, employees, customers, suppliers, creditors, community and natural environment. Quantitative methods were used to conduct the empirical study. The study was conducted on 95 listed firms in the USA. Seven CSR indicators for the above mentioned stakeholder categories were used as the independent variables and the Corporate Financial Performance index was used as the dependent variable. Data were collected from the sources like Fortune 500, American Customer Satisfaction Index (ASCI) and KLD Database. The result showed that there was a significant positive short term relationship between CSR of employees and corporate financial performance and a significant negative short term relationship between CSR for community and corporate financial performance.

**Zaccheaus, Oluwagbemiga and Olugbenga, (2014)** investigated the effect of CSR performance on stock prices of Nigerian listed manufacturing companies. The authors attempted to measure the perception and reaction of financial markets to the companies' socially responsible behavior and tried to find out if an improvement in the firm's CSR actions had an effect on the stock prices. A sample of 30 manufacturing companies listed on Nigeria Stock Exchange was used for the study. The results suggested that there is no relationship with stock prices of listed manufacturing companies in Nigeria and CSR performance. It showed negative and non-significant correlation between CSR and stock prices of listed manufacturing companies in Nigeria.

### **2.2.2 Corporate Social Responsibility and Customer Loyalty**

**Arikan and Guner, (2013)** measured the significant role of quality in the context of services and incorporated two separate views and considering the effect that both CSR and service quality has on customer-related outcomes such as customer

company identification, customer satisfaction and customer loyalty. It also investigated the mediating role of customer-company identification, pointing to the fact that improving customer's psychological attachment to a company can serve as a strategic tool for enhancing the effect that service quality and CSR have on customer satisfaction and customer loyalty. The study was conducted by issuing 242 usable questionnaires among the bank customers through email snowball sampling. Questionnaires were initially entailed to 10 acquaintances who were active users of the services provided by this particular bank. Structural equation modeling used to analyze the data and test hypotheses. The result of the study still supported that quality is an important attribute in the context of service.

**Alejandro, Kang and Groza, (2016)** investigated how the loyalty programs leads to customer-company identification (CCID) formation. It has been identified from the literature that the studies regarding social benefits that the consumers receive from a particular and regular interaction with the firm is limited. To address these gaps in loyalty programs and CCID research, a theoretical model has been created. In particular, loyalty programs that offer non-financial benefits, such as personal recognition, preferential treatment and exploration experiences have proved to be effective at strengthening customer identification. Besides, all these are taken as variables for constructing the model.

The data gathered or collected from an online survey focused on young consumers. A snow ball sampling technique was used to identify and develop the model. The sample consists of 470 consumers, 44% of whom were women and the average age was 30. Partial least squares structural equation modeling (PLS-SEM) with smart PLS 2.0 was used for analysis. The research aimed to shed light on how managers can maximize the impact of loyalty programs that is, by highlighting the

social benefits of participation and the finding provide evidence of the efficiency of non-financial loyalty program benefits also. This study revealed that the investments in non-financial benefits through customer loyalty programs can lead to CCID.

**Chang and Yeh, (2017)** observed how Corporate Social Responsibility affects customer loyalty in intercity bus services and how it interacts with service quality, corporate image and customer satisfaction in affecting customer loyalty. An empirical study on a leading intercity bus company in Taiwan was conducted to test the research model, using structural equation modeling. The study found that CSR has an indirect effect on customer satisfaction and customer loyalty through corporate image and customer satisfaction respectively as a mediator.

**Desai and Chandawarkar, (2016)** investigated the fact that, health care sector plays a role in health and well-being of a population as well as contributing to the economic development of our country. The study conducted in the hospitals was obtained from MCI website, IMA and NABH website. The responses were collected from the hospitals by presenting structured questionnaire. The participation of public health care organization is high in our country. The authors suggested that private sector is equally responsible for the development of the country it should take proper measures to maximize its carbon footprint on the environment and create awareness among private industries especially industries like manufacturing, transportation and healthcare. The study revealed that the multispecialty hospitals are conscious about quality standards compared to other hospitals like teaching hospitals & superspecialty hospitals. Majority of the respondents opine that for the effective communication various modes like suggestion box or feedback etc. should be facilitated by the hospitals. After the implementation of companies ACT 2013, not only the big health

care organizations but all private corporate health care institutions carry forward the philanthropic perspective in their business functioning.

**Diogo, Sankar and Bhattacharya, (2016)** tried to propose a corporate marketing perspective to understand the strategic role of CSR inside and outside the organization. This paper articulated the relationships between the construct like actual identity, perceived identity, intended identity and reputation. Furthermore, the study tried to identify both direct and indirect effect of CSR on corporate reputation and organizational identity. This commentary types study has brought idea that, building a structure on the identifying & defining nature of a company's CSR actions will be able to communicate to relevant internal and external shareholders. This helped for creating an effective corporate reputation for the organization.

**Huang, cheng and Chen, (2017)** examined the effect of promoting customer-company relationship that has become a crucial relationship marketing strategy for service firms. A conceptual model has developed and empirically examined using latent growth curve model. The data were drawn from customers of restaurant in Taiwan in four waves of 213 repeated measures. The restaurant industry was selected based on some criteria; firstly customers can develop a personal identification with a restaurant because of its facility characteristic, secondly, there was a high level of interaction between restaurant service provides and their customers and lastly, the restaurant industry was most suitable because it has high rate of customer confinement.

**Inoue, Funk and Donald, (2017)** investigated how the effect of customer's perception of CSR activities can predict behavioral loyalty. This research further sought to explore how the influences of these CSR perceptions were shaped by

psychological states as measured by attitudinal surveys. A field study of 634 customers of an Australian professional football team was conducted by combining attitudinal survey with actual behavioral data collected one year later. To examine the mediating role of two attitudinal constructs- involvement and commitment-in the relationship loyalty was measured as actual attendance frequency. The study showed that the available evidence suggested that perceived CSR may directly influence both commitment and attendance frequency.

**JamaliahMohd. et al. (2014)** discussed the nature of the relationship between CSR and customer loyalty and the article also examined and assessed CSR as the factor affecting customer loyalty. More specifically their research examined the four initiatives of CSR –customer centric, green environment, ethical and philanthropic by proposing and subsequently testing the structural relationships among the five constructs. Results from the descriptive analysis indicated that the financial institution was perceived to be strongly ethical & customer centric. The perception of the customer towards environment aspects of the financial institution was found to be lower. The hypothesis test results indicated that customer centric, green environment, ethical & philanthropy had significant relationship with customer loyalty.

**Laszlo et al. (2014)** identified that customer experiences have been proposed and found to have a disproportionately a larger impact on brand loyalty than does brand awareness. The study was based on customer's view point and the main objective of this research paper was to examine the relative impact of image and relationship experience in determining customer value perception and brand loyalty in four different industries such as banking, internet, insurance and hairdressing. The uniqueness behind the study was to investigate the moderating effect of advertising spending and labor-intensity in influencing the relative impact of company image and

customer employee relations on customer value and loyalty perceptions. A multi-group structural equation modeling technique was employed to test four different contexts. The study revealed that company image and employee trust were found to have a significant impact on customer value and loyalty perception, with considerable differences in patterns across the chosen contexts.

**Lee, Kim and Susama Kim, (2017)** attempted to examine the impact of gaming company's CSR on resident's quality of life, perceived benefits and support for the company's casino development based on stakeholder theory and social exchange theory. This paper also studies the mediating roles of resident's quality of life and perceived benefit on Kangwon Land Casini (here after K-land) as the study site. The residents in this Casino community played a key role in legalizing casino gambling in South Korea. This work revealed that the economic and philanthropic CSR activities had positive on resident's quality of life. Further the study suggests that resident's perceived benefits were a significant antecedent of their support for the gaming community and resident's quality of life and perceived benefit from a gaming company's Casino development can have significant mediators to strengthen the relationship between the company's CSR and resident's support for its Casino development.

**Macude (2016)** focused on the theoretical importance of CSR especially in hospitals. Another tried to answer the question regarding the opinion of hospitals on CSR. It is asked that, if the hospitals follow the condition of the CSR, then how it is implemented in hospitals. The paper also verified the role of accounting in the CSR and relevance of CSR reporting i.e., doing the accounts related to social and environmental issues. The study mainly concerned with literature review. The result showed that expression of the concept of CSR and its reporting especially from



private sector to public organizations was a challenge to the hospitals. Moreover, the study revealed the development of new trend in hospital accounting developed through CSR. This is expected to be followed by each hospital CSR reporting.

**Marin, Rulz and Rubio, (2009)** pointed out those consumers will reward firms for their support of social programs, have adopted corporate social responsibility (CSR) practices. Drawing on social identity theory, a model of influence of CSR on loyalty was developed and tested employing a sample of real shoppers. Results demonstrate that CSR initiatives were coupled to stronger loyalty as a result of the buyer develops a lot of positive company analysis, and since one identifies a lot of positive company analysis by the buyer. Moreover, identity salience is shown to play a crucial role in the influence of CSR initiatives on consumer loyalty when this influence occurs through company-customer identification. . The study revealed that the strong identifier was not naturally in a constant state of reputation, but activating importance of identity of a particular company that will affect consumer reactions to product stimuli, increasing consumer loyalty.

**Mobin and Imran, (2017)** observed that to establish a loyal customer base, hotels have tried to develop good relationship with the customer by fulfilling their hope. Customers of hotel have become more aware about the CSR practices and considered social responsibility initiatives of hotel as a factor while designing a hotel. Personal surveys of hotel guests were carried out in three metropolitan cities in India, 327 valid responses which were analyze. Structural equation modeling was used to test the proposed model of the study. The result of the study revealed that hotel managers have invested in socially responsible initiatives since the customers tend to support those firms that has perceived as socially responsible by developing a sense of loyalty towards them.

**Ninawe, (2015)** focused on the CSR activities or practices in private corporate hospitals in India. Philanthropic activities are the part of professional ethics in health care centers in India. The research study tried to investigate the influence of CSR in health sector.

The study revealed that most of the hospitals practicing CSR were based on philanthropy. Altruism was the biggest incentive for hospitals. CSR practicing has been taking as a tool for improve the reputation, goodwill & loyalty in most of the hospitals.

**Patricia, Andrea and Ignacio, (2014)** investigated the influence of corporate social responsibility on brand image and customer loyalty in the hotel industry. The authors argued that the development of a favorable brand image and the maintenance of stakeholders' loyalty were related to the maintenance of a responsible behavior towards these collective by respecting the environment, minimizing the consumption of natural resources, participating in social issues and providing medical facilities to employees. The research paper was based on the fact that knowledge of CSR, brand image and customer loyalty were the key factors for managers of hotels in both the Spanish and Latin American context, that enabled them to develop effective brand strategy. By setting the hypotheses, the author s tried to find out the relationship between the variables to perceived CSR, functional brand image, emotional brand image and customer brand loyalty. A reflective structural equation model was developed to analyses the research hypotheses. The sample of data collected from Spanish consumers who assessed the top ten Spanish hotel chains operating in the Latin America. The result of the study revealed that CSR was used as a tool to generate both functional and affective brand image, and hence loyalty was proved. CSR has a greater influence on the affective dimension of brand image, although

functional image has a greater influence on brand loyalty. Moreover, CSR has positive effect on brand loyalty.

**Saravanakumar and Sakthi, (2014)** examined the influence of CSR on the buying behavior of consumers and whether they consider a corporation's CSR initiatives before making any purchase decisions of the products and services. The paper mentioned the Triple Bottom Line Model and explains how important the human capital is for a company's growth. It held that, consumer attitude, loyalty, product evaluation, word-of-mouth are main aspects that play a role in the consumer's buying process. The study concluded that the awareness level of the consumers has increased through better education and the increased influence of the media. Corporations now believed that, to a certain extent, the degree of their involvement in Corporate Social Responsibility (CSR) does have certain effect on consumer's buying behavior. Further, CSR initiatives have an influence on the buying behavior of the consumers and whether they consider a corporation's CSR initiatives before making any purchase decisions of the products and services.

**Tuan, (2014)** examined the clinical governance effectiveness that has driven by corporate social responsibility (CSR), in health sector. This research paper has helped to identify the influence of clinical governance effectiveness on patient care service quality which in turn influenced brand equity. The study conducted by using structured questionnaires relayed to 835 clinical staff members underwent the structured equation modeling based analysis. The research paper revealed that ethical CSR was found to positively related to clinical governance effectiveness which confirms the hypothesis. But legal CSR or economic CSR does not promote clinical governance effectiveness as reflected through the negative and significant relationships between legal CSR and clinical governance effectiveness. Clinical

governance has got an associated with reliability, assurance, empathy, responsiveness or tangibles.

**Yoo and Kim, (2017)** explored the effect of Creating shared value efforts in B to B relationships & the mechanism of inter-firm CSV & firm performance. The result showed that the firm's efforts of inter-firm CSV really create bigger value for investigating firm and the outcome can be different depending on the relationship. Empirically showed that the effect of inter-firm CSV on its varying depending on the relationship characteristics.

**Zhang et al. (2016)** observed that the study based on the theories such as customer engagement, value co creation & relationship marketing. This paper presents a model for the influence of engagement of customers on stickiness. Data collected from 260 valid questionnaires from sina's enterprise micro blog users were analyzed by structural equation modeling. The result showed that customer engagement has a direct and positive influence on customer stickiness as well as an indirect influence through customer value creation.

### **2.2.3 Corporate Social Responsibility in Hospital Management**

**Bear et al. (2010)** suggest that CSR rating is less able to have a significant effect in the relationship between gender diversification in the board of directors and corporate reputation.

**Clarke and Gibson-Sweet, (1999)** disclose that firms with high levels of public scrutiny, as in the health sector, tend to use annual reports to improve the reputation of the community.

**Dean, (2003)** provides empirical evidence of a positive relationship between reputations moderated by certain types of donations with CSR practices.

**Doda, (2015)** opined that there is a link between CSR practices and corporate reputation. This value has gained through a comprehensive set of actions, involving consumers, internal human resources.

**Schermerhorn, (2016)** examined that commonly there are four levels of CSR practices: profitability, legitimacy, ethics, and philanthropic. These are grouped into two separate groups. The first group deals with the company's obligations that intersect with applicable law. The second group related to the persuasive sphere leading to voluntary action.

**Susanto, (2012)** opined that CSR helped to generate a strong reputation for the company.

**Wall, (2012)** suggests that CSR has regarded as one of the most instrumental factors in beating the competition in the market. He also pointed that, community have strongly reacting to CSR activities that are considered beneficial to the community. CSR activities in hospitals generally relate to the paramedical education, health seminars, and charity activities for the public to improve public health in general.

### **2.3 Identification of Research Gap**

From the foregoing survey of literature on related area, it is found that different studies have been carried out by several researchers and institutions in the area of CSR and Customer Loyalty at national and international levels. But no study has been conducted on the influence of CSR on Customer Perceived Benefits, Company Identification, Customer Gratitude and Customer Engagement lead to

Customer Loyalty and the impact of CSR on Hospital Reputation in Kerala. Hence, the researcher has made an attempt to fill this gap.

## **2.4 Conclusion**

This chapter has summarized a relevant literature review on CSR and Customer Loyalty. It also gives a clear explanation on the variables used in this Study, such as Customer Perceived Benefits, Company Identification, Customer Gratitude, Customer Engagement, Customer Loyalty and Hospital Reputation etc. Thus it has provided a strong basis for future Study and analysis. The following chapter discusses the theoretical importance of the customer loyalty and CSR

## References

- Adeneye, Y.B., & Ahmed, M. (2015). Corporate Social Responsibility and Company performance. *Journal of Business Studies Quarterly*, 7(1), 151-166.
- Ahuja, V. (2013). Corporate Social Responsibility: Issues and Challenges in India. *Journal of Database Marketing & consumer strategy management*, 17//2. DOI: 10.1057/dbm.2010.8
- Amini, C. and Dal Bianco, S. (2015). Corporate Social Responsibility and Development in LatinAmerica. in *Development-Oriented Corporate Social Responsibility*, Vol.2, Jamali, D., Karam, C. and Blowfield, M. (eds), Greenleaf, Saltaire
- Anughasthiya, M. (2014). CSR and Women Entrepreneurial Development. *International Research Journal of Business Management-IRJBM*, 7(2), 1-7.
- Bankira, S. (2013). Corporate Social Responsibility of private company-case study of JSPL in Jharkhand. *ANUSANDHANIKA, Referred Research Journal of Commerce & Business Management*, 5(1/2).
- Batham, T. (2013). Building Pillars of Sustainability: An Empirical investigation. Prabandhan: *Indian Journal of Management*, Vol.6, DOI:10.17010/2013/V.618/60021.
- Bear S, Rahman N, Post C. (2010). The impact of board diversity and gender composition on Corporate Social Responsibility and firm reputation. *Journal of Business Ethics*, 97 (2): 207-221.<https://doi.org/10.1007/s10551-010-0505-2>

- Ben Brik, A., Rettab, B., & Mellahi, K. (2011a). Market Orientation, Corporate Social Responsibility, and Business Performance. *Journal of Business Ethics*, 99(3), 307–324. <https://doi.org/10.1007/s10551-010-0658-z>
- Berkley, R. A., & Watson, G. (2009). The Employer–Employee Relationship as a Building Block for Ethics and Corporate Social Responsibility. *Employee Responsibilities and Rights Journal*, 21(4), 275. <https://doi.org/10.1007/s10672-009-9124-4>
- Bhattacharya, C. b., Hildebrand, D., & Sen, S. (2011). Corporate social responsibility: a corporate marketing perspective. *European Journal of Marketing*, 45(9/10), 1353–1364. <https://doi.org/10.1108/03090561111151790>
- Brodie, R., Sajtos, L., & Kreis, H. (2015). Image, brand relationships and customer value: Exploring the moderating role of advertising spending- and labour-intensity in customer loyalty. *Journal of Service Theory and Practice*, 25(1), 51–74. <https://doi.org/10.1108/JSTP-11-2013-0261>
- Bučiūnienė, I., & Kazlauskaitė, R. (2012). The linkage between HRM, CSR and performance outcomes. *Baltic Journal of Management*, 7(1), 5–24. <https://doi.org/10.1108/17465261211195856>
- Carroll, A. B., & Shabana, K. M. (2010). *The Business Case for Corporate Social Responsibility: A Review of Concepts, Research and Practice* (SSRN Scholarly Paper No. ID 1537406). Rochester, NY: Social Science Research Network. Retrieved from <https://papers.ssrn.com/abstract=1537406>
- Chang, C.-P. (2007). The relationships among corporate social responsibility, corporate image and economic performance of high-tech industries in Taiwan. *Quality and Quantity*, 43(3), 417. <https://doi.org/10.1007/s11135-007-9117-z>



- Chen, C.-M., &Delmas, M. (2011).Measuring Corporate Social Performance: An Efficiency Perspective. *Production and Operations Management*, 20(6), 789–804. <https://doi.org/10.1111/j.1937-5956.2010.01202.x>
- Cho, C. H., Michelon, G., Patten, D. M., & Roberts, R. W. (2015). CSR disclosure: the more things change...? *Accounting, Auditing & Accountability Journal*, 28(1), 14–35. <https://doi.org/10.1108/AAAJ-12-2013-1549>
- Chopra, A.,andMariya, S. (2013). Corporate Social Responsibility and education in India.*Issues and ideas in Education*, 1(1), 13-22.
- Clarke J, Gibson-Sweet M (1999). The use of Corporate Social disclosures in the management of reputation and legitimacy: a cross sectoral analysis of UK Top 100 Companies. *Business Ethics: A European Review* 8 (1): 5-13. <https://doi.org/10.1111/1467-8608.00120>
- Dean DH (2003). Consumer perception of corporate donations effects of company reputation for social responsibility and type of donation. *Journal of advertising* 32 (4): 91-102.<https://doi.org/10.1080/00913367.2003.10639149>
- Delbard, O. (2008). CSR legislation in France and the European regulatory paradox: an analysis of EU CSR policy and sustainability reporting practice. *Corporate Governance: The International Journal of Business in Society*, 8(4), 397–405. <https://doi.org/10.1108/14720700810899149>
- Delbard, O. (2013a). CSR legislation in France and the European regulatory paradox: an analysis of EU CSR policy and sustainability reporting practice. *Corporate Governance: The International Journal of Business in Society*. <https://doi.org/10.1108/14720700810899149>

- De Souza, C.A., & SurendraPai, M. (2013). Corporate Social Responsibility: A study of the Hospitality Industry in Goa. Prabandhan: *Indian Journal of Mngement*, 6(8). DOI: 10.17010/pijom/2013/v 6i8/60020.
- Dhaneswar, A., & Pandey, P. (2015). Status of Corporate Social Responsibility among PSUs in India. DOI.10.13140/rg.2.1.4368.0240
- Doda S (2015). The importance of corporate social responsibility. *Journal of Sociological Research* 6(1): 86-91. <https://doi.org/10.5296/jsr.v6i1.7426>
- Fatma, M., Khan, I., & Rahman, Z. (2018). CSR and consumer behavioral responses: the role of customer-company identification. *Asia Pacific Journal of Marketing and Logistics*, 30(2), 460–477. <https://doi.org/10.1108/APJML-01-2017-0017>
- Feng, M., Saini, J. S., & Wang, X. “Abby.”(2015). Monetary compensation, workforce-oriented corporate social responsibility, and firm performance. *American Journal of Business*, 30(3), 196–215. <https://doi.org/10.1108/AJB-10-2014-0057>
- Galbreath, J. (2006). Corporate social responsibility strategy: strategic options, global considerations. *Corporate Governance: The International Journal of Business in Society*, 6(2), 175–187. <https://doi.org/10.1108/14720700610655178>
- Gjølberg, M., Gautesen, K., & Midttun, A. (2006). The political economy of CSR in Western Europe. *Corporate Governance: The International Journal of Business in Society*, 6(4), 369–385. <https://doi.org/10.1108/14720700610689496>
- Ghosh, A., & Chakraborti, C. (2011). Corporate Social Responsibility: A Developmental Tool for India. *The IUP Journal of Corporate Governance*, 9(4), 40-56.

- Gorg, H., Hanley, Aoife., & Seric, Adan. (2015). Coporate Social Responsibility in Global supply Chains of Multinational Companises. Kiel institute for the world Economy, Kiellinie 66, 24105 Kiel, Germany.
- Hildebrand, D., Sen, S., & Bhattacharya, C. B. (2013a). Corporate social responsibility: a corporate marketing perspective. *European Journal of Marketing*. <https://doi.org/10.1108/03090561111151790>
- Hogeveen, Angela. (2016, August 23). *The Effect of Corporate Social Responsibility on Financial Performance – An empirical study on US firms. Economics*. Retrieved from <http://hdl.handle.net/2105/34770>
- Holger, G., Aoife, H., & Adnan, S. (2015). Corporate social responsibility in global supply chains of multinational companies, *Kiel Working Paper, No. 1986, Kiel Institute for the World Economy (IfW), Kiel*.
- Huang, M.-H., Cheng, Z.-H., & Chen, I.-C. (2017). The importance of CSR in forming customer–company identification and long-term loyalty. *Journal of Services Marketing, 31*(1), 63–72. <https://doi.org/10.1108/JSM-01-2016-0046>
- Jaakson, K., Tamm, K., & Vadi, M. (2009). Organizational culture and CSR: an exploratory study of Estonian service organizations. *Social Responsibility Journal, 5*(1), 6–18. <https://doi.org/10.1108/17471110910939962>
- Jamali, D. (2008). A Stakeholder Approach to Corporate Social Responsibility: A Fresh Perspective into Theory and Practice. *Journal of Business Ethics, 82*(1), 213–231. <https://doi.org/10.1007/s10551-007-9572-4>

- Kalaimani,G.(2014). Role of Corporate Social Responsibility in Women Enterpreneurial Development. *International Journal of Business Mangement*, Vol.VII, Issue 12, pp. 51-53.
- Karnani, A. G. (2013). *Corporate Social Responsibility Does Not Avert the Tragedy of the Commons -- Case Study: Coca-Cola India* (SSRN Scholarly Paper No. ID 2354022). Rochester, NY: Social Science Research Network. Retrieved from <https://papers.ssrn.com/abstract=2354022>
- Karagiorgos, T. (2010). Corporate Social Responsibility and financial performance: An Empirical analysis on Greek Companies. *European Research Studies Journal*, 13(4), 85-108.
- Kalyar, M., Rafi., Nosheen., & Nawaz Kalyar. A. (2013). Factors Affecting Corporate Social Responsibility: An Empirical Study. *Systems Research and Behavioural Science*, 30(4) DOI-101002/sreas.2134
- Kaur, P. (2015). Corporate Social Responsibility: Present Scenario in India. *Journal of Commerce and Management Thought*. DOI: 10.5958/0976-478X,2015.00031.2
- Kumar, N. (2014). Corporate Social Responsibility: An analysis of Impact and Challenges in India. *ABHINAV International Monthly Refereed Journal of Research in Management and Technology*, 3(5), 97-104
- Kumar, D.A., & Balakrishnan, V. (2011). Corporate Social Responsibility: Existing practices Vs. CSR framework, *Global Journal of Management and Business Research*, 11(9)
- Lai, C.-S., Chiu, C.-J., Yang, C.-F., &Pai, D.-C. (2010).The Effects of Corporate Social Responsibility on Brand Performance: The Mediating Effect of Industrial Brand

- Equity and Corporate Reputation. *Journal of Business Ethics*, 95(3), 457–469. <https://doi.org/10.1007/s10551-010-0433-1>
- Laidroo, L., & Ööbik, U. (2014a). Banks' CSR disclosures – headquarters versus subsidiaries. *Baltic Journal of Management*. <https://doi.org/10.1108/BJM-05-2013-0091>
- Laudal, T. (2011). Drivers and barriers of CSR and the size and internationalization of firms. *Social Responsibility Journal*, 7(2), 234–256. <https://doi.org/10.1108/1747111111141512>
- Lungu, C.I., & Dascalu, C. (2011). Research on Corporate Social Responsibility Reporting. *American Economic*, 13(29), 117-121
- Managayakarasi, N., & Chandrika, D.S. (2014). Manifesto for changes in Corporates on CSR towards SHG. *International Research Journal of Business and Management-IRJBM*, Vol. No.VII, Issue-12, pp. 25-28.
- McGuire, J. B., Sundgren, A., & Schneeweis, T. (1988). Corporate Social Responsibility and Firm Financial Performance. *The Academy of Management Journal*, 31(4), 854-872. Retrieved from <http://www.jstor.org/stable/256342>
- Martínez, P., Pérez, A., & Bosque, I. R. del. (2014). CSR influence on hotel brand image and loyalty. *Academi Revista Latinoamericana de Administración*. <https://doi.org/10.1108/ARLA-12-2013-0190>
- Midttun, A., Gautesen, K., & Gjølberg, M. (2013a). The political economy of CSR in Western Europe. *Corporate Governance: The International Journal of Business in Society*. <https://doi.org/10.1108/14720700610689496>

- Mitra, R. (n.d.). "My Country's Future": A Culture-Centered Interrogation of Corporate Social Responsibility in India. *Journal of Business Ethics*, 106(2), 131–147.
- Mishra, S., & Suar, D. (2010). Do stakeholder management strategy and salience influence corporate social responsibility in Indian companies? *Social Responsibility Journal*, 6(2), 306–327, <https://doi.org/10.1108/17471111011051784>
- Moreno, Luis. (2010). Welfare mix, CSR and social citizenship. *International Journal of Sociology and Social Policy*. 30(11/12), pp.683–696. DOI:10.1108/014433310110852668
- Moyeen, A., & West, B. (2014). Promoting CSR to foster sustainable development: Attitudes and perceptions of managers in a developing country. *Asia-Pacific Journal of Business Administration*, 6(2), 97–115. <https://doi.org/10.1108/APJBA-05-2013-0036>
- Muthuri, J. N., & Gilbert, V. (2011). An Institutional Analysis of Corporate Social Responsibility in Kenya. *Journal of Business Ethics*, 98(3), 467–483. <https://doi.org/10.1007/s10551-010-0588-9>
- Nag, T., & Bhattacharyya, A.K. (2016). Corporate Social Responsibility Reporting in India: Exploring Linkages with Firm Performance. *Global Business Review*, 17(6), 1427–1440. <https://doi.org/10.1177/0972150916653032>
- Nord, T. (2006). Corporate Social Responsibility in the Hotel Industry: A cross Cultural Perspective (Master Thesis, University of Hans Ramo Stockholm, and School of Business). Retrieved from <http://www.diva-portal.org>.

- Nunn, Andrew.K. (2015). Corporate Social Responsibility & Financial Performance Debate. Finance Undergraduate Honour Theses.2.0. <http://scholarworks.vark.edu/finnbt/20>
- Oobik, U., &Laidroo, L. (2013).Banks' CSR disclosures – headquarters versus subsidiaries. *Baltic Journal of Management*, 9(1), 47–70. <https://doi.org/10.1108/BJM-05-2013-0091>
- Ott, C. (2009). Corporate Governance and Corporate Social Responsibility in Profit- and in Non-Profit-Organizations. *Journal FürRechtspolitik*, 17(4), 255–262. <https://doi.org/10.1007/s00730-009-0286-z>
- Paramasivan, C., &Savarimuth, S. (2014). Corporate Social Responsibility of Public Sector Undertakings: A case of BHEL, Tiruchirappalli. *International Research Journal of Business and Management*, 7(12), 19-24.
- Pandey, P. (2015). Status of Corporate Social Responsibility among PSUs in India, DOI. 10.13140/RG2.1.4368.0240
- Pérez, A., Del Bosque, I. R., &Martínez, P. (2014). CSR influence on hotel brand image and loyalty. *Academia RevistaLatinoamericana de Administración*, 27(2), 267–283. <https://doi.org/10.1108/ARLA-12-2013-0190>
- Pollach, I., Johansen, T. S., Ellerup Nielsen, A., & Thomsen, C. (2012).The integration of CSR into corporate communication in large European companies. *Journal of Communication Management*, 16(2), 204–216. <https://doi.org/10.1108/13632541211217605>

- Prabakaran. M. (2014). Role of CSR in Social Development: A case of Milk Cooperatives. *International Research Journal of Business and Management-IRJBM*, VII (12), pp. 68-73.
- Pradhan, S., &Rajan, A. (2010). Corporate Social Responsibility in Rural Development Sector: Evidences from India. *School of Doctoral Studies Journal*.
- Prasad, A., Kumar, S., & Kumar, R. (2014). Corporate Social Responsibility Percepts and Practices of Tata Steel for Effective Delivery management in Government-Journal of Administrative Reforms, Published by Department of Administrative Reforms and Public Grivence, Government of India New Delhi. Vol. XLV, PP.61-80.
- Praveenraj, D.W.D., &Vijayalakshmi, R. (2014).Role of NGOs in CSR.*International Research Journal of Management. IRJBM*, 7(12), 8-14.
- Quazi, A. M., & O'Brien, D. (2000).An Empirical Test of a Cross-national Model of Corporate Social Responsibility. *Journal of Business Ethics*, 25(1), 33–51. <https://doi.org/10.1023/A:1006305111122>
- Ramachandran,V. (2010), “Strategic corporate social responsibility: a ‘dynamic capabilities’ perspective”, *Corporate Social Responsibility and Environmental Management*, 18. (5), 285-293.
- Rao, S.T., & Rao, T.N. (2012). Corporate Social Responsibility initiatives in Indian Companies
- Ray, S. (2013). Linking public sector Corporate Social Responsibility with sustainable development: lessons from India. *RAM, Rev. Adm. Mackenzie* [online]. 14(6), 112-131.



- Reverte, C. (2009). Determinants of Corporate Social Responsibility Disclosure Ratings by Spanish Listed Firms. *Journal of Business Ethics*, 88(2), 351–366. <https://doi.org/10.1007/s10551-008-9968-9>
- Rishi, P., Dubey, P., & Moghe, S. (2009). Leading the Corporate for Social and Environmental Responsiveness: A case of Hind Lamps of Bajaj Group. *Indian Institute of Forest Management (Working Paper)*
- Sajtos, L., Kreis, H., & Brodie, R. (2015a). Image, brand relationships and customer value. *Journal of Service Theory and Practice*. <https://doi.org/10.1108/JSTP-11-2013-0261>
- Sangtani, J.D., & Gupta, V. (2015). CEMEX'S social Responsibility Initiatives.
- Sankar, R.R. (2014). Impact of Corporate Social Responsibility Initiatives on financial performance. *International Research Journal of Business and Management-IRJBM*, VII(2), pp.39-45.
- Sankar, J., & Sankar, S. (2015). Corporate Social Responsibility in India-An effort to Bridge the welfare Gap. *Indira Gandhi Institute of Development Research, Mumbai*. <http://www.igidr.ac.in/pdf/publication/WP-2015-023.pdf>.
- Sanjay kumarsharma, C.A. (2013). A 360 degree analysis of Corporate Social Responsibility (CSR) Mandate of the New Companies Act, 2013. *Global Journal of Management and Business studies*, 3(7), 757-762.
- Schermerhorn, J.R. (2016). *Management (6<sup>th</sup> Asia-Pacific Ed)*. Melbourne: Wiley.
- Sharma, A., & Kiran, R. (2012). Corporate Social Responsibility initiatives of major companies of India with focus on Health, Education and Environment, *African*

*Journal of Basic & Applied Sciences*, 4(3), 95-105, DOI:10.5892/idosi.ajbas.2012.4.3.1593.

Singh, I.P., & Grover, D.K. (2011). Economic Viability of Organic Farming: An Empirical Experience of Wheat Cultivation in Punjab. *Agricultural Economic Research Review*, 24(1), 275-281.

Soliman, M.M., & El Din, M.B., & Sakr, Ahmed. (2012). Ownership structure and Corporate Social Responsibility (CSR): An Empirical study of the listed Companies in Egypt. *The international Journal of social Science*. 5(1), ISSN 2305-4557, pp.63-74.

Srikanth, R., & Srinivasa, R.K. (2015). Corporate Social Responsibility Role of Public and Private Sector Banks. *Sumedha Journal of Management*, 4(2), 104-113.

Srisuphaolarn, P. (2013). From altruistic to strategic CSR: how social value affected CSR development – a case study of Thailand. *Social Responsibility Journal*, 9(1), 56–77. <https://doi.org/10.1108/17471111311307813>

Susanto, A.B. (2012). The role of corporate social responsibility in enhancing corporate reputation. *Social Responsibility Review*, 3: 26-33.

Tewari, R., & Dave, D. (2012). Corporate Social Responsibility: Communication through Sustainability Reports by Indian and Multinational Companies: *Global Business Review*. <https://doi.org/10>

Thorne, L., S. Mahoney, L., & Manetti, G. (2014). Motivations for issuing standalone CSR reports: a survey of Canadian firms. *Accounting, Auditing & Accountability Journal*, 27(4), 686–714. <https://doi.org/10.1108/AAAJ-07-2013-1393>

- Thripurasundari, M. (2014). NGO and Corporate Social Responsibility in India: A case study. *International Research Journal of Business and Management*, 7(12), 61-67.
- Tilakasiri, K.K (2012). Corporate Social Responsibility and Company Performance: Evidence from Srilanka (Master's Thesis, University of Victoria, Melbourne).
- Turker, D. (2008). How Corporate Social Responsibility Influences Organizational Commitment. *Journal of Business Ethics*, 89(2), 189. <https://doi.org/10.1007/s10551-008-9993-8>
- Van der Wiele, T., Kok, P., McKenna, R., & Brown, A. (2001). A Corporate Social Responsibility Audit within a Quality Management Framework. *Journal of Business Ethics*, 31(4), 285–297. <https://doi.org/10.1023/A:1010767001610>
- Vijaya, P., & Divya, N. (2014). Impact of Corporate Social Responsibility Initiatives of Indian Banking Sector. *International Research Journal of Business and Management-IRJBM*, 7(12), 29-37.
- Vilke, R. (2011). CSR development problems in Luthuania: Evaluation of promoting and hindering factors. *Social Responsibility Journal*. 7(4), pp.604.621.
- Vintila, Geogetta., & Florinita. (2013). A study of the relationship between Corporate Social Responsibility-Financial Performance- Firm Size. *Revista Romaniaa de Statistica Trim. 1/2013 -Supliment*
- Vo, D. (2013). Corporate Governance and firm's Performance: Empirical Evidence from Vietnam. *Journal of Economic Development*, Vol 218, DOI-10.24311/JED/2013.218.08

- Waters, R.D., & Ott, H.K. (2014). Corporate Social Responsibility and the Nonprofit sector: Assessing the Thoughts and practices Across Three Nonprofit Subsector. *Public Relation Journal*, 8(3), 1-18
- Wall, E. (2008). Creating value through corporate social responsibility programs. <http://www.law.com/jsp/law/careercenter/lawArticleCareerCenter.jsp?Id=1202423541991>.
- Zaccheaus, S.A., Oluwaghemi, O.E., & Olugbenga, O.M. (2014). Effects of Corporate Social Responsibility Performance (CSR) on Stock prices: Empirical study of listed manufacturing Companies in Nigeria. *IOSR Journal of Business and Management*, 16(8), pp.112-117
- Zhang, X. (2012). Corporate Social Responsibility, Corporate Financial Performance, relationship, Stakeholder theory (*Master's Thesis, Jonkoping International Business School, Jonkoping University*)

## **Chapter 3**

### **THEORETICAL FRAMEWORK AND FORMULATION OF HYPOTHESES**

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## **CHAPTER III**

### **THEORETICAL FRAMEWORK AND FORMULATION OF HYPOTHESES**

#### **3.1 Introduction**

The present study attempts to inspect the role of CSR in generating Customer Loyalty in the minds of the customers of the hospitals in Kerala. This chapter formulates a theoretical framework of CSR with hospital industry, which covers the perceived benefit, customer identification, gratitude, conscious participation and customer loyalty.

The chapter is divided into four sections, which include CSR theory and its dimensions, theory regarding the relation between CSR and the constructs used for the study, Customer loyalty and CSR practices of the hospitals in India and the profile of selected hospitals in Kerala.

#### **3.2 Evolution of Corporate Social Responsibility in India**

There is no universal definition of CSR because the concept is individually always being redefined to serve changing needs and times. It is up to each company to define the values and principles it stands for, its “magnetic north” as denoted in the World Business Council for Sustainable Development (WBCSD). According to WBCSD, CSR is the ‘continuing commitment of the business to behave ethically and to contribute to economic development, by improving the quality of life of their workforce and their families, as well as of the local community, and society at large’. CSR can also be defined as ‘bringing corporate behaviour up to a level, where it is congruent with the prevailing social norms, values, and expectations of performance (Sethi, 1975). More recently, viewing CSR as an important business strategy and a

source of competitive advantage, firms have begun to focus on the effects of CSR on the stakeholder groups, especially on customers. Because many studies (e.g., Lee et al., 2012; Marin et al., 2009; Salmones et al, 2005, Stanaland et al., 2011) have found that those businesses engaged with CSR practices have stronger customer loyalty.

Corporate Social responsibility is not new among businessmen in India. There are numerous Indian businesses striving for the wellbeing of employees and society, a step ahead of the government. During the Vedic and Upanishadic periods, public welfare was considered to be the principal aim of the state. This could be dated back to periods as old as 1000 BC and 600BC. As per the Vedas, the fundamental aims of the state include peace, order, security and justice. Chandogya Upanishad (V.11.5) has recorded that religion was to be promoted; morality was to be encouraged and education was to be patronized.

During the twentieth century, the mission of business firms was to strive to attain economic prosperity. Business environment was characterized by various developments including the shift of power from capital to knowledge, increased levels of literacy and the shrinking of geographical boundaries. Due to faster means of travel and communication, people are by and large becoming conscious of their rights which have led to a rise in the expectations of the society from the business. Over the years, the nature of involvement of the business houses with social causes has undergone a change. It has moved away from charity and dependence to empowerment and partnership. In today's well-informed world, the setting up of a business on the basis of financial strength is not a blanket license to mint money, and businesses have to be sensitive to the expectations both of society and of regulators. (Sanjay, 2014). There was a realization that the development of society depended on

public enlightenment and the education sector was considered to be the most popular and favorite field for donations.

The enlightened educated business leaders realized that government alone cannot be held responsible for development and therefore a movement towards social responsibility emerged. An important change was the acceptance of social responsibility as part of the management of the enterprise, by industries. There was a visible movement towards the rural sector and the poor communities living at the brim of urban industrialized sectors. However, since the pace was slow, there arose skepticism about the lack of knowledge in various sectors and amorphous understanding of social responsibility. The good news was that steps to be more socially responsible had been taken and there was no matter of looking back. Smaller groups also decided to join the established business houses in their mission towards attaining CSR.

### **3.3 The four Phases of CSR development in India**

The history of CSR in India is found to have four phases which run parallel to India's historical development, which results in different approaches towards CSR.

#### **3.3.1 The First Phase**

Charity and philanthropic activities are the main drivers of CSR in the first phase. CSR then was often influenced by culture, religion, family values, tradition and industrialization. Till 1850, wealthy merchants contributed a part of their wealth to the wider society by means of setting up temples for a religious cause. During the pre-industrialization period, these merchants secured an integral position in the society as they helped in getting over the phases of famine and epidemics by providing food and money. From 1850s onwards, with the advent of colonial rule in



India, the approach towards CSR also changed. The industrial families of the 19th century such as Tata, Godrej, Bajaj, Modi, Birla, Singhanian etc., were strongly inclined towards economic as well as social considerations. However it had been observed that their efforts towards social as well as industrial development were not only driven by selfless and religious motives but also influenced by caste groups and political objectives. (Chahoud, Dr. Tatjana; Johannes Emmerling; Dorothea Kolb; Iris Kubina; Gordon Repinski; Catarina Schläger, 2007).

### **3.3.2 The Second Phase**

In the second phase, there was an increased stress on Indian industrialists to demonstrate their dedication towards the progress of the society during the independence movement. This was when Mahatma Gandhi introduced the notion of "trusteeship", according to which the industry leaders had to manage their wealth so as to benefit the common man. *"I desire to end capitalism almost, if not quite, as much as the most advanced socialist. But our methods differ. My theory of trusteeship is no make-shift, certainly no camouflage. I am confident that it will survive all other theories."* This was Gandhi's words which highlighted his argument towards his concept of "trusteeship". Gandhi's influence put pressure on various Industrialists to act towards building the nation and its socio-economic development. According to Gandhi, Indian companies were supposed to be the "temples of modern India". Under Gandhi's influence, the businesses established trusts for schools and colleges and also helped in setting up scientific training and institutions. The operations of the trusts were largely in line with Gandhi's reforms which sought to abolish untouchability, encourage women empowerment and rural development.

### **3.3.3 The Third Phase**

The third phase of CSR (1960–80) had its relation to the element of "mixed economy", emergence of Public Sector Undertakings (PSUs) and laws related to labour and environmental standards. During this period, the private sector was forced to take a backseat while the public sector was seen as the prime mover of development of the stringent legal rules and regulations surrounding the activities of the private sector. The period was described as an "era of command and control". The policy of industrial licensing, high taxes and restrictions on the private sector led to corporate malpractices. This led to the enactment of legislation regarding corporate governance, labor and environmental issues. PSUs were set up by the state to ensure suitable distribution of resources (wealth, food) to the needy. However the public sector was effective only to a certain limited extent. This led to the shift of expectation from the public to the private sector and their active involvement in the socio-economic development of the country became absolutely necessary. In 1965, Indian academicians, politicians and businessmen set up a national workshop on CSR aimed at reconciliation. They emphasized transparency, social accountability and regular stakeholder dialogues. In spite of such attempts, the CSR fail would to pick up steam.

### **3.3.4 The Fourth Phase**

Indian companies started abandoning their traditional engagement with CSR and integrated it into a sustainable business strategy in the fourth phase (1980-2013). The first initiation towards globalization and economic liberalization were undertaken in the 1990s. Controls and licensing system were partly done away, giving a boost to the economy, the signs of which are very evident today. Increased growth momentum of the economy helped Indian companies grow rapidly and this made them more

willing to contribute towards social cause. (Sawati Nagwan and Gajare R.S. (2014). Globalization has transformed India into an important destination in terms of production and manufacturing. As Western markets are becoming more and more concerned about labour and environmental standards in the developing countries, Indian companies which export and produce goods for the developed world need to pay a close attention to comply with the international standards.(Chahoud, Dr. Tatjana; Johannes Emmerling; Dorothea Kolb; Iris Kubina; Gordon Repinski; Catarina Schläger, 2007).

### **3.4 Triple Bottom Line Theory**

“Triple Bottom Line” (TBL) represents the idea that businesses don’t have the addition of economic value as one single goal, but they also aim at adding environmental and social value, in order to achieve sustainability. The Triple Bottom Line (Triple P) theory is rapidly gaining recognition as a framework for measuring business performance. The original bottom line is about profit, such that increasing revenues without increasing costs improves the bottom line. Profitability, which is of central concern to shareholders, is one element of the economic dimension, but not all of it (Henrique & Richardson, 2004).

The concept of triple bottom line including people, planet and profit demands responsibility of the company to the people who are influenced in any way by its actions. The Triple Bottom Line captures a broader spectrum of criteria and values for measuring organizational success namely economical, ecological and social. The concept of Triple Bottom Line is adopted in CSR activities.

TBL concept incorporates the Global Reporting Initiatives (GRI) guidelines. GRI is an independent body with a mission to develop and disseminate globally

applicable sustainability reporting guideline. It has formulated some voluntary guidelines for corporates. According to the GRI's sustainability reporting guidelines, a company has to report on a broad range of CSR issues such as:

- Economic Aspects

Net sales, cost of goods, materials and services purchased, subsidies received, total payroll and benefit, total taxes paid, donations (paid to community etc.) and degree of innovation.

- Environmental Aspects

Water, energy and material use, land use, greenhouse gas emissions, total waste generated and environmental expenditure.

- Social Aspects

Human rights and labour, workplace health and safety, gender discrimination, investment in employee training, retention of employees, retention of customers, pension benefit, exposure to toxic waste, National and International guidelines for compliance etc.

### **3.5 CSR and Indian Companies Act 2013**

In the developing world, governments and businesses understand that their respective competitive positions and access to capital increasingly depend on being able to respect the highest global standards. As part of the policy formulation, various organizations are engaged in CSR activities. Some of them consider the policy as a way of doing business so as to create a significant impact on community and to provide long term sustainability. CSR activities comprise of many areas especially

philanthropic, corporate ethical, environmental, legal as well as economic responsibility.

In India, CSR refers to overtime changes in cultural norms of corporations' engagement and the way businesses managed to develop positive impacts on communities, cultures, societies and environment in which those corporations exist. The independence movement in India was towards social reforms aimed to encourage women empowerment and rural development. At present, CSR has rapidly evolved in India with some organizations using strategic CSR initiatives to contribute to the national development. Companies in India, focusing on need based initiatives gradually aligned with the national priority areas such as public health, education, livelihood, water conservation and natural resource management.

In the last few years, the Government of India has also enhanced its focus on persuading companies to participate in addressing social and developmental issues, not only as a part of their social responsibility but also as business practice. The guidelines regarding expenditure on CSR activities for Central Public Enterprises were issued by the Department of Public Enterprises as part of setting an example for the private sector. According to this, "Guidelines on Corporate Social Responsibility and Sustainability for Central Public Sector Enterprises" (CPSE) is revised by the Department of Public Enterprises every year, each CPSE shall with the approval of its Board of Directors make a budgetary allocation for CSR and Sustainability activities/projects for the year.(Global CSR summit 2013, p.12)

**Table-3.1: The Budgetary Allocation Determined by the Profit after Tax (PAT) of the company in the previous year:**

| <b>PAT of CPSE in the previous year</b> | <b>Range of budgetary allocation for CSR and sustainability activities (as % of PAT in previous year)</b> |
|---|---|
| <b>Less than INR 100 crore</b>          | <b>3-5%</b>   |
| <b>INR 100 crore to INR 500 crore</b>   | <b>2-3%</b>   |
| <b>INR 500 crore and above</b>          | <b>1-2%</b>   |

Source: The revised guidelines by DPE, with effect from 1 April 2013

CSR in India is made mandatory through the Companies Act 2013. The guidelines came into effect from 1<sup>st</sup> April 2013. India is one of the few countries in the world to have a dedicated CSR Act. In fact, it is the first to have brought about legislation to implement CSR activities, followed by United Kingdom. It is not mandatory that only government should be held responsible for the development of the country and society. Private sector should equally be held responsible for the development of the society along with economic development. Private sector can select those areas/ activities which are identified by the government i.e., by the Planning Commission, Health Ministry and Education Ministry for CSR activities.

#### Present Corporate Social Responsibility Norms in India

As per Section 135 of the Act and Rules issued there under, CSR norms are applicable on Companies which has (a) net worth of Rs 500 Crore or more; (b) Turnover of Rs. 1000 Crore or more; or (c) net profit of Rs 5 Crore or more. The companies, crossing the prescribed threshold, are required to spend at least 2% of their average net profit for immediately preceding 3 financial years on CSR activities.

At present, companies design CSR activities with the help of NGOs, Trusts and Foundations or in partnership with any other company. On the basis of societal needs and desires, each company designs the CSR activities. The Act mandates companies to have a CSR committee, details of which are to be disclosed in the Directors' report. Schedule VII mentions the activities which may be included by the companies in their CSR policy. These activities are related to:

- Allowance for the benefit of the army experts, war widows and their dependents.
- Training to advance rural athletics, nationally identified sports and Olympics.
- Contribution to the Prime Minister's National Relief Fund or any other fund set up by the Central Government for socioeconomic growth and relief and the welfare of the scheduled castes, scheduled tribes, other backward classes, minorities and women
- Inputs or funds provided to technology incubators located within academic institutions which are accepted by the central government and rural development projects
- Eradication of hunger, malnutrition and poverty, promoting health care including preventive health care and sanitation
- Funds granted to academic institutions which are approved by the Central Government and rural development projects for technological improvement
- Development of Slum area
- Contributing to 'Swachh Bharath Mission' set up by the Central government for the promotion of sanitation and making safe drinking water accessible

- Promoting employment, education, including special education, for enhancing vocation skill especially among women, elders, children and the differently abled
- Enhancing livelihood projects
- Promoting gender equality, women empowerment, setting up homes, and hostels for women and orphans
- Setting up old age homes, day care centers and other such facilities for senior citizens and measures for curtailing inequalities faced by socially and economically backward groups
- Ensuring environmental sustainability, protection of flora and fauna, animal welfare, ecological balance and agro forestry
- Preservation of natural resources and maintaining quality of soil, air and water, including contribution to the Clean Ganga fund setup by the Central Government
- Protection of National heritage, art and culture, including restoration of building and sites of historical importance and works of art, setting up public libraries, promotion and development of traditional arts and handicrafts
- Contribution to Prime Ministers Flood Relief Fund

The CSR committee should consist of at least three directors from which, one should be an independent director. The committee formulated should be responsible to function the CSR policy undertaking the activities specified in schedule VII, to mention the amount spent on CSR and to report the activities done in the time period.



### 3.6 CSR Pyramid Theory

One of the most used and quoted models of CSR is Carroll's pyramid of CSR. In the theoretical framework the problems regarding CSR are concepts that are difficult to evaluate. Therefore different models have arisen in an attempt to depict what is included in CSR. Since Carroll's model includes all the relevant factors required for a society mentioned in Maslow's Need Hierarchy theory, it is accepted widely by the business firms. Carroll (1991) has proposed a comprehensive definition embracing four kinds of social responsibilities for business: economic, legal, ethical and philanthropic. The CSR literature often refers to Carroll's definition, when capturing the basics of CSR (Andriof & McIntosh, 2001; Snider, et al., 2003).

The single and the most valuable theory concerning the content of a firm's social responsibility is explained by Carroll's Pyramid of CSR. The conceptual model of CSR explained by Carroll differentiates between the four types of CSR: economic, legal, ethical and philanthropic. The four parts of conceptualization of CSR includes the "idea", that the corporation has not only economic and legal obligations, but also ethical and philanthropic responsibility" (Carroll, 1991). It is during the recent years that ethical and philanthropic functions have taken a more important role. Carroll did not see a tradeoff between the economic and social goals of the company.

The Pyramid of CSR according to Carroll (1991) is shown below:

**Figure-3.1: CSR Pyramid Model**



**Carroll's CSR Pyramid**

**Carroll (1991)**

**3.6.1 Economic Responsibility**

Economically speaking, all firms have the responsibility to earn profit, since capitalism and a free market society deem it necessary. Businesses were created as economic entities, designed to provide goods and services to societal members (Carroll, 1991). Economic responsibility explained the most fundamental one, since all other business responsibilities are predicted upon the economic responsibility of the firm, because without it, the others become smooth considerations (Carroll, 1991). According to this principle, if a firm is not making profits and is not providing high quality goods and services to meet consumers' needs, it cannot be considered socially responsible, even when the firm is devoted to many efforts in social causes. The economic responsibilities are the foundation upon which all rest and it refers to the firms' responsibilities towards its shareholders.

**3.6.2 Legal Responsibility**

Businesses are expected to pursue its economic responsibility within the framework of legal one. At the same time business is also expected to comply with the laws and regulations promulgated by the Federal, State and Local Governments as the ground rules under which the business must operate. (Andrew, et al., 2008). Carroll's (1979)

opinion of legal responsibility is that, though the society expects the business to follow these rules, the organization can choose to break the law, but the society has little to do or say as to how a firm achieves its legal obligation.

### **3.6.3 Ethical Responsibility**

Ethical responsibility refers to those activities and practices that are expected or prohibited by societal members even if they are not codified in to law. Carroll (1979) did not offer much explanation about what the ethical responsibilities of businesses are, beyond the general statement above. Those responsibilities are about accepted norms, standards and expectations that reflect a concern for what consumers, employees, shareholders and the community regards as fair. It is simply about respecting and protecting stakeholder's moral rights.

Ethical responsibility can also be seen as embracing new values and norms which businesses are expected to meet, even if those values and norms may reflect on a standard performance that is higher and is not currently required by law. Even though ethical responsibility is the next layer in Carroll's CSR pyramid, it must be, according to Carroll, "consistently recognized that, it is in dynamic inter play with the legal responsibility category". In other words, it is pushing the legal responsibilities to broaden while expecting the businesses to operate at a level above that is required by law.

### **3.6.4 Philanthropic Responsibility**

At the top of the pyramid, there are the philanthropic responsibilities of the firm, which respond to the society's expectations of the firm, to be a good citizen. Philanthropic responsibility refers to corporates acting as a good corporate citizen, by

contributing resources to the community and improving the quality of life. It is therefore, more discretionary on the part of businesses. In other words, though philanthropy is highly decided and prized, it is less important than the other three categories of social responsibility.

The pyramid declares that the distinct components together constitute the whole. Even though the responsibilities have been explained and treated separately, they are not mutually exclusive (Carroll, 1991). Carroll's Pyramid is probably the most well-known model of CSR, with its four levels indicating the relative importance of Economic, Legal, Ethical and Philanthropic responsibilities respectively. From this perspective, economic and legal responsibilities are socially required, ethical responsibility is socially expected, while philanthropy is socially desired (Windsor, 2001) and each of these responsibilities comprises a basic component of the total social responsibility of a business firm.

### **3.7 Corporate Social Responsibility and Customer Perceived Benefit**

“The consumer is our top priority” is a slogan that would be claimed by the majority of the businesses in the world. Managers who believe that the customer is the company's only true “profit center”, consider the traditional organization, a pyramid with the president at the top, management in the middle, and front-line people and customers at the bottom, as an obstacle. Successful marketing companies invert the chart, and place the customer at the top. Next in importance are the front-line people who meet, serve, and satisfy the customers; under them come middle managers, whose job is to support the front –line people so that, they can serve the customers well. At the base is the top management, whose job is to hire and support good middle

managers. Customers tend to be valued the maximum, within the bound of search costs and limited knowledge, mobility and income.

Almost every company declares its mission, leading to value creation. Values are the backbone of organizational culture of a company. Today's marketing is implementing 3.0 value based marketing i.e., companies have to convince both customers and employees to their values. Application of CSR principles, in the field of management, as a part of marketing, is considered as a strategy or tactic of an organization. Therefore, CSR strategy should be incorporated in marketing, in three areas, especially, in the development and delivery of values of the customer, internal communication addressed to employees and external communication addressed to entities in company's environment. (Danuta Szwajca, 2013)

Customer Perceived Value (CPV) is the difference between the prospective customer's evaluation of all the benefits and all the costs of an offering and the perceived alternatives. Total customer value is the perceived monetary value of the bundle of economic, functional and psychological benefits that the customers expect from a given, market offering. Total cost is the bundle of costs that a customer expects, to incur in evaluating, obtaining, using and disposing of the given marketing offering, including monetary, time, energy and psychic costs. Customer perceived value is thus based on the difference between what the customer gets and what he or she gives for different possible choices. The customer gets benefits and incurs costs. The marketer can increase the value of the customer, offering some combination of raising functional or emotional benefits and/or reducing one or more of the various types of costs. (Philip Kotler, 2007)

### **Customer Perceived Value = Perceived Benefits- Perceived Sacrifice**

From the above equation, it is clear that, the Customer Perceived Benefit is a part of the Customer Perceived Value. So it is the obligation of an organization to provide a quality environment in which the customer feels valued and comfortable. Customer perceived benefit is a strong parameter in the service sector industry like the hospitals.

The construct of perceived benefits is defined as “beliefs about the positive outcomes associated with a behavior in response to a real or perceived threat”. Customer perceived benefits include the satisfaction of getting the expected or above service, getting everything at one place, shorter waiting time, and shorter travelling distances to the facilities. The perceived quality or benefit should at least be equal or more than the customer expectations so that the perceived value of the product will be high. This will result in customer loyalty. Perceived benefit based on CSR in hospitals involves the physical facility provided by the organization, equipment’s, personnel, communication facilities, performing the services accurately, care and individual attention to the patients, convenient working hours, and complete care for patients. The perceived benefit construct is most often applied to health behaviors and is specific to an individual’s perception of the benefits that will accrue by engaging in a specific health action. For example, perceived benefits of mammography screening include a woman’s beliefs about the benefits of obtaining a mammogram, e.g., “Having a mammogram will help me find breast lumps early” (Champion, 1999). The perception of benefits is theoretically linked to the woman’s beliefs about her own outcomes—not those that might occur for others. Thus, a woman could feel that mammography would help find breast cancer early for others but not necessarily believe it would do so for herself.

Customer's perceived benefit in turn influences competitiveness and economic success. According to Weber (2008), there are two types of benefits from CSR: monetary and non-monetary benefits. Monetary benefits are referred to revenue increase (i.e., decrease in costs and risks, and increase in brand values), whereas non-monetary benefits are those related to customer attraction and retention (i.e., improved access to capital, and reputation). Battacharya et al. (2009) further emphasized that the importance of developing strong and enduring relationships with the customers by providing them benefits has solid footing in both stakeholder theory and relationship marketing. (p.229).

Many of the studies revealed that perceived benefit is an effective variable for assessing the effectiveness of CSR in different kinds of organizations for e.g. a study by King et al. (1993) revealed that residents who received more economic benefits from tourism tended to support tourism development. Perdue et al. (1995) also indicated that residents who receive more personal benefits were more likely to show support for casino development. Nunkoo and Ramkissoon (2011) further articulated this relationship by developing a community support model base on social exchange theory. In this model, perceived benefits, perceived costs, and community satisfaction were proposed as influential factors of community support for tourism development. A recent empirical study by Lee (2013) also showed that community residents' perceived benefits were positively related to their support for sustainable tourism development, where perceived costs were negatively related to their support.

The perceived benefit construct is included in many health behavior models also. For example, it is one of the four major predictors of health-related behavior in the Health Belief Model (Hochbaum, 1958). The health-related behavior is an action which is related to decreasing the risk of a certain disease outcome.

The Transtheoretical Model (Velicer, DiClemente, Prochaska, & Brandenburg, 1985) includes a decisional balance construct which incorporates both the benefits and barriers to the specific health behavior. The construct of response efficacy plays a prominent role in Protection Motivation Theory (Maddux, Ingram, & Desmond, 1995) and conceptually overlaps benefits by identifying an individual's assessment of positive outcomes accompanying a specific behavior. Finally, two expectancy value theories that are often employed in studies to predict health behavior, (the Theory of Reasoned Action and the Theory of Planned Behavior) also identify an attitudinal construct of expected consequences of an action (including benefits) that predict intentions to engage in specific behaviors (Ajzen, 1988; Schifter & Ajzen, 1985).

Thus customer perceived benefit variable in the present study is considered as a powerful tool to assess the customers in private hospitals in Kerala. This variable helps to collect the feeling of customers' towards the services rendered by the hospitals as part of the CSR activities.

**Table 3.2 Dimensions of CSR on Customer's Perceived Benefit**

| <b>Sl. No.</b> | <b>Dimensions</b>   | <b>Sub-Dimensions</b>   |
|----------------|---------------------|---|
| <b>1</b>       | <b>Economic CSR</b> | <ul style="list-style-type: none"> <li>• Financial assistance a customer likely to get from the company</li> <li>• Fee concession, free operation facility</li> <li>• Medical assistance, providing health insurance facility</li> <li>• Organization performing in a manner with maximum financial benefit to the customers.</li> <li>• Maintain a strong competitive position.</li> <li>• Maximum high level of operating efficiency</li> </ul> |
| <b>2</b>       | <b>Legal CSR</b>    | <ul style="list-style-type: none"> <li>• Obligations followed by the hospital as a social institution.</li> </ul>   |



|          |                          |   |
|----------|--------------------------|---|
|          |                          | <ul style="list-style-type: none"> <li>• Provide services that at least meet minimal legal requirements</li> </ul>  |
| <b>3</b> | <b>Ethical CSR</b>       | <ul style="list-style-type: none"> <li>• Performing the organization in a manner consistent with expectations of societal and ethical norms</li> </ul>  |
| <b>4</b> | <b>Philanthropic CSR</b> | <ul style="list-style-type: none"> <li>• Village adoption</li> <li>• Charitable expectations of society</li> <li>• Charitable activities within their local communities</li> <li>• Managers and employees participate voluntarily.</li> <li>• Improving the quality of life.</li> </ul> |

**Source: Carroll 1991**

### **3.8 Corporate Social Responsibility and Customer Identification**

According to social identity theory (Tajfel and Turner, 1985), organizational identification refers to the degree of overlap in a person's self-concept and his/her perception of the corporation (Dutton et al., 1994). As people view the corporation as consistent with their norms and values that reflect their self-concepts, this perceived overlap with the corporation enhances the self-esteem of the people (Scott and Lane, 2000). In the field of marketing, researchers (e.g., Bhattacharya and Sen, 2003; Sen and Bhattacharya, 2001), have extended the concept to cover customers also and termed it as "Customer-Company Identification" (CCI). According to Du et al. (2007), CCI is consumers' psychological attachment to a company, based on the substantial overlap between their perceptions of themselves and of the company. CCI has an important role in customer behavior; it can help the customer to identify the company from others in the market. Thus, for the present study, CCI is considered as the important variable to measure the customer behavior towards the hospitals which undertake CSR practices.

The customers form psychological contracts with corporate brands that help to generate mutually beneficial long-term relationships. The corporate brand explicitly

represents the corporation and its products (Aaker, Fournier & Brasel, 2004) and hence influences the consumers' associations and their attitudes towards the products and actions of the company (Sweetin, Knowles, Summey, & McQueen, 2013). Firms should emphasize their ethical view at every opportunity, above and beyond CSR activities and shape their corporate philosophy around the company's values and moral understandings.

Ethical principles govern the relationships between the corporation and the society (Supplier, employee, customer, and environment) and form organizational values, regulations, decision-making processes, actions, behaviors, and communication efforts (Oliver & Roos, 2010). Therefore, expressing the ethical corporate identity/corporate brand may create an organization's identity and serve as a heuristic that can provide leverage to reduce consumers' skepticism regarding CSR activities. The ethical corporate identity has two parts internal (what the company has) and external (what outsiders perceive) (Balmer et al., (2007).

The rationale behind the direct effect of CSR on CCI is that when the customers perceive a company behaving in a socially responsible manner, they are generally more likely to identify with this company to enhance their self-esteem and to express an improved social image (Aquono and Reed II, 2002). Thus the study tries to say that, customers' perception regarding CSR activities of the corporation may lead to customer-company identification and have the positive effect on customer loyalty. The author in this context suggested that CSR efforts can impact on customer company identification and it can enhance the ability of the consumers to identify themselves with a particular company.

**Table 3.3 Dimensions of CSR on Customer Identification**

| Sl. No. | Dimensions        | Sub-Dimensions  |
|---------|-------------------|---|
| 1       | Economic CSR      | <ul style="list-style-type: none"> <li>• Customers identify the organization along with considering the financial needs and desires of them</li> <li>• Identifying the organization by the customers' even if they exist in the competitive marketing field.</li> <li>• Provide high quality equipment's, infrastructure and technicians to operate machine.</li> </ul> |
| 2       | Legal CSR         | <ul style="list-style-type: none"> <li>• Identify that the hospital is operating under a legal framework</li> <li>• Law and negotiation propagated by federal, state &amp; local Govt. based on the rules followed by the business</li> </ul>   |
| 3       | Ethical CSR       | <ul style="list-style-type: none"> <li>• Identify that the organization throws light on customers</li> </ul>  |
| 4       | Philanthropic CSR | <ul style="list-style-type: none"> <li>• Customers identify that the organization has ongoing process that is capable enough to go beyond the border of societal virtues.</li> </ul>  |

**Source: Carroll 1991**

If the virtue of each dimension of CSR is recognized, then socially responsible hospitals would be identified in the market. These dimensions play a vital role to make the company identification possible.

The study analyses whether the customers' perception regarding the CSR activities of the organizations might lead to company identification and have a positive effect on customer loyalty. The CSR efforts can affect company identification and help to enhance the ability of the customers to identify themselves with a particular company.

### **3.9 Customer Engagement**

According to Patterson, Yu, and De Rayter, "Customer Engagement is the psychological, cognitive and emotional levels shown by customers while interacting with a certain organization or a brand". Bowden (2009) held the view that customer

engagement is a mental process in which new customers develop loyalty and old customers maintain their loyalty to a certain brand. Hollebeek (2011) considers customer brand engagement as a psychological state generated by customers when they are interacting with a brand. Such motivation driven and brand related psychological state involves customers' cognitive, emotional, and behavioral aspects and changes along with the environment. In marketing research, the definition of customer engagement involves the elements of the connection between customer and enterprise or brand that includes the variables like customers' emotional, cognitive, and behavioral involvement. The definitions mainly focused on customers' interaction and value co-creation with enterprises, brands or other customers (Mingli Zhang, LingyumGuo, Muttu, Wenhna Liu, 2017). The most acceptable scale for measurement of customer engagement put forward by Vivek (2009) is taken for the present study. According to that, the three dimensions of "customer engagement" are Enthusiasm, Conscious participation, and Social interaction.

**Table 3.4 Conceptual Definitions of Consumer Engagement**

| <b>Conceptual Dimension</b> | <b>Definition</b>   | <b>Quotes</b>   |
|-----------------------------|---|---|
| Enthusiasm                  | Strong excitement or zeal about the focus of engagement.                            | "It's gratifying. If you've been working on a piece for so long and then you finally complete it, nail it, it's exciting". Julie, 21 years  |
| Social interaction          | To interchange ideas, thoughts, feelings about the focus of engagement with others. | "You can sit and talk with them just like you and I am doing now. It's developing a family like atmosphere that kind of gets me". Marc, 37 years  |
| Conscious participation     | Action focused on the program or offering the person is engaged in.                 | "I was very involved in this project. I continuously kept track of it, I kept going back to their website, finding out which projects were being voted best. I even put in my own project. I even talked to my family about it all the time".-Buns 41 years |

Source: Vivek 2009

### **3.9.1 Enthusiasm**

It is a reflection of the emotional element in Customer Engagement. The dimension of enthusiasm signifies strong excitement or zeal about the focus of engagement. Enthusiastic people take ownership of things they do and have a willingness to take risks (Glassman and McAfee, 1990). Engaged customers are visibly excited about their active participation with an offering or activity. Their enthusiasm encourages them to take risks and overcome difficulties or obstacles in participating. Enthusiastic consumers are more likely to explore the activity and experiment with it. Enthusiasm towards the particular organization makes them live in the moment when they are engaged. (vivek, 2009)

### **3.9.2 Conscious participation**

Conscious participation includes the cognitive element of the customer. This dimension represents the action component of engagement. An engaged consumer physically participates in the activity that engages him, or operates upon an engaging offering. For example, an engaged lady participant in a make-up workshop, tries the make-up on herself; a marathon runner not only contemplates running, but also runs; a person engaged with iPod plays with the iPod and creates music; a woman engaged with her knitting needles creates patterns using those needles; a customer who have knowledge about the CSR practices of hospital not only get engage in the activity, but also contributes. Physical action is an essential dimension of customer engagement. This dimension includes the behaviours of an engaged person that involve physical activity surrounding the focus of engagement. (Vivek, 2009)

### **3.9.3 Social interaction**

Social interaction includes the behavioural element of the customer. The dimension of interaction represents interchange of ideas, thoughts, and feelings with other people about the engaged consumer's participation and the focus of engagement. As the level of engagement increases, the participants would be very interested in exchanging their experiences, thoughts and feelings with others. The engaged consumers seek people having similar interests and interact with them. Interaction plays a more significant role in cases where engagement generates social benefits, as compared to situations in which the benefits are more personal in nature. (vivek, 2009)

Hospitals are the most vital undertakings of CSR in the health service sector, since it is related to the ultimate aspect of man, that is, health. A healthy society is possible only through healthy citizens. The Customer Engagement factor, that is derived from CSR makes the customer engage in emotional, financial and behavioural aspects.

### **3.10 Gratitude**

Gratitude refers to the customers' gratitude towards that particular institution or management from which, the customer has received physical, mental or financial assistance. Gratitude has formed an essential concept in theories related to social relationships and reciprocal behaviour. HyeonmiYoo, & Jaewook Kim, (2017) defined gratitude as, "the emotional appreciation of benefits received, accompanied by a desire to reciprocate, which is an important variable related to understanding the characteristics of the relationships between two types, namely, "Just good business relationship" vs. "More than that relationship".

Researchers across many disciplines have recognized that after receiving a benefit, people feel an innate psychological pressure to reciprocate, and the act of reciprocation can generate pleasure. Alternatively, the failure to repay obligations can lead to feelings of guilt (Dahl, Honea & Manchanda, 2005). People who are participating in such a grateful activity are pleased in their entire life and they feel blessed.

In a study conducted by Bartlett and De Steno (2006), grateful participants were more likely to persevere in solving a tedious problem. Grateful individuals engage their benefactor, even when those behaviours come at a cost to oneself (Palmatier et al., 2009). Gratitude helps to generate relationship between the organization and the customer. There are no conflicts based on the point regarding the creation of emotional process like feeling of gratitude in the customers who benefit from the CSR activities generated by the hospitals. Besides, gratitude of the customer creates goodwill of the firm. Gratitude in marketing study explains the reciprocal relationship between the customer and the organization. Such attitude of the customer is beneficial not only for the firm's existence, but also for the society. It is observed that, the gratitude variable has got a vital influence in behavioral studies.

Through gratitude, a customer intends to contribute to the institution since he/she is a part of that particular firm having social commitment. This has become a part of the culture too. It is also propagated that better citizens can be developed through CSR undertakings.

### **3.10.1 Emotional Aspect**

The emotional component refers to the feelings of gratitude generated, when people “perceive themselves to be the recipient of an internationally rendered benefit”

(Emmons, 2004). Feelings of gratitude generate an ingrained psychological pressure to return the favor. As Becker (1986) states, “people everywhere do ‘feel’ such obligations...The mere recognition of a benefit seems to generate a sense of obligation to repay”. The ability to feel gratitude is so ubiquitous to society and cultures that its absence in an individual indicates a sociopath (Buck 2004).

### **3.10.2 Behavioral Aspect**

Behavioral component pertains to the actions stemming from the feelings of gratitude. Thus, it represents the act of giving in return, which helps to create a cycle of reciprocity between giving and counter giving and contributes to the ongoing contribution of a relationship (Bartlett and Desteno 2006; Emmons and McCullough 2004). Schwartz (1967) argues that, reciprocal behaviours are responsible for the relational strengthening cycle, referring to it as a “continuing balance of debt-now in the favor of one member, now in the favor of another which insures that, the relationship between the two continue, for gratitude will always constitute a part of the bond linking them”. Becker (1986) also suggests that reciprocal transactions are a source of pleasure in and of them, independent of how highly the participants prize the exchange items, which supports the ingrained motivating force of feelings of gratitude and gratitude based reciprocate behavior.

### **3.11 Customer loyalty**

Customer loyalty is a step at the forefront of satisfaction and relationship quality. Building customer loyalty is the essential stage of relationship formation. In a highly competitive and challenging business environment, organizations are really blessed if they are fortunate to have loyal customers in their customer record. There are a number of advantages for getting a backup of loyal customers to the



organization. In short, having loyal customers will serve as a sustainable competitive edge to the organization and hence it should keep 'building customer loyalty' as its prime agenda (Mohamed & Sagadevan, 2012).

Customer loyalty can be understood as the customer's predisposition to prefer a particular product or service over its substitutes available in the market place. It is the sum of the feelings or attitudes that would persuade a customer to consider the repurchase of a particular product, service or brand or revisit a particular company, shop or website (Rai, 2013). Increase in competition has resulted in markets covered by a number of marketers with similar services, so that the customers have more options. Customer loyalty is defined as "a deeply held commitment to re-buy or re-patronize a preferred product/service consistently in the future, thereby causing repetitive same brand set purchasing, despite situational influences and marketing efforts having the potential to cause switching behavior" (Mascarenhas, Kesavan, & Bernacchi, 2006). Hence the benefits of having loyal customers is enormous, ranging from being protected by the competition in the market, higher volume of sales from repeat business and encouraging referrals.

Thus, CSR and customer loyalty can be said, to be mutually correspondent in the sense that an increase in CSR activities by a company increases the likelihood of more customer retention. As a result, companies derive a long term beneficial relationship with customers when they establish and preserve customer loyalty. The realization of CSR activities by customers of a particular brand has exhibited to induce purchase retention, whereas purchase retention consequently induces the loyalty and retention of customers. (Ali, Rehman, Yilmaz, Nazir & Ali 2010).

### **3.12 Dimensions of Customer Loyalty**

Customer loyalty forms the core of marketing science. Although loyalty research has a long tradition dating back to almost a hundred years (Copeland, 1923), customer loyalty is still a very contemporary research topic. There are multiple approaches for customer loyalty.

#### **3.12.1 One Dimensional Loyalty**

Theories of behavioral loyalty were dominating until 1970 considering loyalty as the share of total purchase, buying frequency or buying probability (Cunningham, 1956; Farely 1964; Harary & Lipstein, 1962; Mc Connell, Sheth, 1968; Tucker, 1964; Wernerfelt, 1991). These approaches viewed loyalty of customers in terms of outcomes, namely retention of customer, rather than reasons.

#### **3.12.2 Two Dimensional Loyalty**

One of the first researchers who used a two dimensional definition of loyalty was Day (1969). He opined that brand loyalty should be evaluated on the basis of attitudinal as well as behavioural criteria.

##### **3.12.2.1 Behavioral Loyalty**

Behavioral loyalty is the degree to which a participant purchases a service or a program repeatedly (Park & Kim 2000; Day 1969) and is revealed through purchase and usage behavior (Mascaren, Kesavan and Bernaechi 2006)

Oliver (1997) suggested that behavioral dimension refers to, the favourable buying behaviours in terms of repeat purchase over time and indicating a preference towards a brand or service. The behavioral aspects of loyalty banks upon the actual

actions of a customer, irrespective of the attitudes or preferences that drive those actions.

### **3.12.2.2 Attitudinal Loyalty**

The attitude based approach, defines customer loyalty as an attitude (Coperland, 1923, Fournier &Yao, 1997). Attitudinal loyalty refers to getting attached psychologically to a selected company or brand and is often expressed as an ongoing long term relationship to a brand. The psychological factor of loyalty (mostly attitudinal and emotional) is usually considered and emphasized by contemporary researchers. (Jacoby & Kyner, 1973; Oliver, 1999)

Attitudinal loyalty means, a customer's positive tendency and willingness to recommend the company to others. The customer is ready to buy the products/services even if the company charges high price for the product or service in comparison to other competitive products / services in the market.

### **3.12.3 Three dimensional loyalty**

Worthington et al (2009) argue that all human behaviour is a combination of cognitive, emotional and/or behavioral responses. In tri-dimensional approach, brand loyalty is therefore a combination of a consumer's thoughts and feelings about a brand that are then expressed as an action (Willington, Russel-Bennett & Hartel, 2009).They divide attitudinal loyalty into a simple structure of cognitive loyalty and emotional or affective loyalty that can be used to develop an understanding of brand loyalty as a whole. Thus, loyalty can be divided into three components.

1. Affective loyalty
2. Cognitive loyalty
3. Behavioral loyalty

Worthington et al (2009) describes cognitive commitment to a brand as the decision to stay with a brand based on the examination of switching costs and evaluation of brands' attributes. Oliver (1999) defines cognitive loyalty as the loyalty based on information such as price and features.

Cognitive loyalty basically refers to the customer's belief in the superiority of a particular brand to others. The cognitive measures of loyalty include securing a place on top of the mind, being the first choice of the customer, lower sensitivity towards price, special consideration among the options available and recognition.

#### **3.12.4 Four phases of loyalty**

Oliver (1999) categorized customer loyalty into four phases and indicated that customer loyalty is formed in a progressive manner, in the order of cognitive loyalty, affective loyalty, conative loyalty and action (behavioral) loyalty. This developing sequence of customer behavior implies that attitudinal loyalty leads to behavioral loyalty. He claims that a person initially becomes loyal in a cognitive way, then in an affective manner, third in a conative manner and finally in a behavioral manner.

##### **3.12.4.1 Cognitive loyalty**

Cognitive loyalty means a loyalty based on brand image. If the customer gets satisfaction from using the brand, it becomes a part of the consumers' experience and begins to take an emotional or affective meaning (Oliver, 1999).

##### **3.12.4.2 Affective loyalty**

An attachment or attitude towards the brand develops, as a result of increasingly satisfying experiences with the brand name. The consumer's commitment to this phase is described as emotional loyalty and is planted in the

consumer's mind as a combination of cognition and affect. While cognition can directly be influenced by new information, the affect cannot be changed as easily. However, this kind of loyalty is still vulnerable to switching (Oliver, 1999).

#### **3.12.4.3 Conative loyalty**

According to Oliver (1999), the next gradual loyalty phase, is the conative stage of behavior intention. This stage is developed by frequent events of positive emotions towards the brand. Conation is defined as a commitment or a plan to repurchase a specific brand. In accordance with this description, conative loyalty might at first be seen as a loyalty state that contains the deeply held commitment to buy the brand.

#### **3.12.4.4 Action loyalty**

At this stage of loyalty, the desire and intention in the previous loyalty state converts into a strong eagerness to act. Oliver (1999) proposes that in this state, the consumer is prepared to overcome possible obstacles that might prevent him or her from using the product or service in order to attain the preferred brand. In this phase action is perceived as a necessary result of readiness to act and overcoming of obstacles.

To summarize, cognitive loyalty focus on the brand's perceived characteristics, affective loyalty is directed towards the brand's likeability, conative loyalty is experienced when the consumer has an intention to rebuy the brand and action loyalty is a deep commitment to the action of repurchasing (Oliver, 1999).

### **3.12.5 Multi-Dimensional loyalty**

Dahlgren (2011) suggests that loyalty could be defined as a multi-dimensional concept. Loyalty in service ought to be discussed as a concept with many dimensions as any consumer may show different degree of loyalty to a service provider. Customers may be highly loyal on one dimension, while at the same time show low loyalty on another dimension.

### **3.13 Marketing Communication**

According to Keller, (2001) defines the marketing communication as “ the means by which he firms attempt to inform, persuade, incite and remind customers directly or indirectly about the product/ services they sell”. Brands use different types of marketing mix like Advertising, Direct Marketing, Public Relations, Personal Selling and Sales Promotion. There are two types of communication in the marketing, namely Online and Offline communication. Online is one which mass media like Television, Radio, Print and Internet are used for Communication to reach the target audience. Off line communication which includes the services are promoted through Handbills, Brochures, Stickers, and Newspapers etc. Different customers have different taste and preference, it's obligation of every company to know their target customers and make the communication accordingly. Marketing Communication contributes to the Reputation Building if they are based on providing unique services. (Vijayalakshmi, 2017).

### **3.14 Hospital Reputation Building and CSR**

According to reputation management, an organization had to carefully set policy and action in order to create hospital reputation among stakeholders in the

long-term (Susanto, 2009). Many organizations commit to do CSR due to the threat of losing reputation for long term (Inleh et al., 2011). The community now has a very high awareness of the “green-activities” and CSR activities undertaken by Companies, especially CSR that supports the welfare of stakeholders in general. In this study officials of hospitals were asked to respond to a credible form of CSR that has been implemented by the hospital through different marketing communication channels.

Reputation is associated with a good impression of the Service, impression of Governance, the impression of Leadership and the impression of Good Management. The better their CSR activities perceived by patients, the better the reputation of the hospitals. Shirazi et al. (2013), stated that a strong brand identity, for example, a hospital that has a high reputation, is more likely to result in consumer confidence leading to the loyal behavior of consumers. Hence, hospitals can update medical equipments and provide training to medical workers to improve the effectiveness and efficiency of the healthcare services. Thus, the more reputed the hospital, the more loyal the patients (Nurbaity, 2018).

Positive public opinion will bring new source of human resources which would improve service quality and service delivered to the patients. They will be more effective and efficiently while delivering the healthcare services. The variables identified from literature review regarding hospital Reputation Building are Services, Governance, Citizenship, Leadership and Finance.

### **3.15 Indian Healthcare system**

India is touted to be among the top three healthcare markets globally with respect to progressive growth by 2020. With 4,713,061 people in their payroll, not

counting indirect employment, Indian healthcare sector is the fifth largest employer. Being one of the fastest growing industries, Indian healthcare sector is progressing at a rate of knots with an expected CAGR of 22.87 percent in 2015-20 to achieve USD 280 billion by 2020. The extent of enhancement in the field of healthcare services in India is massive, thus presenting huge prospects for the development of healthcare business. Soaring financial gain levels, an aging population, growing health awareness and a positive attitude towards preventive healthcare is expected to increase the demand for aid services in the future. The economical medical services have put India in the global map as far as medical tourism is concerned, attracting patients from all over the world. India has also proved to be a hub for R&D activities for international stakeholders owing to its comparatively low value of clinical analysis. Favorable policies for promoting FDI, tax advantages, convenient government policies adding to the reassuring growth possibilities have brought in non-public equity, venture capitals and foreign stakeholders. Indian healthcare sector has registered 88 funding deals amassing USD397.41 million as of September 2016.

India encompasses a massive and diverse healthcare system. The difference in qualities lies not only between urban and rural areas but also public and personal healthcare. In spite of this drawback India is a desired destination for medical tourists on account of the comparatively low costs and top notch hospitals. International students in the country have put their faith in private hospitals for diagnosis and other medical aids. Studying in India throws different challenges for students from developed countries. Hence it is critical to acquire the healthcare services in India when the need arises. Healthcare in India is very much like the country with all sorts of pluralities, complexities and contradictions. The Ministry of Health was established by the government of India, post-independence. Health has always been a priority for



the government which was visible in the five year plans that determine the state funding priorities for the coming five years. The National Health Policy was passed in the parliament in 1983. The policy targeted universal healthcare coverage by 2020, and hence the programme was revamped in 2002. The healthcare system in India is primarily governed by the states.

The constitution of India obligates every state to provide healthcare for its people. To tackle the lack of medical coverage in rural areas, the government introduced the National Rural Health Mission in 2005. The mission gives emphasis to rural areas and underdeveloped states that have poor health services aiming to strengthen healthcare in India's impoverished regions.

### **3.16 Government Initiatives in the Healthcare Sector**

Some of the foremost initiatives taken by Indian Govt. to endorse healthcare business are as follows:

- On September 23, 2018, Government of India launched PradhanMantri Jan ArogyaYojana (PMJAY), to provide health insurance worth Rs: 5, 00,000 (US\$7, 124.54) to over 100 million families every year.
- In August 2018, the Government of India approved Ayushman Bharat-National Health Protection mission as a centrally sponsored Scheme contributed by both center and state government at a ratio of 60:40 for all states, 90:10 for the hilly North Eastern States and 60:40 for Union Territories with legislative.
- The Government of India has launched Mission Indradhanush with the aim of improving coverage of immunization in the country.

It aims to realize at least ninety percentage coverage for immunization protection provided in December 2018 which is able to cover vaccinated and unvaccinated children in both urban and rural areas of the country.

### **Achievements of Healthcare sector in India**

Following are the achievements of the Government in the year 2017:

□ In 2017, the Government of India approved National Nutrition Mission (NNM), a joint effort of Ministry of Women and Child Development (WCD) towards a life cycle of below nutrition.

□ As of September 23, 2018, World's largest Government funded healthcare scheme, Ayushman Bharat was launched.

□ As of November 15, 2017, 4.45 million patients were benefitted from Affordable Medicines and Reasonable Implants for Treatment (AMRIT) Pharmacies.

□ As of December 15, 2017, the Government of India approved the National Medical Commission Bill 2017 to reform the area of medical education.

### **3.17 Private Players as the key contributors to growth in the number of Hospitals**

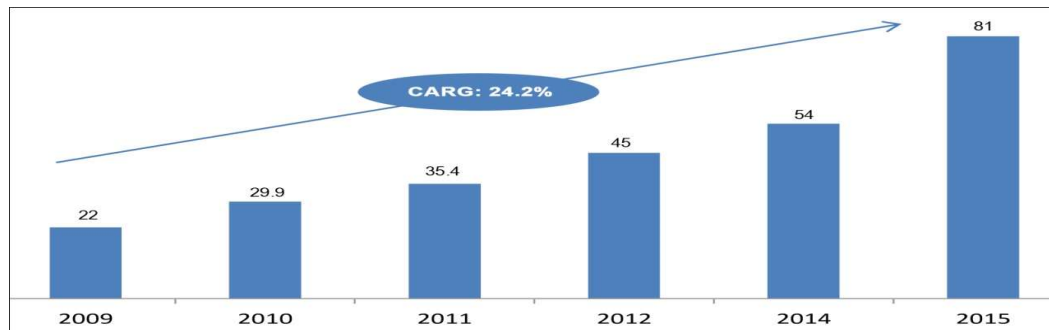
□ A major portion of secondary, tertiary and quaternary health care institutions comes from the private sector concentrated in metros, tier II and tier I cities.

□ Large investments by private sector players are likely to contribute significantly to the development of India's hospital industry and the sector was poised to grow to USD 100 billion by 2015 and further to USD 280 billion by 2020.

- The private hospital market in India was estimated to reach USD 81.0 billion at the end of 2015.
- During 2009-15, the market size of private hospitals was estimated to have a CAGR of 24.2 percent.
- Increase in a number of hospitals in Tier II and Tier III cities has fuelled the growth of the private sector.

### Market size of private hospitals (USD billion)

Figure: 3.2 Healthcare Sector Growth Trend (USD Billion)



Source: Frost & Sullivan, LSI Financial Services, Deloitte, TecSci Research

### 3.18 The Implication of Corporate Social Responsibility by the Healthcare Sector in India

Healthcare services are the mother of all services above legal services, hospitality services and transport services. Healthcare service should manifest and echo the message that hospital is central to the health and well-being of the community. The relationship between the health care supplier and patients must be expanded to enhance the delivery model. Although with the rise of the healthcare costs and learned customers; hospitals require branding strategies to communicate their growing spectrum of services strike an emotional chord with customers and

make enduring relationships thereby engendering profits. In recent times, CSR, becomes, an integral part to the marketing scheme of things. If it is not executed properly, it will not garner expected results and has the potential to backfire. CSR depends on the character and demeanor, where sincerity and responsibility runs through every seam of the organization's activities and ethos. It should reflect on the culture and functioning of the organization.

### **3.19 Benefits of CSR in the Healthcare Sector**

Healthcare sector should possess a set of virtues which should be adhered such as fairness in access to healthcare, universal coverage, and effective allocation of resources. Therefore, the adoption of a socially responsible behavior could be a vital step for a hospital to maximize its competence and to enable its goodwill and image. The interests of all the stakeholders including the public and society at large should be protected, which include patients, patients associations, NGOs, the environment, healthcare professionals, healthcare payers and policymakers, the Government, and regulatory groups. For instance, a socially responsible hospital should investigate and find solutions to eliminate a waste product that may contaminate the environment. All in all, CSR will help the healthcare sector to elaborate on social issues that could enhance their name and improve the customer engagement by making their performance index available to the public.

- **Obtain the license to operate from key stakeholders**

The private sector is acquiring a much larger role and responsibility for global economic development. This social responsibility includes a social and environmental contribution.

For hospitals to function profitably and sustainably it must come from the community. Without this acceptance, hospitals cease to achieve its aim.

- **Management of reputation**

Reputational risk is considered one of the most critical threats to a company. This includes risks for patient, but goes beyond the hospital. In cases of reputational crisis involving the hospital, it could be huge in terms of loss of confidence, legal costs and patient loyalty. A damaged reputation could take years to rebuild and cost a large sum of money.

- **Effective use of resources**

The structure of CSR in hospitals can lead to greater efficiency in operations, such as greater efficiency in the use of energy and natural resources.

- **Improvement of patient loyalty**

Patient's confidence is probably the most precious currency in the health sector. In order for hospitals to gain trust and loyalty, they need to go beyond health services and create an emotional connection with the patient through ethical business conduct. Patient loyalty is a great factor contributing to the economic growth of a hospital.

- **Increased ability to draw in and retain quality employees**

There is clear evidence linking the employee to the social benefits of the company. This is particularly vital in the case of a hospital. If a hospital employee continues the violation of ethical standards in the hospital, he would not be able to survive in the hospital.

- **Responsible competitiveness**

When competitors have taken a less expensive but not socially responsible approach, they explore new innovative and green solutions. This raises the barriers to CSR as an industry standard.

- **Attract investors and business partners**

Investors are attracted not only based on financial data but also on social and environmental problems. No investor will want to invest in a company that has no credibility or trust towards the stakeholders. In order for a health service provider to attract investors, it is necessary to focus on social, environmental and economic benefits in addition to financial performance.

- **Government support**

A CSR program must be developed in accordance with the general direction of the government. Many governments offer financial incentives for solid CSR initiatives, including environment friendly innovations.

### **3.20 CSR by the Healthcare Sector in Kerala**

Kerala has garnered praise from all quarters internationally recognition for its outstanding feat in the health index. The Kerala model of “good health at a low cost” is often acknowledged as a precedent for other countries to emulate. The state has taken giant leaps with respect to health indicators like infant mortality rate, birth rate, death rate, and life expectancy (Shabeer, 2017). Good health is a pre-requisite of human productivity and development process. A healthy community is the foundation upon which an economically viable society can operate. Sound body is an offshoot of socio-economic developments and on the other hand, it is also a crucial factor in determining the quality of human resources in the country. CSR policy of healthcare

service in Kerala deals with social, environmental and economic needs of the marginalized or underprivileged section of the society. Through this CSR policy companies affiliate their CSR strategy with the company's vision and goals. Organization undertakes CSR practices as part of the normal plan of action of the sector to benefit the communities at large and build social and environmental impact. The range of CSR will not only have a huge impact on the society and community on a broader level, but will also stay devoted towards sustainable development and inclusive growth.

### **3.21 Research Hypotheses**

On the basis of the objectives of the study, the following hypotheses were formulated and tested by applying the appropriate statistical tools. This study proposes 17 hypotheses. The next subsection presents the direct and indirect relationships between the constructs of the proposed theoretical framework.

H1: Economic Responsibility is an important dimension of CSR in hospitals.

H2: Legal Responsibility is an important dimension of CSR in hospitals.

H3: Ethical Responsibility is an important dimension of CSR in hospitals.

H4: Philanthropic Responsibility is an important dimension of CSR in hospitals.

H5: Gender creates a difference in the perception of CSR by customer.

H6: Education creates a difference in the perception of CSR by customer.

H7: Martial status creates a difference in the perception of CSR by customer.

H8: Income creates a difference in the perception of CSR by customer.

H9: Hospital Affiliation creates a difference in the perception of CSR by customer.

H10: CSR practices positively influence the Customer's Perceived Benefit.

H11: CSR practices have a positive effect on Customers' Hospital Identification.

H12: Customers' Perceived Benefit has a positive impact on Customer Engagement.

H13: Customer's Perceived Benefit has a positive impact on Customer Gratitude.

H14: Customer Identification has a positive effect on Customer Engagement in hospitals.

H15: Customer Identification has a positive effect on Customer Gratitude

H16: Customer Engagement has a positive effect on Customer Loyalty.

H17: Customer Gratitude has a positive effect on Customer Loyalty.

### **3.21.1 Economic Responsibility and CSR in Hospitals**

Since private hospital market in India has to reached USD 81.0 billion at the end of 2015, report revealed by IBEF in 2017, can offer their support to health care as a part of their mandatory spending of 2%. CSR has been undertaken by the private hospitals especially for the purpose of helping government and serving the society. The idea of a social contract between a particular entity and individual members of the society suggest that, while the main aim of a business is to make profit, it also has a moral obligation to act in a socially responsible manner. (Schocker and sethi, 1973). The health care sector should be considered as a company and cannot avoid the economic factor of this sector. However, generating profit is not the prime aim of hospitals, as it is in a case of most economic entities but the realization of a social mission, which is to provide high quality medical services. (Macuda, 2013, p.89). As a part of



Economic Responsibility, hospitals provide safe products or services, create job opportunities, invest in human capital, build general local business linkage, physical and institutional infrastructure, integrity, corporate governance etc. Since the effect of Economic Responsibility creates a positive impact on the customers, the following hypothesis is proposed.

**H1: Economic Responsibility is an important dimension of CSR in hospitals.**

### **3.21.2 Legal Responsibility and CSR in hospitals**

Hospitals in Kerala are registered under Companies Act, 2013 and therefore liable to follow the guidelines of this Act. While developing their CSR programme they have to abide by section 135 regarding CSR policy. Legal obligation of hospitals refers to the code of conduct, corporate law and corporate governance. As per this section, hospitals contributing 2% of their net profit to charitable causes and received at the end of each financial year by the Board of Directors to ensure compliance. Legal CSR announces the organizations that are going to start for undertaking the field of CSR reporting. There are several reporting patterns like GRI (Global Reporting Initiatives), PERI (Public Environmental Reporting Initiative) and FEE (Federation des Experts Comptables Européens). (Malgorzata Macuda). GRI is the commonly used reporting standard in India. Gabrusewicz (2010, p.58) points out that reporting may take the form of a few general sentences showing the entities' attitude to social duties, mostly without giving any financial information or a form of a detailed description. Hence the CSR reporting provides awareness to the people regarding the kinds of CSR practices undertaken by the hospitals and which are beneficial for the general public too. Moreover, on the part of publishing the CSR practices of a particular hospital will

make the customers' aware about the concept. Thus the legal responsibility brings changes in the hospitals to make accordingly, the following hypotheses are proposed:

**H2: Legal responsibility is an important dimension of CSR in hospitals.**

### **3.21.3 Ethical Responsibility and CSR in Hospital**

Ethically admirable organizations must hold a deep set of values applicable to the promotion of health and care of the sick and must be skilled at dealing with conflicting values that arise in health care. Organization's ethics refers to organization's attempts in defining its core values and mission, seek the best possible resolution of struggles, and run its functions to confirm that it acts according to the defined set of values. (Dina Siniora, 2017). However, ethical CSR in hospitals discourage all unethical practices prevalent in the healthcare industry. In their book Madison Powers and Ruth Faden denotes that social justice set up ethical motives since all human beings have a right to wellbeing. Among the fundamental dimensions of wellbeing that every human being possesses while living in the society, health is of at most importance. The ethical attitude that a customer receives from the hospitals makes them satisfied and pleasant. The hospital's ethical attitude is applicable not only for the institution, but also for the doctors, nurses and all other employees. Ethical responsibility is based on the principles of social legitimacy, public responsibility and managerial discretion. As part of observing the principles, hospitals should make environmental assessment as to whether they cause environmental pollution and other ecological issues. Thus ethical responsibility considered very important in the CSR activities of hospital's management too. Hence the following hypothesis is formulated.

**H3: Ethical Responsibility is an important dimension of CSR in hospitals.**

### **3.21.4 Philanthropic Responsibility and CSR in hospitals**

As part of CSR practices, hospitals in Kerala undertake many philanthropic activities such as providing heart surgeries for unaffordable heart patients, free/subsidized care for the poor and needy, knee replacement surgery for retired school teachers, free or subsidized liver transplant surgery for the poor patients and free or subsidized treatment for congenital spine deformities; and also launch Liver Foundation, Dialysis Foundation and voice foundation for the poor and needy. After the implementation of the companies Act 2013, hospitals had been doing it just for the sake of doing only. But, now hospitals appropriate steps have undertaken to fulfill the philanthropic responsibility of the sector. It is a positive sign for the customers who are the part of such services. When the customers get benefited, they communicate with the others. This communication channel between the customers differentiates a hospital practising philanthropic responsibility from others. Accordingly, the following hypothesis is developed.

**H4: Philanthropic Responsibility is an important dimension of CSR in hospitals.**

### **3.21.5 CSR and Perceived Benefit**

Carroll's "pyramid of CSR" indicated a hierarchy of responsibilities ascending from economic and legal to more socially oriented responsibilities, i.e. ethical and philanthropic (Carroll, 1991). CSR is concerned with the commitment of companies to contribute to stakeholder's interest, sustainable development, and enhancement of societal conditions (Jamali's, 2008). In the stakeholder's group, the company gives importance to the customer because the main aim of social responsibility is to generate a higher standard of living while conserving the profitability of the company. A study by Sirgy and Lee (1996) explained the essence of quality of life (QOL)

philosophy as follows: “QOL marketing holds that the organization’s task is to develop goods, service, and programmes that can enhance the wellbeing of certain customers and to market those products effectively and efficiently in a way that would minimize negative side effects to consumers as well as the public while generating long term profits” (p.21). From the literature review, it is clear that CSR is nowadays used as a powerful marketing tool to attract and retain the customers. Based on the above assumption the following hypothesis is formulated.

**H10: CSR positively influences the perceived benefit.**

### **3.21.6 CSR and Customer Identification**

Organizational identification refers to the degree of overlap in a person’s self-concept and his/her perception of the corporation. (Dulton et al., 1994). Every organization has got its own norms and values while later on get reflected as its own self-concept. Hence an enterprise’s main focus is to make the people aware of the perceived qualities of that particular institution. When a customer identifies with a company, it reveals his psychological attachment with it. Through different angles of CSR practices, customers’ perceived benefit might increase and definitely cause a positive impact on corporate identification. Through CSR practices, hospitals try to find out a symbolic relationship between the economic man and the social man. Thus the following hypothesis is generated.

**H11: CSR has a positive impact on customer’s identification.**

### **3.19.7 Customer Perceived Benefit and Customer Engagement**

According to Kotler and Keller (2009), customer perceived value is the difference between the customer’s evaluation of all the perceived benefits and all the perceived

costs of an offering. The perceived benefit of the customer is considered a bundle of economic, functional and psychological benefits that the customers expect from a given competitive market situation. Customers feel motivated to engage with an offering or activity when they perceive some value from the investment of their time and effort. Highly engaged interviewees reported deriving only functional values, such as getting freebies (Vivek, 2009). Thus, the research focuses on the point that when the customers perceive any benefit, that might make a tendency to generate the concept of customer engagement towards the company. Thus the following hypothesis is generated.

**H12: Perceived benefit has a positive impact on customer engagement.**

### **3.21.8 Customer perceived benefit and customer gratitude**

Corporate Social Responsibility of hospitals provides benefits in many ways. CSR in healthcare means that there is an ethical responsibility for the hospitals and other organizations to do something good to others. Especially, the hospitals which were mainly meant for the profit have applied the concept of CSR to accomplish the complete satisfaction of the customers. Automatically, the positive attitude of the organization influences its activities in the social environment. However, here the possibility of gratitude towards the organization arises. Besides, the positive feedback about the hospitals affects the customer gratitude positively. Thus the following hypothesis is generated.

**H13: Customer Perceived benefit has a positive impact on gratitude.**

### **3.21.9 Customer Identification and Customer Engagement**

Customer identification refers to the degree of overlap in a person's self-concept and his/her perception of the corporation (Dutton et al., 1994). As people view the corporation as consistent with their norms and values that reflect their self-concept, this perceived overlap with the corporation enhances the self-esteem of people (Scott and Lane, 2000). Customer identification plays a vital role in customer behavior, identifying its antecedents has been an area of major research interest.

Customer Engagement is an application of the concept of engagement that is presently evolving amongst practitioners as well as academics. Customer engagement is the "intensity of customer participation with both the representatives of the organization and with the other customers in a collaborative knowledge exchange process" (Wagner and Majchrzak 2007, p.20). An engaged customer is likely to be more connected with the organization and therefore be more responsive and sensitive to the organization. Dutton and Heaphy's (2003) research on high-quality connections suggests that high-quality connections with consumers can be achieved through good communication. Customer engagement generated by the psychological attachment of an exchange partner to the other hand and is based on feelings of identification, loyalty, and affiliation. (Verhoef, Franses, and Hoekstra 2002, p.204). Thus both theories related to the relationship marketing, research has focused on customer-company relationships. Thus the customer-company relationship helps to identify the company easily and the intensity of retaining the customers by CSR practices of the sector developing the constructs of "customer engagement". This construct explores the connection with customers, prospects, and potentials from the organizations, which are based on their experiences with the offerings and activities of the organization. Thus the following hypothesis is generated.

**H14: Customer identification has a positive impact on customer engagement.**

### **3.21.10 Customer Identification and Gratitude**

The concept of Customer-Company identification is grounded in social identity theory. The development into organizational contexts emerges as the individual develops on organizational identification through a sense of connectedness with an organization, such that they begin to define themselves in terms of the local organization. (Mael & Ashforth, 1992). The concept of gratitude also has represented an essential in theories related to social relationships and reciprocal behavior. Gratitude defined as the emotional appreciation of the benefits received, accompanied by a desire to reciprocate, is an important variable related to understanding the characteristics of the relationships between the two types, “Just good business relationships” vs. “More than that relationship”. (Cooper & Gardner, 1993). When the customer identifies a hospital based on its CSR practices, then the concept of gratitude has created in the mind of the customer because the company identification and customer gratitude are the terms based on the same theory. Theory of company identification is considered as the antecedent of the theory of customer gratitude. Thus the following hypothesis is generated.

**H15: Company Identification has a positive impact on gratitude.**

### **3.21.11 Customer Engagement and Customer Loyalty**

Customer engagement as “intensity of customer participation with both the representatives of the organization and with the other customers, in collaborative knowledge exchange process”. (Wagner and Majchrzak 2007, p.20). Customer loyalty represents the behavioral intention relevant to a particular product or service. High

customer loyalty is central to successful customer retention and maintains long term relationships (Edward & Sahadev, 2011; Onditi et al., 2012; Wong et al., 2012). Thus the construct of customer engagement explores the connection with the customers, the prospects, and the potentials. The customers build these experience-based relationships through intense participation by way of unique experiences embedded in the offering and activities of the organizations. Thus the following hypothesis is generated.

**H16: Customer Engagement has a positive impact on customer loyalty.**

### **3.19.12 Gratitude and Customer Loyalty**

Research across many disciplines have recognized that after receiving a benefit, people feel an innate psychological pressure to reciprocate, and the act of reciprocation can generate pleasure (Yoo & Kim, 2017). Alternatively, the failure to repay obligations can lead to feelings of guilt (Dahl, Honea, & Manchanda, 2005). From a customer point of view, the concept of gratitude might create an intention to retain and maintain long term relationship with the organization. Here, we can see the interconnection with the concept of customer loyalty. Customer loyalty is a concept that stands on the belief that maintaining customers is more beneficial than acquiring new ones (Abu Hassan, Jusoh, & Hamid, 2012; 2004; Noore, Kimes, & Renaghan, 2003; Parasuraman, Berry & Zeithami, 1991).

Based on this literature, it is expected that, customer gratitude attributes will positively affect customer loyalty. Thus the following hypothesis is generated.

**H17: Customer Gratitude has a positive impact on Customer Loyalty.**



### **3.21.13 Demographic variables and CSR perception**

CSR has a wide variety of effects on customers that can only be tested in a diffuse rather than a compact way (Beckmann, 2007). Customers are reacting to the CSR initiatives but not others due to their level of knowledge, coherence, fit between consumer profile and company products, and brand characteristics (Bigne, Curras, Rulz, & Sanz, 2012). Their reaction also varies in relation to the relationships between corporate skills and CSR initiatives (Du, Bhattacharya, & Sen, 2007; Lichtentein et al., 2004); and perceived trustworthiness of the information source (Mohr, Webb, & Harris, 2001; Robinson, Irmak, & Jayachandran, 2012). It can be argued that the different nature of CSR initiatives undertaken by a company will have a specific influence on the CSR response mechanism (Carroll, 1991, Robinson et al., 2012). From the above literature, it is clear that it is acceptable to expect a visible change among the customers regarding the CSR initiatives. The demographic variable might study the difference in the customer's influence on the CSR perception. Thus the following hypotheses have been generated.

**H5: Gender creates a difference in the perception of CSR of the Customer**

**H6: Education creates a difference in the perception of CSR of the Customer**

**H7: Marital status creates a difference in the perception of CSR of the Customer**

**H8: Income creates a difference in the perception of CSR of the Customer**

**H9: Hospital Affiliation creates a difference in the perception of CSR of the Customer**

### **3.22 Conclusion**

This chapter summarizes the theory regarding CSR, Customer Loyalty, Customer Perceived Benefit, Customer Engagement, Customer Gratitude, Marketing Communication and Hospital Reputation. This chapter also deals with hypotheses formulation of the study. The following chapter discusses the evaluation of customer's perception regarding Hospital's CSR.

## References

- Agrawal, S. K. (2008). *Corporate Social Responsibility in India*. Response business books from sage.
- Ahuja, V. (2013). Corporate Social Responsibility: Issues and Challenges in India. *Journal of Database Marketing & consumer strategy management*, 17//2. DOI: 10.1057/dbm.2010.8.
- Alejandro, T.B., Kang, J., Groza, M.D. (2016). Leveraging loyalty programs to build Customer-Company Identification. *Journal of Business Research*, 69, 1190-1198
- Alison King (1993) From Sage on the Stage to Guide on the Side, *College Teaching*, 41:1, 30-35, DOI: 10.1080/87567555.1993.9926781
- Anderson, J. & Gerbing, D. (1988). Structural equation modeling in practice: A review and recommended two step approach. *Psychological Bulletin*, 103(3), 411-423
- Andrew, Crane, Mattan and Laura. J, Spence. (2008). *Corporate Social Responsibility and Cases in a Global Context*, *Rutledge Publication, London and New York*.
- Arikan, E., & Guner, S. (2013). The impact of Corporate Social Responsibility, Service quality and Customer-Company Identification on customers, *Social and Behavioural Sciences*, 99, 304-313
- Battacharya, C.B., Korschum, D., & Sen, S. (2009). Strengthening stakeholder-company relationships through mutually beneficial corporate social responsibility initiatives. *Journal of Business Ethics*, 85(2), 257-272.

- Bhattacharya, C. B., Rao, H., & Glynn, M. A. (1995). Understanding the bond of identification: An investigation of its correlates among art museum members. *Journal of Marketing*, 59(4), 46-57.
- Brashear, T., Kang, J., & Groza, M. (2015). Leveraging loyalty programs to build Customer-Company Identification. *Journal of Business Research*. 69 (3), DOI: 10.1016/J.JBSUSRES.2015.09.04
- Buck, K.A. (2004). Children with severe Behaviour Problems: A survey of Texas Child Care Centers' Responses. *Early childhood Educational Journal*, 31(4), pp. 241-246
- Carroll, A. B. (1979). A three-dimensional conceptual model of corporate performance. *The Academy of Management Review*, 4(4), 497-505.
- Carroll, A. B. (1991). Corporate social performance measurement: A comment on methods for evaluating an elusive construct. In L. E. Post (Ed.), *Research in corporate social performance and policy*, Vol. 12 (pp. 385-401). Greenwich, CT: JAI Press.
- Chang, Y., & Yeh, C. (2017). Corporate Social Responsibility and Customer Loyalty in intercity bus services. *Transport POLICY*, 59(1), PP.38-45. <http://doi.org/10.1016/j.tranpol.2017.07.001>
- Champion, M.P. (1999). Identification of the Fe-O-O bending mode in Oxycytochrome P450 Cam by resonance Raman Spectroscopy. *Journal of the American Chemical Society*, 121 (2), pp.376-380.
- Chahoud, Dr. Tatjana; Johannes Emmerling, Dorothea Kolb, Iris Kubina, Gordon Repinski, Catarina Schläger (2007). Corporate Social and Environmental Responsibility in India - Assessing the UN Global Compact's Role.

- Chahoud, Dr. Tatjana; Johannes Emmerling, Dorothea Kolb, Iris Kubina, Gordon Repinski, Catarina Schläger (2007). Corporate Social and Environmental Responsibility in India - Assessing the UN Global Compact's Role.
- Chen, T.B., & Chai, L.T., (2010). Attitude towards the Environment and Green Products: Consumers' Perspective. *Management Science and Engineering*, 4(2), 27-39.
- Chen, Y.S. (2008). The driver of green innovation and green image - green core competence. *Journal of Business Ethics*, 81(3), 531-543.
- Desai, P.S., & Chandawarkar, M.K. (2016). Aligning CSR activities of Health Care Sector to Developmental Need of India. *Journal of Pharmaceutical Sciences and Research*, 8(9), pp. 1008-1016
- Edward, M., & Sahadev, S. (2011). Role of switching costs in the service quality, perceived value, customer satisfaction and customer retention linkage. *Asia Pacific of Marketing and Logistics*, 23(3), pp.327-345
- Elkington, J. (1997). *Cannibals with Forks: The triple bottom line of 21st century business*. Capstone: Oxford.
- Fournier, S., & Yao, J.L. (1997). Receiving brand loyalty: A reconceptualization within the framework of Consimer-brand relationships. *International Journal of Research in Marketing*. 14(5). pp. 451-472.
- Harary, F., & Lipstein, B. (1962). The Dynamic of Brand Loyalty: A maskovian Approach. *Journal of Operations Research*. 10(1), pp. 19-40

- Jamali, D., Safieddine, A.M., & Rabbath, M. (2008). Corporate Governance and Corporate Social Responsibility synergies and interrelationships. *Corporate Governance*, 16(5), pp.443-459
- Kim, Jungsun., Susanna Kim, J. (2018). Impact of a gaming Company's CSR on resident's perceived benefits, quality of life and support. *Tourism Management*, 64, 281-290
- Global Governance is a concept rooted within the phenomenon of globalization; therefore a short summary of this term introduces further elaborations on Global Governance. Then, existing research on Global Governance. Maxim Baer in *International Corporations as Actors in Global Governance (2013)*.
- Harary, F., & Lipstein, B. (1962). The Dynamic of Brand Loyalty: A maskovian Approach. *Journal of Operations Research*. 10(1), pp. 19-40
- Henriques, A. and Richardson, J. (2004). Assessing the Sustainability of Business and CSR, published by Earthscan in the UK and USA in 2004
- Hildebrand, D., Sen, S., & Bhattacharya, C. (2011). Corporate Social Responsibility: A Corporate Marketing perspective. *European Journal of Marketing*, 45(9/10), pp. 1353-1364, <http://doi.org/10.1108/03090561111151790>
- Huang, R., Chen, P., & Liu, X. (2017). A review of using Augmented Reality in Education from 2011 to 2016. In: popes cu E.et al. (eds)Innovations in smart learning lecture Notes in Educational Technology. Springer, Singapore, pp.13-18
- Inoue, Y., Funk, D.C., & Mc Donald, H. (2017). Predicting behavioural loyalty through Corporate Social Responsibility: The mediating role of involvement and commitment. *Journal of Business Research*, 72, 46-56

- Khan, I., Rahman, Z., & Fatma, M. (2016). The role of Customer brand Management and brand experience in online banking. *International Journal of Banking Marketing*, 34(7), pp. 1025-1041
- Kotler, P. & Keller, K.L. (2009). *Marketing management*. 13<sup>th</sup> edition. New Jersey: Pearson Prentice Hall.
- Kumar, P.N., Jacob, A., & Thota, S. (2014). Impact of Healthcare Marketing and Building on Hospital Services. *International Journal of Research Foundation of Hospital & Healthcare Administration*, 2(1), pp. 19-24
- Lee, E. M., Park, S. Y., Rapert, M. I., & Newman, C. L. (2012). Does perceived consumer fit matter in corporate social responsibility issues. *Journal of Business Research*, 65(11), 1558-1564.
- Lee, C. K., & Back, K. J. (2006). Examining structural relationships among perceived impact, benefit, and support for casino development based on 4 year longitudinal data. *Tourism Management*, 26(7), 466-480
- Lichtenstein, D.R., Drumwright, M.E., & Braig, B.M. (2004). The effect of Corporate Social Responsibility on Consumer donations to corporate-supported non-profits. *Journal of Marketing*, 68(4), 16-32
- Macuda, M. (2016). Corporate Social Responsibility-A New trend in Hospital Accounting? *University/-et Ekonomiczny wkatowiach*, ISSN-2083-8611
- Marin, L., & Ruiz, S. (2007). I need you too!: Corporate identity attractiveness for consumers and the role of social responsibility. *Journal of Business Ethics*, 71(3), 245-260.

- Marin L., Ruiz, S., & Rubio, A. (2009). The role of identity salience in the effects of corporate social responsibility on consumer behavior. *Journal of Business Research*, 84(1), 65-78.
- Ninawe, A. (2013). Setting New Agenda; Critical Study of Perspectives of CSR Practices in Indian Private Corporate Hospitals. *International Journal of Science and Research*, ISSN (Online): 2819-7064
- Nubaity, L.A. (2018). Corporate Social Responsibility in health sector: A case study in government hospitals in Medan, Indonesia. *Business: Theory and Practice*, 19, DOI: 10.3846/btp.2018.04
- Nunkoo, R., & Ramkissoon, H. (2011). Developing a community support model for tourism. *Annals of Tourism Research*, 38(3), 964-988.
- Oliver, R.L. (1997). Satisfaction: A behavioural perspective on the consumer. New York: Mc Graw-Hill
- Philip, Kotler., & Nancy, Lee. (2005). Corporate Social Responsibility: Doing the Most Good for your Company and your Causes, Wiley.
- Perdue, R., Long, T., & Kang, Y. (1995). Resident support for gambling as a development strategy. *Journal of Travel Research*, 34(2), 3-11.
- Salmones, M. M. G., Crespo, A. H., & Del Bosque, I. R. (2005). Influence of corporate social responsibility on loyalty and valuation of services. *Journal of Business Ethics*, 61(4), 369-385.



- Sen, S., Bhattacharya, C. B., & Korschun, D. (2006). The role of corporate social responsibility in strengthening multiple stakeholder relationships: A field experiment. *Journal of the Academy of Marketing Science*, 34(2), 158-166.
- Schwartz, D., & Lellouch, J., (1967). Explanatory and Pragmatic Attitudes in Therapeutical Trials. *J. Chron. Dis*, Vol. 20, pp.637-648
- Scott, S. G., & Lane, V. R. (2000). A stakeholder approach to organizational identity. *Academy of Management Review*, 25(1), 43-62.
- Siniora, D. (2017). Corporate Social Responsibility in Health Care Sector. Graduate student Research Symposium, Duquesne University
- Susanto, A., & Ulbricht. (2009). Characteristics, performance and stability of polyethersulfone ultrafiltration membranes prepared by phase separation method using different macromolecular additives. *Journal of Membrane Science*, 327, pp. 125-135
- Stanaland, A. J. S., Lwin, M. O., & Murphy, P. E. (2011). Consumer perceptions of the antecedents and consequences of corporate social responsibility. *Journal of Business Ethics*, 102 (1), 47-55
- Tajfel, H. & Turner, J.C. (1985). The Social identity theory of intergroup behavior. *Psychology of Intergroup Relations*, Nelson-Hall, Chicago, II, pp. 6-24
- Weber, M. (2008). The business case for corporate social responsibility: A company level measurement approach for CSR. *European Management Journal*, 26(4), 247-261.
- Windsor, D. (2001). The Future of Corporate Social Responsibility, *International Journal of Organizational Analysis*, 9(3), pp.225-56
- Wong, H. et al. (2012). A Predictive Computational Model of the dynamic 3D inter phase yeast nucleus. *Curr Bio/22* (20): 1881-90

- Worthington, S., Russell-Bennett, R., & Harttel, C. (2009). A tri-dimensional approach for auditing brand loyalty. *Journal of Management*. Vol. 17, DOI: 10.1057/bm. 2009.24
- Yoo, H., & Kim, J. (2017). Creating and Sharing a bigger value: A dual process model of inter-firm CVS relative to firm performance. *Journal of Business Research*, xxx (xxxx)
- Yusof, J.M., Manam, H.A., Karim, N.A., & Kassim, N.A.M. (2015). Customer's loyalty effects of CSR Initiatives. *Social and Behavioural Sciences*, 170, pp. 109-119
- Zhang, M., & Guo, L. (2016). Influence of Customer engagement with company social networks on stickiness: Mediating effect of customer value creation. *International Journal of Information Management*, 37, 229-240

## **Chapter IV**

# **ANALYSIS OF CORPORATE SOCIAL RESPONSIBILITY ACTIVITIES OF PRIVATE HOSPITALS AND EVALUATION OF CUSTOMER'S PERCEPTION**

### **Content**

- 4.1 Introduction
- 4.2 Data Screening
- 4.3 Testing of Normality and Reliability
- 4.4 Exploratory Factor Analysis
- 4.5 Confirmatory Factor Analysis
- 4.6 Test of Hypothesis and Model Testing
- 4.7 Alternative Model Comparison
- 4.8 Customers' Perception of CSR according to their Demographic Variables

## **Chapter IV**

### **Analysis of Corporate Social Responsibility Activities of Private Hospitals and Evaluation of Customer's Perception**

#### **4.1 Introduction**

In this Chapter, the researcher elaborates the details of the data analyses performed to test the postulations proposed in the study. In the first part, the discussion of the sample demographics is done which is followed by the discussion of the descriptive statistics concerning the study constructs to understand the tendencies and pattern of study constructs.

Section two explains the various procedures followed for screening the data for its assumptions and for reliability check. In section three, the study presents the psychometric assessment of the scales used to measure the proposed constructs. This psychometric assessment mainly begins with the assessment of unidimensionality and reliability, which was mainly conducted through Exploratory Factor Analysis (EFA). After the assessment of unidimensionality and reliability, the researcher assessed the validity of the scale, which was mainly performed through Confirmatory Factor Analysis (CFA). Subsequently, after the confirmation of the psychometric properties of the measuring instrument, the researcher empirically examined the conceptual model and tested the proposed hypotheses through Structural Equation Modelling (SEM) technique.

Finally, the chapter, through a series of univariate Analysis of Variances (ANOVAs) examines the outcome variables based on the demographic and psychographic aspects of the study participants.

## Section I

### Discussion of sample Demographics

#### The Demographic and Background Characteristics of the Customers

This section presents the background details in terms of their demographic variables like Gender, Educational Qualification, Residential area, Age and Income of the respondents who were covered by the survey.

**Table 4.1**

#### Gender-wise Classification

| Characteristics | Categories   | Frequency  | Percentage (%) |
|-----------------|--------------|------------|----------------|
| Gender          | Male         | 211        | 56             |
|                 | Female       | 167        | 44             |
|                 | <b>Total</b> | <b>378</b> | <b>100</b>     |

**(Source: Primary Data)**

Table 4.1 shows that the final sample of 378, of which around 56% of the participants were male and 44% were female, which shows a balance in the sample selection in terms of the gender of the study participants.

**Table 4.2**

#### Age-Wise Classification

| Age (in years) | Categories (Age in Yrs.) | Frequency (N) | Percentage (%) |
|----------------|--------------------------|---------------|----------------|
| Age Categories | 18-24                    | 25            | 7              |
|                | 25-34                    | 28            | 8              |
|                | 35-44                    | 145           | 38             |
|                | 45-54                    | 119           | 31             |
|                | 55-64                    | 34            | 9              |
|                | Above 65                 | 27            | 7              |
|                | <b>Total</b>             | <b>378</b>    | <b>100</b>     |

**(Source: Primary Data)**

The participants are classified into six groups. From the examination of the frequency of the participants' age groups, the results shows that most of the study participants belong to the age group of 35 to 44 years of age (38%). The second category, is in the age group of 45 to 54 years (31%).

**Table 4.3**  
**Educational Qualification**

|                                   | <b>Education</b> | <b>Frequency(N)</b> | <b>Percentage (%)</b> |
|-----------------------------------|------------------|---------------------|-----------------------|
| <b>Educational Qualifications</b> | High School      | 57                  | 15                    |
|                                   | Intermediate     | 128                 | 34                    |
|                                   | Graduation       | 132                 | 35                    |
|                                   | Post-graduation  | 26                  | 6                     |
|                                   | Other            | 35                  | 10                    |
|                                   | <b>Total</b>     | <b>378</b>          | <b>100</b>            |

**(Source: Primary Data)**

Table 4.3 shows that majority of the respondents completed their graduation (35%) and intermediate (34%).

**Table 4.4**  
**Area of residence**

| <b>Area of Residence</b> | <b>Frequency(N)</b> | <b>Percentage (%)</b> |
|--------------------------|---------------------|-----------------------|
| <b>Rural</b>             | 68                  | 18                    |
| <b>Urban</b>             | 310                 | 82                    |
| <b>Total</b>             | <b>378</b>          | <b>100</b>            |

**Source: Primary Data**

Table 4.4 shows that, a big share of the respondents (82%) belong to the urban area.

**Table 4.5**

**Marital Status**

| <b>Marital Status</b> | <b>Frequency(N)</b> | <b>Percentage (%)</b> |
|-----------------------|---------------------|-----------------------|
| <b>Married</b>        | 337                 | 89                    |
| <b>Unmarried</b>      | 41                  | 11                    |
| <b>Total</b>          | <b>378</b>          | <b>100</b>            |

*Source: Primary Data*

Regarding the marital status of the study participants, a majority of 89% are married.

Rest of them,(11%) of them are unmarried.

**Table 4.6**

**Annual Income of the Respondents**

| <b>Annual Income</b>      | <b>Frequency(N)</b> | <b>Percentage (%)</b> |
|---------------------------|---------------------|-----------------------|
| <b>Less than 2 Lakhs</b>  | 39                  | 10                    |
| <b>2- 5 Lakhs</b>         | 78                  | 21                    |
| <b>5- 10 Lakhs</b>        | 118                 | 31                    |
| <b>More than 10 Lakhs</b> | 143                 | 38                    |
| <b>Total</b>              | <b>378</b>          | <b>100</b>            |

*Source: Primary data*

The analysis of the respondents 'annual income reports that, more than one-third of them have an income greater than 10 Lakhs (38%). The second category, about one-third of the respondents fall in the income group of 5 to 10 Lakhs (31%). Only 10% of belong to the lowest income group of less than 2 lakhs.

**Table 4.7**

**Hospital Affiliation**

| <b>Hospital Affiliation</b> | <b>Actual</b> | <b>Percentage (%)</b> |
|-----------------------------|---------------|-----------------------|
| <b>Hospital A</b>           | 57            | 15                    |
| <b>Hospital B</b>           | 50            | 13                    |
| <b>Hospital C</b>           | 64            | 16                    |
| <b>Hospital D</b>           | 72            | 20                    |
| <b>Hospital E</b>           | 64            | 17                    |
| <b>Hospital F</b>           | 71            | 19                    |
| <b>Total</b>                | <b>378</b>    | <b>100</b>            |

*Source: Primary data*

Table 4.7 indicates the frequency of the study participants in terms of the affiliation with the hospital concerned. From the analysis, it is reported that 15% of the respondents had shown their affiliation to hospital A. 13% of them showed that they had affiliation with hospital B. 16% of them reported that are been associated with hospital C. The majority of them (20%) reported their affiliation with hospital D. Finally, the remaining 19% of them reported their affiliation with hospital F.

In addition to the basic demographic characteristics of the study participants, the researcher also analysed the way the respondents perceived that the concerned hospitals perform CSR activities.

**Table 4.8**

**Source of Information**

| <b>Source of Information</b> | <b>Frequency(N)</b> | <b>Percentage (%)</b> |
|------------------------------|---------------------|-----------------------|
| <b>Internet</b>              | 159                 | 42                    |
| <b>Newspaper</b>             | 79                  | 21                    |



|                         |            |            |
|-------------------------|------------|------------|
| <b>TV/Radio</b>         | 76         | 20         |
| <b>Friends</b>          | 30         | 8          |
| <b>Company Websites</b> | 23         | 6          |
| <b>Annual Reports</b>   | 11         | 3          |
| <b>Total</b>            | <b>378</b> | <b>100</b> |

*Source: Primary Data*

The Table 4.8 reveals that, the most of the respondents were known about the CSR practices through the internet (42%). An equal percentage of (20%) got information from Newspaper & TV. Friends, company websites and annual reports together constitute only 17%. Majority of the customer's did not have information about the CSR practices from the hospital. Customers had not access to the annual reports of the hospitals as a source of information.

**Table 4.9**

**Reasons to Perform CSR Activities**

| <b>Particulars</b>                            | <b>Yes</b>       |          |
|---|------------------|----------|
|   | <b>Frequency</b> | <b>%</b> |
| <b>Image Building</b>                         | 358              | 95       |
| <b>Vision and philosophy of the hospitals</b> | 255              | 67       |
| <b>Legal compliance</b>                       | 225              | 60       |
| <b>Rising international standards</b>         | 256              | 68       |
| <b>Due to community pressure</b>              | 301              | 80       |

*Source: Primary data*

The researcher analysed five important aspects with which the consumers consider that the CSR activities are conducted by the hospitals. A great majority of the participants perceive that the hospitals conduct their CSR activities as part of their image building process (95%). A good majority of the participants also felt that, the hospitals generally conduct their CSR as part of their vision and philosophy (67%). Sixty % of the respondents reported that the hospitals conducted their CSR as part of the legal compliance. 68% of the participants felt that hospitals perform their CSR due to rising international standards. But 80% are of the opinion that, the hospitals carry out their CSR activities due to the community pressure.

**Table 4.10**

**Customers' Perception of Different CSR Activities by the Hospitals**

| <b>Activities</b>                              | <b>Frequency</b> | <b>%</b> |
|--|------------------|----------|
| <b>1. Health</b>                               | 321              | 85       |
| <b>2. Environmental Care</b>                   | 311              | 82       |
| <b>3. Helping the under privileged section</b> | 311              | 82       |
| <b>4. Rural Development</b>                    | 288              | 76       |
| <b>5. Education</b>                            | 281              | 74       |
| <b>6. Employee Supporting Programmes</b>       | 271              | 72       |
| <b>7. Community Development</b>                | 252              | 67       |
| <b>8. Support For Disabled</b>                 | 235              | 62       |
| <b>9. Skill Development</b>                    | 232              | 74       |
| <b>10. Customer Supporting Programmes</b>      | 222              | 59       |
| <b>11. Training Programmes for Youth</b>       | 215              | 57       |
| <b>12. Arts and Culture</b>                    | 181              | 48       |
| <b>13. Village Adoption</b>                    | 111              | 29       |

*Source: Primary data*

The table 4.10 shows, the customer perception regarding the major CSR activities done by the hospitals. From the analysis, it is found that, more than 80% of the respondents reported that their hospitals have active participation in environmental care and perform Health related CSR initiatives. 74 % of the participants reported that, their hospitals take active role in education related CSR initiatives. While 76% of the study participants reported that their hospitals are active in CSR which promote rural development. 71% of the study participants stated that their hospital do employee supporting programmes as part of their CSR activities. 66% of the participants were in the opinion that the hospitals are involved in community development activities. In addition, training programs for youths as part of CSR is supported by only 56% and 62% of them reported regarding hospitals taking active role in support activities for disabled people as part of their CSR. Only 61% of them reported that their hospital is active in those CSR initiatives which promote skill development. Finally, 58% of them reported that their hospital do CSR initiatives which is in the form of customer supporting programmes. The lowest attention is paid to training programmes for youth (57%), Promoting Arts and culture (48%) and village adoption (29%)

#### **4.2 Data Screening**

This stage of data screening explains the modalities and procedures followed just before the final data analysis to check the missing values, data inconsistencies, and incompleteness. The following paragraphs detail the overall data screening procedures followed in the current research.

It has been recommended that the raw data obtained using the survey questionnaires must undergo preliminary data preparation before they can be used to analyse the data using any kind of statistical techniques (Kumar, Aaker, & Day,

2002). Hence, in accordance with the recommendation, preliminary data cleaning and screening were performed to check for incompleteness and inconsistencies, specifically to guarantee accuracy and precision of the data. Among the suggested methods, the most recommended method for dealing with incomplete or missing data is that of list-wise deletion approach (Byrne, 2001), i.e., those cases having a missing information for any of the variables in the data are eliminated from all the subsequent computations.

However, it was warned that this approach of list-wise deletion can also results in a substantial reduction in the overall sample size available for the subsequent statistical analysis. In this line, Ferber (1980) recommended that this approach of list wise deletion has been considered to be probable, if the sample size available is large enough and the proportion of missing data contained in the collected data set are relatively small.

In this research, during the data collection the researcher has collected a large set of sample, So that, the resulting sample size, with any variable having missing responses excluded from all analysis, is still adequate for the requirement of data analysis used (e.g., Structural Equation Modelling) for hypothesis test. Thus, the list-wise deletion method was preferred as mode of treating missing values contained in the data. Consequently, 12 cases were list wise deleted from the total sample size of 390 because they were found to have missing responses.

The researcher also performed data screening for checking for logically in consistent responses. For example, in the collected data, personal income should be equal or less than the family income or wealth. Further, the cases with the similar response number selected excessively (e.g., all the questions or the majority of the items are answered with number "3") are also to be eliminated, because it indicates

the fact that, the respondent has not consider the questions seriously. No cases with insistencies were reported in the data.

In addition, the study also analysed the presence of outliers. Tabachnick and Fidell (1989) summarized four major reasons for the occurrence of an outlier in the data. The responses were tested for both univariate and multivariate outliers using IBM SPSS software. In this outlier test, box plots were drawn for each items and Mahalanobis D2 test was performed for multivariate outlier detection. As a result of the outlier test, the researcher further deleted another ten responses because of the detected outlier issues. In this research, since the raw data transferred were directly coded from the survey questionnaire into the software platform, SPSS, the kind of outliers that may occur in the data entry and coding would not happen. After adjusting and treating all the problematic sample data, the study was able to confine to a sample size of 378.

#### **4.3 Test of Normality and Reliability**

In this study, as part of assumption checks, the researcher conducted the statistical test for normality, using Kolmogorov-Smirnov test and later analysed the empirical measures that reflected the shape of the sampling distribution by analysing the Skewness and Kurtosis values of the study variables. As part of this, the study followed the rule of thumb, that if either estimated  $Z$  value of the study variables exceeds the specified critical value ( $\pm 4$  at 0.05 level of significance), the distribution is considered to be non-normal in terms of that characteristic or that variable (Hair et al., 2005). Among all the incorporated metric variables, the check of normality reported that, some of the items deviate from normality in the overall normality test ( $p$ -value  $< 0.001$ ). However, some of the incorporated study variables had shape

characteristics significantly comparable to the normal curve ( $Z$ -skewness = 3.69 and 3.63 and  $Z$ -kurtosis = -0.45 and -1.92, respectively). The overall tests provided no insights into which transformations might be most appropriate. Hence, in the study, the Box-Cox transformation was applied to the data, to improve or achieve the normality of the sample data. The analysis supported that, the tests of normality were significant in some cases, non-significant in some other cases, but improved to acceptable levels. Although, from the test, the researcher found that some variables still have non-normal distributions, SEM techniques can be applied to generate accurate MLE parameter estimates (Kline, 2004). Next, the study checked whether there exists sufficient correlation between the study items. From the analysis, it was found that, the variables were sufficiently inter-correlated to produce representative factors with substantial linear associations. The correlation matrix revealed that, in all cases, the correlations are significant at 0.05 levels.

Since in this study, the researcher used questionnaire based surveys, to collect data with regard to the latent variables considered in the study, it is decided to confirm the reliability and validity of the survey instrument or scales used before the test of hypotheses proposed in the study. This stage of confirmation is required, because in order to adequately measure these variables, associated survey instruments must have sufficient reliability and validity (Hair et al., 2010). This was assured through the selection of instruments demonstrating a solid track record of acceptable reliability and construct level validity. Hence, in the first stage of reliability and validity confirmation, reliability checks using the construct wise Cronbach's alphas and construct-wise validity checks using confirmatory factor analysis were computed for this study. This stage of analysis helped the researcher to assure that, data were repeatable or free from random error and gave a confirmation to the fact that the

scales used to measure the latent variables, measures the construct that the researcher intended to measure. According to Trochim (2006), reliability of the scale explains or refers to the fact that, the measuring instrument is free from random error or shows the consistency of measurement, if repeated. Trochim (2006) stated that, reliability was not measured, but estimated. Two ways the researchers can perform reliability of the scale measures, such as test/retest reliability and internal consistency reliability. Test/retest reliability denote that, giving the test a second time to the same group under the same conditions should yield the same or consistent measurement scores. In most of the cases, test/retest for the population is not feasible, because the survey is done only one time and also testing and retesting is considered to be more time consuming. The second type, internal consistency reliability can be estimated by Cronbach's alpha also called as coefficient alpha (Cronbach, 1954). It is recommended that the Cronbach's alpha was a type of reliability coefficient that represents the measurement of internal consistency reliability of the scale measure (Kline, 2011). A higher level of reported coefficient alpha indicates a greater level of consistency of the scale. If all items are perfectly equivalent or inter-related, the only measurement error was the unreliable error of responding (Green & Salkind, 2008). In this study, the reliability of the study coefficients was estimated for the scales, such as economic, legal, ethical, philanthropic, perceived benefit, identification, engagement, gratitude, and customer loyalty. In all cases, the internal consistency reliability using Cronbach's coefficient alpha values were above the suggested cut-off of 0.50, supported that the scales used to measure these dimensions are free from random error or internally consistent (See Table 4.11).

**Table 4.11**  
**Reliability Coefficients**

| <b>Dimensions</b>        | <b>Cronbach's Alpha</b> |
|--------------------------|-------------------------|
| <b>Economic</b>          | 0.82                    |
| <b>Legal</b>             | 0.75                    |
| <b>Ethical</b>           | 0.79                    |
| <b>Philanthropic</b>     | 0.81                    |
| <b>Perceived benefit</b> | 0.88                    |
| <b>Identification</b>    | 0.70                    |
| <b>Engagement</b>        | 0.76                    |
| <b>Gratitude</b>         | 0.81                    |
| <b>Customer loyalty</b>  | 0.78                    |

*Source: Prepared from the Primary Data*

#### **4.4 Exploratory Factor Analysis (EFA)**

The current study conducted two different EFAs. First, an EFA was conducted for the measurement items covering the CSR dimensions. The aim of this EFA was to check two important aspects. The first objective was to assess the dimensional structure of CSR in hospital services. Secondly, to assess the ability of the items covering various dimensions of CSR in hospital services to measure the respective CSR dimensions. In the second EFA, the study incorporated the items covering the other proposed dimensions and examined the adequacy of the same. In addition to all these, EFAs were also performed to assess the unidimensionality of scale dimensions.

It has been stated that Exploratory factor analysis can be performed to identify the underlying dimensional structure of the measurement items, and also to test



whether the a priori dimensional structure for the selected scales or sub-scales is consistent with the structure obtained with the particular set of measures (Stewart, 1981). EFA is a useful analytic tool used by the researchers or data analysts to empirically understand the number of constructs that underlie a set of items considered in the study, or to condense information on the study items so that, a representative number of variables accounts for the variation in the data, and to define the substantive content or meaning of a set of factors that accounts for the maximum variation in a larger set of items incorporated in the proposed study (DeVellis, 1991). Several methods for performing an exploratory factor analysis were proposed, which include principal components, principal axis factoring, alpha factor analysis, maximum likelihood method, etc. (Stewart, 1981). In this, PCA with orthogonal rotation is the most popular and frequently used factoring method. Hence, in the current study, the researcher used the series of EFA using PCA.

As part of this EFA, to select the number of factors or to extract the factors the eigen value criterion and the screen test are often used as the popular criteria (De Vellis, 1991; Hinkin, 1995). In this, the eigen value rule used is that the researcher retains only those factors that explain more variance than the average amount explained by an original item (De Vellis, 1991). The use of the scree plot involves plotting the eigen values of the factors in descending order of magnitude of the factor eigen values against their factor numbers and identifying where the eigen values level off. For identifying the number of factors, this method directs the investigator for the visual inspection of the inflection point between a steep slope and the levelling of the eigen values, which in turn indicates the number of meaningful factors. Generally, while analysing the number of factors, both eigen values and the screen test are based

on the magnitude of factors' eigen values, which indicates how much variance the extracted factors can explain.

De Vellis (1991) recommended that the use of these two methods to identify the number of factors during the investigation is far from perfect, and experience of the investigator is an invaluable guide to determine the number of factors. Hence, in the current study, the researcher used the prior literature and the domain of understanding to extract and retain the number of factors.

While doing the process of factor extraction, the concept of factor rotation has to be applied to aid the interpretation of extracted components by identifying the conceptual relationships among the incorporated items in the analysis. This rotation of factors can also help the investigator to simplify and improve the interpretation of the factor structure generated in the analysis by eliminating ambiguities in the factor loading structure that often accompany initial, confusing, and non-rotated factor solutions (Mitchell, 1994). Among the approaches used in rotating the measurement items, varimax rotation is the most commonly used orthogonal rotation approach (De Vellis, 1991; Mitchell, 1994). This method of varimax rotation helps the data analyst or the researcher to understand the effects which occur in the original data and also facilitates better factor interpretation by minimizing the number of items with higher loadings on any one of the extracted factors. After performing varimax rotation in the EFA process, each original variable used in the analysis tends to be associated with one or a minimum number of factors, and also direct the researcher to get a structure where each factor indicates only a small number of items. Hence, considering the importance of varimax rotation, here in the current study, the researcher applied a PCA with varimax rotation method. From the factor structure matrix, the magnitude of factor loadings of individual items confirms whether an item should be retained in

that factor or removed from it. In general practice, a factor loading of 0.40 or greater is often recommended as the suggested criterion for retaining an item in a component (Hinkin, 1995). Following this, in the present research, the researcher also followed the stated recommendation, where those measurement items with factor loadings lower than the cut-off point of 0.40 were eliminated from the factor structure.

#### **4.4.1 EFA – CSR Dimensions**

SPSS 21.0 was used to conduct factor analysis in order to identify the major components of the CSR dimensions. It is suggested that the factor extraction can be done by extracting combinations of variables that explain the greatest amount of variance, if the data set had a large set of variables. The selection of the method of factor rotation (between common factor analysis and component analysis) was based on two criteria: (1) the objectives of the factor analysis and (2) the amount of prior knowledge about the variance in the variables (Hair et al 2009). The Component Factor Analysis method, also known as Principal Component Analysis was adopted in the study, since the primary objective was to reduce the data, focusing on the minimum number of factors that needed to account for the maximum portion of the total variance (common, specific and error variances) represented in the original variables set (Eappan, 2014).

Hair, Black, Babin and Anderson (2009) has summarized certain assumptions for factor analysis, which included linearity, normality and homoscedasticity (which means dependent variable exhibits equal levels of variance across the range of predictor variables). They further argued that these statistical assumptions need not be met if the data matrix had sufficient correlation to produce representative factors and justify the application of factor analysis. The Bartlett's Test of Sphericity and Kaiser-

Meyer-Olkin Measure of Sampling Adequacy approaches are used to determine the sufficiency of correlations in the data set for factor analysis (Eappan, 2014). The results of the KMO and Bartlett's test are discussed in Table 4.12.

**Table: 4.12**

**KMO and Bartlett's Test**

|   |                    |          |
|---|--------------------|----------|
| Kaiser-Meyer-Olkin Measure of sample Adequacy |                    | 0.875    |
| Bartlett's Test of Sphericity                 | Approx. Chi-Square | 6230.901 |
|   | df.                | 91       |
|   | Significance       | 0.000    |

(Source: Primary data)

Kaiser-Meyer-Olkin (KMO) test was performed to check the sampling adequacy of data for factor analysis. The KMO statistic indicated the proportion of variance in the variables that might be caused by the underlying factors. Kaiser and Rice (1974) stated that if the KMO values were greater than 0.6, it was considered to be adequate. The Barlett's test of sphericity related to the significance of the study and indicated the suitability of the responses collected to the problem being studied. The Barlett's test of sphericity is a statistical test to identify the presence of correlations among the variables and tests the hypothesis, that the correlation matrix is an identity matrix, i.e. all diagonal elements are '1' and off diagonal elements '0' indicating that, all variables are uncorrelated and hence suitable for structure detection and it must be less than 0.05 for the factor analysis to be recommended. Since the KMO value is 0.875, it is acceptable. Barlett's test values (6230.901, dof 91, Sig 0.000) indicates that, the values are significant and implies that non-zero correlations existed at the significance level of less than 0.001, and hence proceed to factor analysis (D R Swamy, 2015).

The component factor analysis method, also known as principal component method was used in the study, since the primary concern was to reduce the data based on the minimum number of factors needed to account for the maximum portion of the total variance represented in the original set of variables. The latent root criterion technique was used to decide on the number of factors to be extracted. The factors having latent roots or Eigen values greater than 1 are considered significant with the component analysis (Eappan, 2014).

The analysis revealed that, four factors identified from the factor analysis together explained more than 90 % of the total variance. Based on the principal component analysis, the most important four dimensions of CSR identified based on the Eigen values were

1. Economic responsibility dimension
2. Legal responsibility dimension
3. Ethical responsibility dimension
4. Philanthropic responsibility dimension

The communalities derived from the factor analysis were reviewed for assessing the importance of the data through questionnaire for factor analysis. If the factor loadings were greater than 0.5, the data set was considered as appropriate (Stewart 1981); (D R Swamy, 2015). The statements having the factor loading greater than 0.5 were finalized for the scale. In general, higher factor loadings were considered as better, and loadings below 0.3 were not interpreted. As a rule of thumb, loadings above 0.71 are excellent, 0.63 very good, 0.55 good, 0.45 fair, and 0.32 poor (Tabachnick and Fidell 2007), (Kumar G, 2011).

As shown in Table 4.13, the results supported a four factor CSR dimension measure in the healthcare sector. The five items FACTOR 1 (Economic

Responsibility), extracted a variance of 33.3% of the total variance. In this factor, all the six items were loaded highly (greater than 0.50) into the respective factor. In the second factor, FACTOR 2 (Legal Responsibility), one item reported low loading (28.4). The researcher deleted that item and retained the remaining five items. The third factor, (FACTOR 3) is Ethical Responsibility. The loadings of all the six items were above the suggested threshold of 0.50 and extracted a variance of 23.4% of the total variance. The final factor, FACTOR 4 (philanthropic Responsibility) originally contained five items and the study retained all the five items to capture the philanthropic Responsibility dimension of CSR measurement. It is also found that this factor explained a variance of 19.10% of the total variance.

**Table 4.13**

**Factor Loading Matrix (CSR dimensions)**

|  |   | F1  | F2  | F3 | F4 |
|--|---|-----|-----|----|----|
| <b>Economic responsibility/Dimension</b> |   |     |     |    |    |
| <b>1</b>                                 | This hospital generates adequate employment opportunities through its operations. | .67 |     |    |    |
| <b>2</b>                                 | This hospital strives to vitalize the regional economy.                           | .77 |     |    |    |
| <b>3</b>                                 | This hospital strives for sustainable growth of this region.                      | .71 |     |    |    |
| <b>4</b>                                 | This hospital strives to support economy.   | .76 |     |    |    |
| <b>5</b>                                 | This hospital provides services with reasonable price.                            | .66 |     |    |    |
| <b>Legal Responsibility/Dimension</b>    |   |     |     |    |    |
| <b>6</b>                                 | This hospital sets up reasonable and acceptable medical rules.                    |     | .78 |    |    |

|   |   |  |     |     |     |
|---|---|--|-----|-----|-----|
| 7   | This hospital enforces others to follow medical rules.  |  | .76 |     |     |
| 8   | This hospital has established an appropriate regulation for customer's to abide by.                   |  | .35 |     |     |
| 9   | This hospital strives to abide by the regulations related to hospital customers.                      |  | .66 |     |     |
| 10  | This hospital follows legal responsibly governing almost every aspect of their operations.            |  | .65 |     |     |
| <b>Ethical responsibility/Dimension</b>       |   |  |     |     |     |
| 11  | This hospital has established ethical guidelines for customer services activities.                    |  |     | .87 |     |
| 12  | This hospital strives to become an ethically trustworthy hospital.                                    |  |     | .84 |     |
| 13  | This hospital strives to root out irregularities.   |  |     | .76 |     |
| 14  | This hospital makes efforts to treat customers based on ethical guidelines.                           |  |     | .77 |     |
| 15  | This hospital follows ethical responsibilities concern societal expectations that go beyond the law.  |  |     | .80 |     |
| <b>Philanthropic responsibility/Dimension</b> |   |  |     |     |     |
| 16  | This hospital participates in a variety of voluntary activities by starting company voluntary groups. |  |     |     | .77 |
| 17  | This hospital supports education and other health related programs for people residing in the region. |  |     |     | .60 |
| 18  | This hospital support social welfare projects for the under privileged in the region.                 |  |     |     | .65 |

|    |  |  |  |  |     |
|----|--|--|--|--|-----|
| 19 | This hospital also involves donating employees' expertise time to worthy cause.                  |  |  |  | .67 |
| 20 | This hospital activity for participating voluntarily to improving the quality of community life. |  |  |  | .64 |

#### 4.4.2 EFA2- Ability of the items covering in various dimensions of CSR

In the second EFA, the study incorporated the items measuring the constructs, such as perceived benefit, identification, engagement, gratitude, and customer loyalty. Similar to EFA 1, in the second stage also the study performed Principal Component analysis with VARIMAX rotation. As part of this analysis, initially, the suitability of performing factor analysis with all the items covering the said dimensions was assessed. The results supported that there exists an adequate correlation between the study items.

**Table: 4.14**

#### **KMO and Bartlett's Test**

|   |                        |       |
|---|------------------------|-------|
| Kaiser-Meyer-Olkin Measure of sample Adequacy |                        | 0.77  |
| Bartlett's Test of Sphericity                 | Approximate Chi-Square | 23.43 |
|   | df.                    | 91    |
|   | Significance           | 0.000 |

The KMO values of the EFA found to be 0.77, and Bartlett test of Sphericity = 23.43,  $p < 0.01$ . Moreover, it is also found that all the items measuring the dimensions were exactly loaded into the respective factor. All the items loadings were above the suggested cut-off of 0.50. No cross-loadings cases were reported from the analysis. In addition, the total variance explained by all these factors to the factor structure was 77%. Considering all these aspects, it was decided that, the scales used to measure



the proposed dimensions are one-dimensional; that is, the measures intended to measure the respective constructs were exactly measuring the same. Detailed results of EFA 2 are shown in Table 4.15.

**Table 4.15**  
**Factor Loading of EFA 2**

|                          |   | <b>F1</b> | <b>F2</b> | <b>F3</b> | <b>F4</b> | <b>F5</b> |
|--------------------------|---|-----------|-----------|-----------|-----------|-----------|
| <b>Perceived Benefit</b> |   |           |           |           |           |           |
| <b>1</b>                 | This hospital's CSR activities have directly/indirectly benefitted me.  | .60       |           |           |           |           |
| <b>2</b>                 | This hospital provided physical facilities, equipment's; personnel and communication material which have benefitted me. | .77       |           |           |           |           |
| <b>3</b>                 | This hospital tries to perform service accurately.  | .78       |           |           |           |           |
| <b>4</b>                 | This hospital provides its services, at the time it promises to do so.  | .76       |           |           |           |           |
| <b>5</b>                 | This hospital gives caring and individual attention, which benefitted me.   | .56       |           |           |           |           |
| <b>6</b>                 | This hospital has operating hours convenient to all its customers.  | .76       |           |           |           |           |
| <b>7</b>                 | This hospital responds to customer's request promptly even if they are busy.  | .65       |           |           |           |           |
| <b>Identification</b>    |   |           |           |           |           |           |
| <b>8</b>                 | I feel strong ties with this hospital.  |           | .77       |           |           |           |
| <b>9</b>                 | I experience a strong sense of belonging to this hospital.  |           | .66       |           |           |           |

|                   |  |  |     |     |     |  |
|-------------------|--|--|-----|-----|-----|--|
| 10                | I feel proud to work for this hospital.  |  | .81 |     |     |  |
| 11                | I am glad to be a beneficiary of this hospital.  |  | .80 |     |     |  |
| 12                | I feel happy to work for this hospital.  |  | .77 |     |     |  |
| <b>Engagement</b> |  |  |     |     |     |  |
| 13                | Any kind of activities done by the hospital grabs my attention.  |  |     | .77 |     |  |
| 14                | I always like to involve in the hospitals activities.  |  |     | .60 |     |  |
| 15                | I pay more attention to anything about the hospital.   |  |     | .77 |     |  |
| 16                | I love to participate in the hospital's service related activities more when I am with others.                         |  |     | .81 |     |  |
| 17                | I am passionate to be a part of services related activities of the hospital, when I am with others.                    |  |     | .80 |     |  |
| 18                | Participation in the hospital's service related activities provides me more fun when other people around me do it too. |  |     | .77 |     |  |
| <b>Gratitude</b>  |  |  |     |     |     |  |
| 19                | I feel grateful to the hospital.   |  |     |     | .66 |  |
| 20                | I feel thankful to the hospital.   |  |     |     | .65 |  |
| 21                | I feel comfortable with the atmosphere in the hospital.  |  |     |     | .66 |  |
| 22                | I have provided services to this hospital based on my gratitude for the hospital's extra efforts.                      |  |     |     | .77 |  |

|                         |  |  |  |  |  |     |
|-------------------------|--|--|--|--|--|-----|
| 23                      | This hospital receives a lot of patients and services because it is actually a payback for their past efforts. |  |  |  |  | .76 |
| 24                      | I have given more important to the hospital because I owe it to them.  |  |  |  |  | .77 |
| <b>Customer Loyalty</b> |  |  |  |  |  |     |
| 25                      | I intend to remain a customer of this hospital.  |  |  |  |  | .80 |
| 26                      | There is no chance that I will switch into another hospital.   |  |  |  |  | .76 |
| 27                      | I will approach exclusively this hospital regarding any other health related services.                         |  |  |  |  | .77 |
| 28                      | This hospital is the first choice for me among the same type of hospitals.                                     |  |  |  |  | .65 |
| 29                      | I believe that this hospital saves my health.  |  |  |  |  | .66 |
| 30                      | I say only positive things about the services offered by this hospital.  |  |  |  |  | .56 |
| 31                      | I will recommend this hospital to other people.  |  |  |  |  | .67 |

**Note:** The KMO values = 0.77, and Bartlett test of Sphericity = 23.43,  $p < 0.01$ .

#### **4.5 Confirmatory Factor Analysis (CFA)**

This section of this chapter explains the measurement model testing results performed to confirm the validity and reliability of the scale measure, which is necessary before the test of hypotheses. This measurement model testing was conducted through Confirmatory Factor Analysis (CFA). Validity explains the ability of an instrument (here the scales) to measure what the researcher intended to measure. Similarly, the reliability of an instrument examines the extent of random error in the scale measures. In this stage, it is decided to perform two types of validity. First type of validity called convergent validity, which explains the extent of convergence among the items covering the respective dimension. The second, the discriminant validity explains the extent of divergence between the items covering the different dimensions. In this stage, the study analysed the reliability of the study measurements using a coefficient, called as Composite Reliability (CR). In the following pages, the study provides the measurement model testing Tables derived from CFA analysis and also its interpretations.

##### **Convergent validity**

In this study, the researcher tested the convergent validity of the scale measures using three different measures. The first measure used is CFA factor loadings. It was recommended that if the CFA factors loadings are above 0.50 and loaded high, which indicate the evidence of convergent validity. Further, another measure generally used by researchers to confirm the convergent validity is called as: Average Variance Extracted (AVE). If the AVE values are above 0.50 it also indicates the convergent validity of the scale measures. Finally, it is also suggested that if the CR values are above 0.50, it also informs the evidence of convergent

validity. In the current study, the researcher used all these three measures for the purpose of checking the validity.

### **Discriminant Validity**

To examine the discriminant validity, the study followed an important discriminant validity check procedure recommended by Hair et al (2010). In this procedure, it is recommended that if the AVE values of the dimensions are greater than the correlation square between the construct pairs it indicates the discriminant validity. As reported in Table 4.18, the examination of AVE values with the correlation square between the constructs revealed that in all the cases the calculated AVE values were greater than the pair wise correlations. Thus, the study confirmed the fact the scale measures used measure different dimensions and it carries adequate level of discriminant validity.

In addition to the aforementioned measures, a variety of goodness-of-fit indices are also available for use in confirmatory factor analysis to indicate the adequacy of measured constructs to a model, but there seems to be little consensus on what are the appropriate indices (Hinkin, 1995). Hinkin (1995) noted that significance of Chi-square was reported most frequently, and the smaller the chi-square value, the better the data fit to the model. However, chi-square is very sensitive to sample size; diverse indices have thus been developed for assessing overall goodness of fit. A ratio of the chi-square value to the degrees of freedom of 5 to 1 was a practical rule of thumb (Hinkin, 1995). Although evaluation of fit indices is somewhat subjective, the higher values, the better the model fit to the empirical data. In addition, Hinkin (1995) reported that fit indices above 0.85 were considered acceptable. The details about the model fit indices used in the present study will be discussed in next section of

structural model testing. Considering the recommendations, the study also analysed the goodness of fit of the overall measurement model from the correlated CFA model.

**Table 4.16**

**Model fit Indices for CFA Model-CSR Dimensions-Constructs of the study**

|                 | $\chi^2$ | DF | GFI   | TLI   | CFI   | SRMR  | RMSEA |
|-----------------|----------|----|-------|-------|-------|-------|-------|
| Obtained Values | 1541.11  | 0  | 0.92  | 0.90  | 0.91  | 0.050 | 0.030 |
| Standard Values | -        | -  | >0.90 | >0.90 | >0.90 | <0.08 | <0.08 |

From the analysis, it was observed that the overall correlated CFA model indicated a good fit ( $\chi^2 = 1541.11$ , CFI = 0.91, GFI = 0.92, SRMR = 0.050, RMSEA = 0.030, TLI = 0.90). It also confirms the goodness of fit of the measurement model. All these directed the study that the scale used to measure different dimensions are valid and reliable, therefore, proceed for hypotheses testing.

**Table 4.17**

**CFA factor loading table**

| Factors                                       |   | CFA factor loadings |
|---|---|---------------------|
| <b>Economic responsibility/<br/>Dimension</b> | This hospital generates adequate employment opportunities through its operations. | 0.61                |
|   | This hospital strives to vitalize the regional economy.                           | 0.71                |
|   | This hospital strives for sustainable growth of this region.                      | 0.73                |
|   | This hospital strives to support economy.   | 0.76                |

|   |   |         |
|---|---|---------|
|   | This hospital provides services with reasonable price.  | 0.66    |
| <b>Legal Responsibility/Dimension</b>         | This hospital sets up reasonable and acceptable medical rules.  | 0.68    |
|   | This hospital enforces others to follow medical rules.  | 0.69    |
|   | This hospital has established an appropriate regulation for customer's to abide by.                   | Deleted |
|   | This hospital strives to abide by the regulations related to hospital customers.                      | 0.75    |
|   | This hospital follows legal responsibly governing almost every aspect of their operations.            | 0.80    |
|   |   |         |
| <b>Ethical responsibility/Dimension</b>       | This hospital has established ethical guidelines for customer service activities.                     | 0.81    |
|   | This hospital strives to become an ethically trustworthy hospital.                                    | 0.82    |
|   | This hospital strives to root out irregularities.   | 0.87    |
|   | This hospital makes efforts to treat customers based on ethical guidelines.                           | 0.58    |
|   | This hospital follows ethical responsibilities concern societal expectations that go beyond the law.  | 0.56    |
| <b>Philanthropic responsibility/Dimension</b> | This hospital participates in a variety of voluntary activities by starting company voluntary groups. | 0.78    |
|   | This hospital supports education and other health related programs for people residing in the region. | 0.74    |
|   | This hospital support social welfare projects for the   | 0.77    |

|                          |  |      |
|--------------------------|--|------|
|                          | under privileged in the region.  |      |
|                          | This hospital also involves donating employees' expertise time to worthy cause.                                | 0.63 |
|                          | This hospital activity for participating voluntarily to improving the quality of community life.               | 0.66 |
| <b>Perceived benefit</b> | This hospital's CSR activities have directly/indirectly benefitted me.   | 0.80 |
|                          | This hospital provided physical facilities, equipments, personnel & communication material have benefitted me. | 0.65 |
|                          |  |      |
|                          | This hospital tries to perform service accurately.   | 0.77 |
|                          | This hospital provides its services, at the time if promise to do so.  | 0.82 |
|                          | This hospital gives caring & individual attention, which also benefitted me.                                   | 0.85 |
|                          | This hospital has operating hours convenient to all its customers.   | 0.87 |
|                          | This hospital responds to customer's request promptly even if they are busy.                                   | 0.85 |
| <b>Identification</b>    | I feel strong ties with this hospital.   | 0.81 |
|                          | I experience a strong sense of belonging to this.  | 0.87 |
|                          | I feel proud to work for this hospital.  | 0.74 |
|                          | I am glad to be a member of this hospital.   | 0.77 |
|                          | I feel happy to work for this hospital.  | 0.68 |

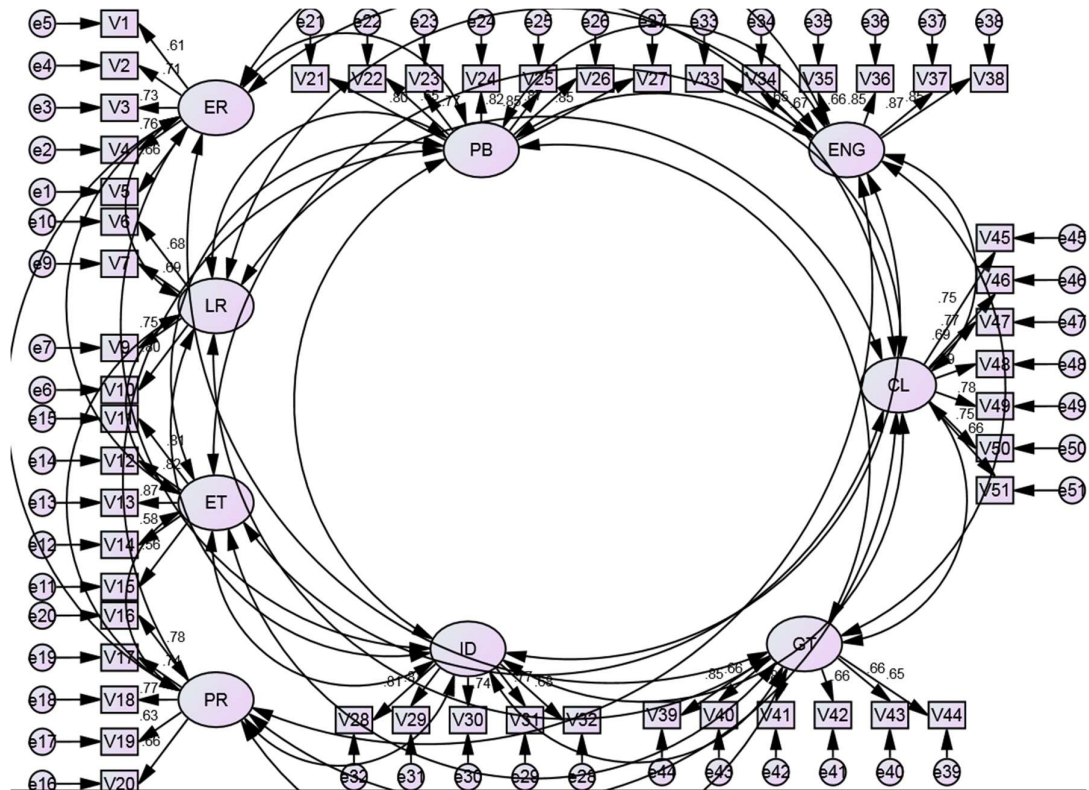


|                         |  |      |
|-------------------------|--|------|
| <b>Engagement</b>       | Any kind of activities done by the hospital grabs my attention.  | 0.65 |
|                         | I always like to involve in the hospitals activities.  | 0.67 |
|                         | I pay more attention to anything about the hospital's action.  | 0.66 |
|                         | I love to participate in hospital's service related activities more when I am with others.                             | 0.85 |
|                         | I am passionate to be a part of services related activities of the hospital, when I am with others.                    | 0.87 |
|                         | Participation in the hospital's service related activities provides me more fun when other people around me do it too. | 0.85 |
| <b>Gratitude</b>        | I feel grateful to the hospital.   | 0.85 |
|                         | I feel thankful to the hospital.   | 0.66 |
|                         | I feel comfortable with the atmosphere in the hospital.  | 0.58 |
|                         | I have provided services to this hospital based on my gratitude for the hospital's extra efforts.                      | 0.66 |
|                         | This hospital receives a lot of patients and services because it is actually a payback for their past efforts.         | 0.66 |
|                         | I have given more important to the hospital because I owe it to them.  | 0.65 |
| <b>Customer loyalty</b> | I intend to remain a customer of this hospital.  | 0.75 |
|                         | There is no chance that I will switch into another hospital.   | 0.77 |

|  |  |      |
|--|--|------|
|  | I will approach exclusively this hospital regarding any other health related services. | 0.69 |
|  | This hospital is the first choice for me among the same type of hospitals.             | 0.59 |
|  | I believe this hospital saves my health.   | 0.78 |
|  | I say only positive things about the services offered by my hospital.                  | 0.75 |
|  | I will recommend my hospital to other people.  | 0.66 |

As reported in Table 4.17, which examines factor, loading shows that, all the items measuring its respective dimensions were loaded highly into that factor. In all the cases, the factor loadings were above the suggested cut-off of 0.50. In addition, the examination of estimated CR values supported that for all dimensions the values were above the suggested cut-off of 0.50. Finally, the examination of AVE values Table 4.18 also shows that for all dimensions, the calculated AVE values were above the suggested threshold of 0.50. All these confirmed that the scale measures used to capture different dimensions are carrying sufficient convergent validity.

**Figure 4.1: Model showing CFA of CSR Activities -Customer Perceived Benefit-Identification-Gratitude-Engagement-Customer Loyalty.**



**Table 4.18:** Discriminant validity test

|            | <b>AVE</b> | <b>MSV</b> | <b>MaxR(H)</b> | <b>ER</b> | <b>LR</b> | <b>ER</b> | <b>PR</b> | <b>PB</b> | <b>ID</b> | <b>ENG</b> | <b>GT</b> | <b>CL</b> |
|------------|------------|------------|----------------|-----------|-----------|-----------|-----------|-----------|-----------|------------|-----------|-----------|
| <b>ER</b>  | 0.551      | 0.312      | 0.933          |           |           |           |           |           |           |            |           |           |
| <b>LR</b>  | 0.430      | 0.373      | 0.922          | 0.310     |           |           |           |           |           |            |           |           |
| <b>ER</b>  | 0.452      | 0.357      | 0.957          | 0.022     | 0.501     |           |           |           |           |            |           |           |
| <b>PR</b>  | 0.353      | 0.391      | 0.969          | 0.221     | 0.341     | 0.197     |           |           |           |            |           |           |
| <b>PB</b>  | 0.509      | 0.118      | 0.977          | 0.037     | 0.016     | 0.112     | 0.411     |           |           |            |           |           |
| <b>ID</b>  | 0.571      | 0.333      | 0.980          | 0.425     | 0.311     | 0.232     | 0.539     | 0.291     |           |            |           |           |
| <b>ENG</b> | 0.421      | 0.261      | 0.981          | 0.148     | 0.221     | 0.301     | 0.324     | 0.060     | 0.350     |            |           |           |
| <b>GT</b>  | 0.480      | 0.166      | 0.983          | 0.052     | 0.223     | 0.374     | 0.247     | 0.131     | 0.123     | 0.301      |           |           |
| <b>CL</b>  | 0.509      | 0.164      | 0.984          | 0.130     | 0.353     | 0.162     | 0.305     | 0.228     | 0.293     | 0.243      | 0.123     |           |

ECR = economic responsibility, LR = legal responsibility, ETR = ethical responsibility, PR = philanthropic responsibility, PB = perceived benefit, ID = identification, ENG = engagement, GT = gratitude, CL = customer loyalty. In all the case, the AVE values of the individual constructs were greater than the correlation square between the constructs of interest; hence, the discriminant validity has been confirmed in the study.

## 4.6: Test of Hypothesis and Model Testing

### Structural Equation Modelling

Structural equation modelling (SEM) technique using Maximum Likelihood Estimation procedure was employed in the current research to test the proposed hypotheses. SEM is a statistical methodology that follow a confirmatory (i.e., hypothesis-testing) approach to the analysis of a structural theory proposed by the researcher bearing on some phenomenon (Byrne, 2001). While performing SEM, it tests simultaneously all proposed relationships in the hypothesized model which confirms the extent to which the model proposed in the study is consistent with the data. In this line, Byrne (2001) summarized a number of advantages of performing SEM over other related multivariate techniques. First, while performing SEM, the researcher takes a confirmatory approach to the model testing and analyses the data basically for inferential purposes by demanding that, the pattern of relationship between the variables within the model framework is specified *a priori*. In contrast to this, many other methods take the route of descriptive nature. Hence SEM is preferred over other related multivariate techniques. Second, the other related traditional multivariate methods are incapable of either assessing or correcting the overall measurement error.

In case of SEM analysis, the researcher can avoid inaccuracies caused by ignoring error when it exists in the explanatory variables. The structural model also helps the researcher to see the specification of error term covariances (Golob, 2003). Third, data analysis using SEM technique, in comparison with other related multivariate techniques also allows measurement of the relationship among unobserved and observed variables comprehensively through the examination of covariance among the observable variables proposed in the study. Another important

advantage of SEM is that, it can handle a large number of endogenous variables (dependent variables) and exogenous variables (independent variables), as well as unobserved variables simultaneously specified as linear combinations of the observed variables (Golob, 2003). Last and more important, no such widely and equally competitive applied methods is currently available in the data analysis paradigm alternative to SEM for modelling multivariate relations among the proposed variables or for estimating point and/or interval indirect effects.

In the current research, considering the advantages of SEM over other multivariate techniques, the two-stage SEM analytic estimation technique was adopted, to test the simultaneous inter-relationship between the constructs of interest proposed in the current research. In this two stage estimate procedure, the researcher can avoid the interaction of the measurement model and the structural model (Hair, Anderson, Tatham, & Black, 1995). The general SEM model framework and its estimation can be decomposed into two sub-models: the first model called as measurement model (See the previous section presented in this chapter) and the second model called as the structural model. The first stage of measurement model indicates the relationship between the unobserved latent variables and observable variables (indicator variables). It was performed in this study using CFA. The estimation and confirmation of the measurement model provides the link between the observed indicator variables and the underlying constructs they are designed to measure (Byrne, 2001; Golob, 2003; Nachtigall, Kroehne, Funke, & Steyer, 2003), or the major objective of this stage is to confirm the validity and reliability of the scales used. The second stage of structural model represents the relationship among the latent variables (constructs) of interest. The structural model specifies the manner by which particular latent variables cause changes in the values of certain other latent

variables in the model. In general parlance, estimation of SEM is performed using the covariance analysis method (called as covariance based SEM), in which the researcher estimates the parameters such that, the variances and covariances implied by the model are as close as possible to the observed variances and covariances of the sample (Golob, 2003). Among other popular estimation methods, such as unweighted least squares (ULS), maximum likelihood (ML) and generalized least squares (GLS), the most commonly used method for estimating SEM is maximum likelihood (ML) estimation technique. "Nearly all of the major software programs use ML as the default estimator" (Schermelleh-Engel, Moosbrugger, & Müller, 2003, p. 25). The ML method of estimation maximizes the probability that, the observed covariances are generated from a population under consideration that has its variance and covariances generated by the process implied by the model (Golob, 2003). It is also stated that the ML estimation procedure is rather more robust against deviations of the normality assumption for the sample. It is also pointed that the estimation of SEM with ML estimation can be applied in many data analytic situations such as when interval scales (e.g., Likert scales) are used to collect data on feelings and perceptions (Golob, 2003; Schermelleh-Engel et al., 2003).

Hence, in support with this, in the present study, ML estimation procedure was used in the SEM technique. In this method of estimation, the goodness-of-fit indices are used to examine if a proposed model of the study is consistent with the pattern of variances and covariances dominant in the data. In this line, many other useful criteria have been developed proposed for confirming the overall goodness-of-fit in a SEM methodology and for confirming how well one model does have a fit over another model. According to Schermelleh-Engel et al. (2003), covariance based SEM is capable of producing multiple goodness-of-fit indices, such as: (a) descriptive

measures of overall model fit or goodness of fit, such as chi-square ( $\chi^2$ ), root mean square error of approximation (RMSEA), root mean square residual (RMR), and standardized root mean square residual (SRMR); (b) descriptive measures based on model comparison. The measures in the second category based on model comparisons are the normed fit index (NFI), the non normed fit index (NNFI), the comparative fit index (CFI), the goodness-of-fit index (GFI), and the adjusted goodness-of-fit index (AGFI); and (c) descriptive measures of model parsimony, such as the parsimony goodness-of-fit index (PGFI), and the parsimony normed fit index (PNFI), etc. The concept of parsimony serves as a criterion for choosing between several alternative models proposed in the study.

Although in a SEM framework, most of these evaluation criteria or indices are based on the Chi-square statistic, the chi-square value is preferred in a model confirmation perspective over a test statistic as a measure of fit due to its sensitivity to sample size and deviations from multi-variate normality (Golob, 2003). Given the limitations of Chi-square, different researchers have proposed a plethora of new goodness-of-fit indices in the SEM framework to examine the goodness of fit of the model, and these indices take a more pragmatic approach to the evaluation process (Byrne, 2001). In this, one of the first fit statistics generally used to address this problem was the normed Chi-square, i.e., the ratio of  $\chi^2/df$  (Wheaton, Muthen, Alwin, & Summers, 1977). Alternative goodness-of-fit measures of overall model fit have also been developed and proposed in the current SEM literature, such as the root mean square error of approximation (RMSEA), root mean square residual (RMR), and standardized root mean square residual (SRMR).

In the SEM framework, the root mean square residual (RMR) shows the average residual value derived from the fitting of the variance-covariance matrix for



the proposed model to the variance covariance matrix of the sample data collected (Byrne, 2001). However, it has been stated that these residuals are difficult to interpret, due to its relation to the sizes of the observed variances and covariances. Considering this limitation, the standardized root mean square residual (SRMR) were proposed, which represent the average value across all standardized residuals. In addition, it is very recently that RMSEA has been recognized as one of the most useful informative criteria in covariance structure modelling framework (Byrne, 2001). In addition, the other most frequently used goodness-of-fit measures grounded on direct assessment of the variance covariance matrices for the sample and model are the normed fit index (NFI), the non-normed fit index (NNFI), the comparative fit index (CFI), the goodness-of-fit index (GFI), the adjusted goodness-of-fit index (AGFI), the parsimony-adjusted goodness-of-fit index (PGFI) etc. Among the stated direct assessment measures, the normed fit index (NFI) is considered as a practical criterion for evaluation of proposed model fit. However, there exists some limitation of the same, because it has a tendency to underestimate fit in small samples (Byrne, 2001). Bentler and Bonnett (1980) developed the Non-Normed Fit Index (NNFI), also known as the Tucker-Lewis Index (TLI) which generally show the disadvantage of the NFI which is affected by sample size. In addition, CFI was also formulated by Bentler (1990) from NFI to take sample size into account. Another measure, goodness-of-fit index (GFI) is a measure of the relative amount of variance and covariance matrix of the sample data that is jointly explained by the variance and covariance matrix for the hypothesized model (Byrne, 2001). The AGFI has the benefit of adjusting for the number of degrees of freedom contained in the model, which makes the AGFI unique from the GFI. Both GFI and AGFI indices range from zero to 1.00, where the values close to 1.00 are indicative of good fit of the model.

The measure, parsimony-adjusted goodness-of-fit index (PGFI) takes into account the complexity of the hypothesized model proposed for the assessment of overall model fit (Byrne, 2001), which was modified later based on GFI and NFI. It is hard to decide which global indices to use for reporting results of model fitting; thus it is necessary to consider multiple criteria in evaluating a model (Bagozzi & Yi, 1998; Schermelleh-Engel et al., 2003). Based on the prior literature, SEM is considered as the appropriate technique, because it can take care of multiple dependence relationships such as those investigated in the present research. In addition, the technique of SEM was used and preferred in this research to determine if the estimated population covariance matrix of the proposed model was consistent with the observed covariance matrix. To examine the same, AMOS software package is used due to its user friendliness. In addition, AMOS can also link the data directly to SPSS platform and provide a very user friendly graphical user interface that allows the researcher to configure path diagrams, calculate the necessary model fit, and estimate required parameters.

### **Test of hypothesis**

To test the proposed hypotheses, the study applied Structural Equation Modelling (SEM) technique using maximum likelihood (ML) estimation. Specifically, the study conducted a covariance based SEM technique. This covariance based SEM is preferable when the researcher tries to test and confirm the proposed model under consideration. The SEM technique has applied to test the study hypotheses because of several reasons. First, the constructs proposed in this study is measured using multiple questions, and therefore the constructs are latent in nature. In this case, SEM technique is more preferable over other techniques, if the objective is to capture the inter-relationship between the proposed constructs under consideration.

Second, in the hypotheses formulation section, the researcher has proposed several relationships, which involved the interrelationship between several variables, in a simultaneous fashion. Finally, it is also recommended that SEM is more useful in case of latent variables with multiple items, where the researcher like to capture item-wise error rate.

The SEM modelling involves different phases. In the first phase, the researcher made a diagrammatic representation of the relationship between the study variables. In this, it is conceptualized that the CSR dimensions, such as ECR = economic responsibility, LR = legal responsibility, ETR= ethical responsibility, and PR = philanthropic responsibility are connected to overall CSR. Then, the overall CSR dimension was connected to PB = perceived benefit, and ID = identification. Next to this, the PB and ID are connected to ENG = engagement, and GT = gratitude. Finally the ENG and GT directed to create CL = customer loyalty. Figure 4.2 shows the diagrammatic representation of the relationship between the constructs.

In the second phase, the goodness of fit coefficients of the conceptual model are and estimated the goodness of fit of the model examined with the observed data. In this goodness of fit indices, the researcher examined various fit indices. In case of fit indices, usually, there exists confusion among researchers as to which fit indices to report. Jaccard and Wan (1996) recommend the use of at least three fit tests, one from each of the first three categories like absolute fit, relative fit and parsimony measures as reported in Table 4.19

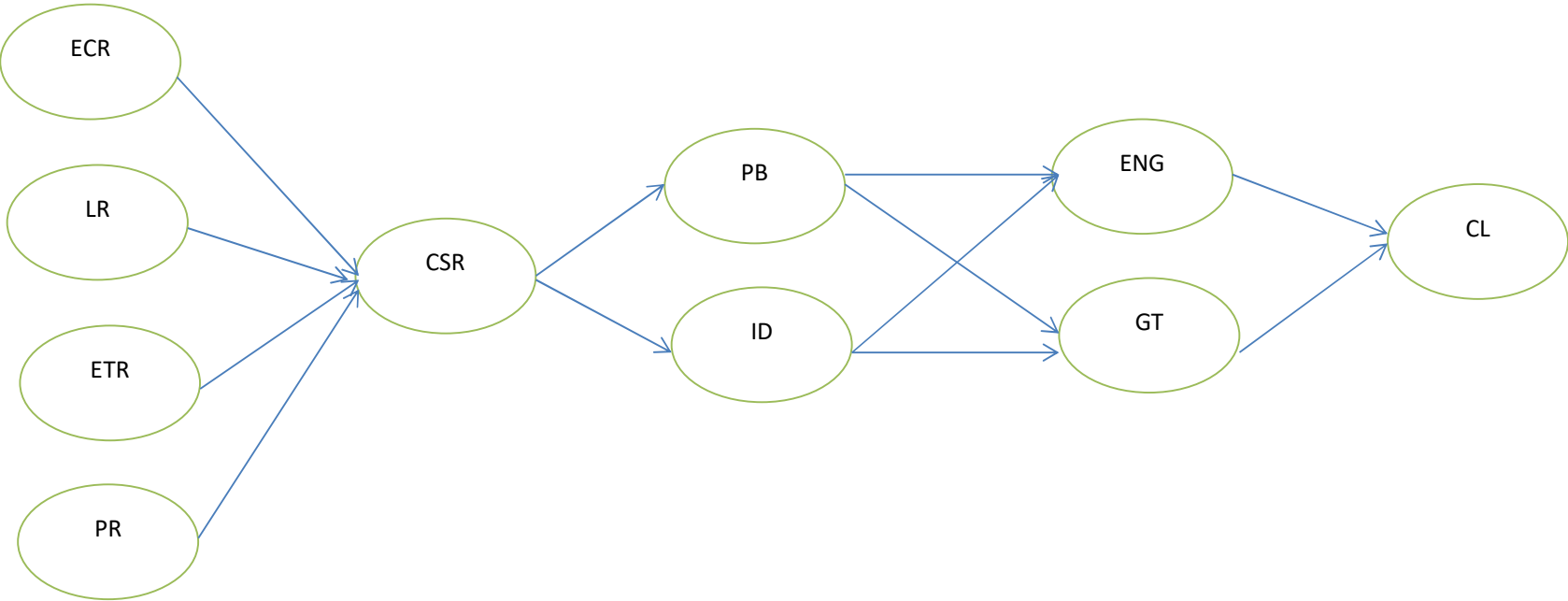
**Table 4.19**

**Fit Measures Used in Assessing Goodness of Fit of SEM Model**

| <b>Category</b>                    | <b>Fit Indices</b>                  |
|------------------------------------|-------------------------------------|
| <b>Absolute Fit Measure</b>        | CMIN, CMIN/df, RMR, SRMR, GFL, PGFI |
| <b>Relative Fit Measures</b>       | NFI, RFI, IFI, TLI                  |
| <b>Parsimony Measures</b>          | PRATIO, PNFI, PCFI                  |
| <b>Chi-square Distribution</b>     | NCP, FMIN, RMSEA                    |
| <b>Theoretic Fit Measures</b>      | AIC, BIC, BCC,ECVI                  |
| <b>Fit measures on Sample Size</b> | HOERLTER                            |

Reference: Hair et al. (2010)

**Figure 4.2:** Conceptual Model of Variables Used in the Study



ECR = Economic responsibility, LR = Legal responsibility, ETR = Ethical responsibility, and PR = Philanthropic responsibility, PB = Perceived benefit, and ID = Identification. ENG = Engagement, GT = Gratitude, and CL = Customer loyalty.

Following the suggestion given by Kline (2005), in this study the researcher followed the fit measures, such as  $\chi^2$ , the ratio of chi-square to df, IFI, GFI, NFI, SRMR, RMSEA, TLI and CFI. In these fit measures, we expect an insignificant  $\chi^2$ . However, in a study with high sample size one cannot expect insignificant  $\chi^2$ . In case of other fit indices such as GFI, NFI, TLI and CFI, the fit indices above the suggested cut-off of 0.90 show good model. In case of RMSEA and SRMR, if the fit measures are below the value of 0.08, which indicates a good model.

As shown in Table 4.20, the study has found a satisfactory fit of the structural model [Chi-square:  $\chi^2 = 5222.50$  (df = 3631),  $p = .001$ ; the ratio of Chi-square to degrees of freedom:  $\chi^2/\text{df} = 1.80$ ; Comparative Fit Index: CFI = .911; Incremental Fit Index: IFI = .90; Standardized Root Mean Square Residual: SRMR = .048; Root Mean Square Error of Approximation: RMSEA = .049]. In this assessment of important model fit indices as reported in Table 4.20., such as the ratio of Chi-Square to degrees of freedom (CMIN/df) or normed chi-square which minimizes the impact of sample size on the Model Chi Square (Wheaton, Muthen, Alwin, & Summers, 1977), and was deemed an acceptable ratio at 1.91, since it was less than the suggested limit of 2.0 (Tabachnick&Fidell, 2007). Another important index of assessment is RMSEA, which tests how well the model fits the population's covariance matrix (Byrne, 1998). The measure is considered "one of the most informative fit indices to consult due to its sensitivity to the number of estimated parameters in the model" (Diamantopoulos & Siguaw, 2000, p. 85). An estimated RMSEA well below .08 supports a good fit (MacCallum, Browne, and Sugaware, 1996; Steiger, 2007), which was the case with this study results. Another, crucial index is SRMR, which confirms the "square root of the difference between the residuals of the sample covariance matrix and the hypothesized covariance model"

(Hooper, Coghlan, & Mullen, 2008, p. 54). An SRMR value .08 or lower deemed to be acceptable (Hu and Bentler, 1999). In support with this suggestion, it is found that, in the current measurement model SRMR is 0.058. All these fit indices indicated that the collected data fit to the model well, and therefore the current model can be used to test the proposed hypotheses of the study.

**Table 4. 20**

**Goodness of fit-measures of the Structural model**

| <b>Fit indices</b> | <b>Estimated values</b>            | <b>Recommended value of good fit</b> |
|--------------------|------------------------------------|--------------------------------------|
| $\chi^2$           | 6960.50(df = 3631,<br>$p = .001$ ) |                                      |
| $\chi^2/df$        | 1.81                               | <3                                   |
| <b>CFI</b>         | .90                                | >0.90                                |
| <b>IFI</b>         | .90                                | >0.90                                |
| <b>GFI</b>         | .91                                | >0.90                                |
| <b>TLI</b>         | .91                                | >0.90                                |
| <b>RMR</b>         | .055                               | <0.08                                |
| <b>SRMR</b>        | .048                               | <0.08                                |
| <b>RMSEA</b>       | .049                               | <0.08                                |

**Source:** The model fit indices generated from the SEM model.

Further, the study examined the path coefficients to test the proposed set of study hypotheses. While checking the path coefficients, it was found that, all the estimated path coefficients followed the researchers' expectation with regard to direction and magnitude. Table 4.21 provides the estimated path coefficients derived from the model. In this table, the first and second columns show the relationship

between the exogenous and endogenous constructs. The third column reported the unstandardized path coefficients. In the fourth column, the standardized path coefficients are provided. Next to standardized path estimates, in the fifth column, standard errors are provided. In the final column, the table reported the status of hypotheses testing results (i.e. accepted or rejected).

**Table 4.21**  
**Test of Hypotheses**

| <b>Endogenous Variables (1)</b> |   | <b>Exogenous Variables (2)</b> | <b>Un std. Estimate (3)</b> | <b>Std Estimate (4)</b> | <b>S.E. (5)</b> | <b>P value (6)</b> | <b>Hypothesis Status (7)</b> |
|---------------------------------|---|--------------------------------|-----------------------------|-------------------------|-----------------|--------------------|------------------------------|
| <b>ER</b>                       | → | <b>CSR</b>                     | 0.214                       | 0.159                   | 0.02            | 0.000              | H1 supported                 |
| <b>LR</b>                       | → | <b>CSR</b>                     | 0.390                       | 0.131                   | 0.031           | 0.000              | H2 Supported                 |
| <b>ET</b>                       | → | <b>CSR</b>                     | 0.230                       | 0.266                   | 0.082           | 0.000              | H3 Supported                 |
| <b>PR</b>                       | → | <b>CSR</b>                     | 0.134                       | 0.169                   | 0.058           | 0.000              | H4 Supported                 |
| <b>CSR</b>                      | → | <b>PB</b>                      | 0.616                       | 0.585                   | 0.107           | 0.000              | H5 Supported                 |
| <b>CSR</b>                      |   | → <b>ID</b>                    | 0.421                       | 0.061                   | 0.102           | 0.000              | H6 Supported                 |
| <b>PB</b>                       | → | <b>ENG</b>                     | 0.144                       | 0.174                   | 0.068           | 0.000              | H7 Supported                 |
| <b>PB</b>                       | → | <b>GT</b>                      | 0.712                       | 0.485                   | 0.112           | 0.000              | H8 Supported                 |
| <b>ID</b>                       | → | <b>ENG</b>                     | 0.114                       | 0.123                   | 0.048           | 0.000              | H9 Supported                 |
| <b>ID</b>                       | → | <b>GT</b>                      | 0.513                       | 0.485                   | 0.117           | 0.000              | H10 Supported                |
| <b>ENG</b>                      | → | <b>CL</b>                      | 0.152                       | 0.151                   | 0.028           | 0.000              | H11 Supported                |
| <b>GT</b>                       | → | <b>CL</b>                      | 0.312                       | 0.123                   | 0.015           | 0.000              | H12 Supported                |

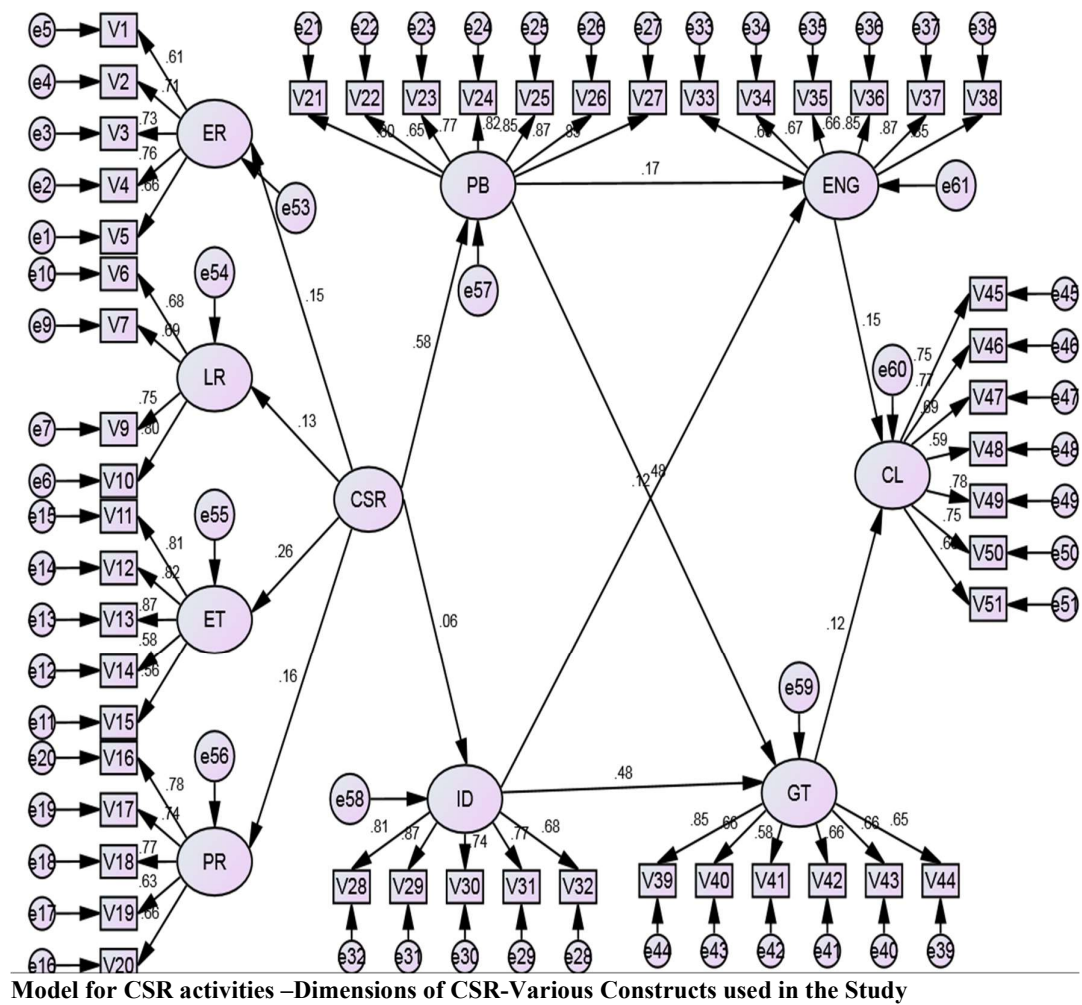


Note: ECR = economic responsibility, LR = legal responsibility, ETR = ethical responsibility, and PR = philanthropic responsibility, PB = perceived benefit, and ID = identification. ENG = engagement, GT = gratitude, and CL = customer loyalty.

In the results, the study provided two different sets of estimates derived from Structural Equation Modelling. The first sets of estimates (Unstandardized regression coefficients) are generally used to understand the absolute impact (in term of the respective unit of measurement) of the exogenous variables on the endogenous variables. It explains, to what extent, one unit change in exogenous variable direct a change in an endogenous variable. Thus, the researchers generally examine the statistical significance of these coefficients and infer the validity of the proposed claim (hypothesis).

On the other hand, the other set of coefficients (Standardized coefficients) denote the estimates generated from the transformed variables which are in the standard form. These sets of coefficients are generally used to examine the relative impact of exogenous variables on the endogenous variables. For example, in the case of standardized coefficients, the higher the magnitude of the coefficients in comparison with others, it indicates that the impact of that particular relationship (or impact) is higher in contrast with other relationships.

**Fig.4.3: SEM Model estimated in the study**



**Model for CSR activities –Dimensions of CSR-Various Constructs used in the Study**

In the first hypothesis, the study made a proposition that economic responsibility work as a crucial aspect of CSR in hospitals. In support with this proposition, the unstandardized path estimate the beta coefficient value (0.159), p value is less than 0.005 and the nature of relationship is positive. Thus, the study found support for Hypothesis 1.

In Hypothesis 2, the study postulated that legal responsibility work as an important dimension of CSR in hospitals. The study received statistical support for the path coefficient beta value is (0.131); p value is less than 0.005. Thus, the study supported Hypothesis 2.

In Hypothesis 3, the study proposed that ethical responsibility work as an important dimension of CSR in hospitals. The examination of the path estimates the beta value is (0.266). The p value is less than 0.005 supported a significant effect. Thus, the study supported Hypothesis 3.

As postulated in Hypothesis 4, that philanthropic responsibility has a positive impact on CSR in hospitals, the study results supported a significant path estimate the beta value of (0.169), p value is less than 0.005. Thus, the study supported hypothesis 4.

Further, in Hypothesis 10, the study postulated that CSR creates a perception of perceived benefit among the consumers. In support with this, the path estimates the beta value of (0.589) and p value less than 0.005, showing a significant impact. Thus, the study supported Hypothesis 5.

In Hypothesis 11, the study made a postulation that CSR work as antecedent to develop customer identification. Following the stated proposition, the study results supported a significant path estimates the beta value of (0.061), p value is less than 0.005. Thus, the study supported Hypothesis 6.

Further, in Hypothesis 12, the study made a proposition that perceived benefit create customer engagement. In support with this presumption, the data analysis results supported a significant path estimates the beta value of (0.174), p value is less than 0.005. Thus, the study supported hypothesis 7.

In Hypothesis 13, the study proposed that perceived benefit create customer gratitude. In support with this proposition, the path estimates the beta value of (0.485), p value is less than 0.005 thus the nature of relationship supported a significant effect. Thus, the study supported hypothesis 8.

In Hypothesis 14, it was proposed that, the customer identification creates customer engagement. While analysing the estimates the beta value (0.125),p value is less than 0.005. Thus the study results supported a statistically significant path estimates.

In Hypothesis 15, it was proposed that customer identification creates customer gratitude. While analysing the estimates, the study results supported a statistically significant path estimates the beta value (0.485), p value is less than 0.005. Thus, the study received support for hypothesis 10, and accepted the same.

In Hypothesis 16, it was proposed that the customer engagement creates customer loyalty. The study results supported a statistically significant path estimates beta coefficient value (0.151), p value is less than 0.005. Thus, the study received support for hypothesis 16, and accepted the same.

In Hypothesis 17, it was proposed that customer gratitude creates customer loyalty. While analysing the estimates, the beta value (0.123), p value is less than 0.005 the study results supported a statistically significant path estimates. Thus, the study received support for Hypothesis 17, and accepted the same.

#### **4.7 Alternative Model Comparison**

In addition to the proposed model, the study also performed alternative models. This process of comparing alternative models was conducted to confirm the robustness of the proposed model in comparison with the alternative model. In addition, this process also directs the researcher to check the feasibility of the alternative theoretical explanations. Hair et al. (2010) recommended that while performing SEM, it is necessary to check and confirm the theoretically possible alternative models, and compare the same with the proposed or the hypothesized model. Then, the best models can be selected based on comparing the fit indices. In this, the best model is the one with relatively better goodness of fit measures. The major change the study has made in this alternative model is that in this model the researcher omitted the proposed moderators (e.g., engagement and gratitude) from the model.

The estimated results showed that, the alternative model is not as good as the proposed hypothesized model. Specifically, the goodness of fit measures, for example chi-square value was high ( $\chi^2 = 1890.10$ ), in comparison with the proposed model. This suggested that the proposed model is better. Further, the study also checked the other fit measures of the alternative model (CFI = 0.719, ILI = 0.767, GFI = 0.766, SRMR = 0.078, RMSEA 0.766). All these results indicated that the alternative model is not as good in comparison with the hypothesized model, and therefore, it is decided to continue with the proposed conceptual model.

#### **4.8. Customers' Perception on CSR according to their Demographic Variables.**

As mentioned in the last chapter, 378 customers have participated in the survey. The perception of CSR activities with regard to demographic variable is analysed to meet one of the objectives.

To examine the objective, the study considered the composite score of four CSR dimensions as the dependent variables and the following variables (Table 4.22) as the independent variable and performed Analysis of variance (ANOVA) to examine the objective.

**Table 4.22**  
**Independent variables and its categorization**

| Variable               | Categories        |
|------------------------|-------------------|
| <b>Gender</b>          | Male              |
|                        | Female            |
| <b>Marital status</b>  | Married           |
|                        | Unmarried         |
| <b>Education</b>       | High School       |
|                        | Intermediate      |
|                        | Graduation        |
|                        | Master degree     |
|                        | Other             |
|                        |                   |
| <b>Income (Annual)</b> | Less than 2 Lakhs |
|                        | 2.1-5 Lakhs       |
|                        | 5.1-7 Lakhs       |
|                        | 7.1-10 Lakhs      |
|                        | 10.1-13 Lakhs     |
|                        | 13 Lakhs above    |
| <b>Hospital</b>        | Hospital A        |
|                        | Hospital B        |
|                        | Hospital C        |
|                        | Hospital D        |
|                        | Hospital E        |
|                        | Hospital F        |

*Source: Primary Data*

In this section, the researcher examined the following research question:

1. Do the demographic and background characteristics of the customers play any role in influencing their CSR perception undertaken by the selected hospitals?

This objective need, to test 5 different hypotheses. These hypotheses are as follows:

- H5: Gender creates a difference in the perception of CSR of customer.
- H6: Education creates a difference in the perception of CSR of customer.
- H7: Marital status creates a difference in the perception of CSR of customer.
- H8: Income creates a difference in the perception of CSR of customer.
- H9: Hospital Affiliation creates a difference in the perception of CSR of customer.

**Table 4.23**

**Tests of Between-Subjects Effects**

| Source   | Type III Sum of Squares | df  | Mean Square | F       | Sig. |
|--|-------------------------|-----|-------------|---------|------|
| <b>Corrected Model</b>                                 | 1488.143 <sup>a</sup>   | 50  | 29.763      | 21.339  | .000 |
| <b>Intercept</b>                                       | 953.976                 | 1   | 953.976     | 683.958 | .000 |
| <b>Gender</b>  | 167.502                 | 1   | 27.917      | 20.015  | .000 |
| <b>Education</b>                                       | 60.256                  | 5   | 10.043      | 7.200   | .000 |
| <b>Marital status</b>                                  | 213.447                 | 1   | 35.575      | 25.505  | .000 |
| <b>Income</b>  | 145.658                 | 4   | 24.276      | 17.405  | .000 |
| <b>Hospital</b>  | 2.302                   | 6   | 1.767       | .550    | .660 |
| <b>Error</b>   | 1179.991                | 346 | 1.395       |         |      |
| <b>Total</b>   | 24261.000               | 359 |             |         |      |
| <b>Corrected Total</b>                                 | 2668.134                | 396 |             |         |      |
| <b>a. R Squared = .558 (Adjusted R Squared = .532)</b> |                         |     |             |         |      |

Source: Primary Data

The result of the one-way ANOVA test depicted in the table 4.23 reveals that, a statistical value of p (0.000) is less than 0.05 for Gender, Education p(0.000), Marital status p (0.000) and income p value (0.000). But for Hospital Affiliation (0.660) p value is greater than 0.05. So the researcher concludes that CSR perception in terms of the hospitals does not show any difference. Thus the study rejected the hypothesis that CSR perception do not vary with difference in Hospitals.

**Table 4.24**

**Gender of the Participant (Mean comparison)**

| <b>Dependent Variable: Perceived CSR</b> |       |            |                         |             |
|--|-------|------------|-------------------------|-------------|
| <b>Gender</b>                            | Mean  | Std. Error | 95% Confidence Interval |             |
|  |       |            | Lower Bound             | Upper Bound |
| <b>Male</b>                              | 3.896 | .284       | 3.339                   | 4.453       |
| <b>Female</b>                            | 5.042 | .231       | 4.588                   | 5.495       |

*Source: Primary Data*

As reported in Table 4.24, it was found that the CSR perception is high for the female category, compared to the male customers. Thus, the study inferred that Gender creates a difference in the role perception, where female customers considered that CSR is critical in comparison with their male customers.

**Table 4.25**

**Education of the Participant**

| <b>Dependent Variable: Perceived CSR</b> |       |            |                         |             |
|--|-------|------------|-------------------------|-------------|
| <b>Education of the Participant</b>      | Mean  | Std. Error | 95% Confidence Interval |             |
|  |       |            | Lower Bound             | Upper Bound |
| <b>High school</b>                       | 5.744 | .269       | 5.215                   | 6.272       |
| <b>Intermediate</b>                      | 5.265 | .246       | 4.783                   | 5.747       |
| <b>Bachelor degree</b>                   | 5.210 | .246       | 4.727                   | 5.693       |
| <b>Master degree</b>                     | 5.701 | .220       | 5.268                   | 6.133       |
| <b>Other</b>                             | 5.550 | .238       | 5.084                   | 6.017       |

*Source: Primary Data*



The Table 4.21 shows that, the difference in mean value of CSR perception in terms of educational qualification revealed that people who were qualified below SSLC reported higher values on the CSR perception scale. It was also statistically supported in the following Table 4.26.

**Table 4.26**

**Tukey's Post Hoc test or Multiple Comparisons with regard to CSR Perception and Educational Qualifications**

| <b>(I) Education of the Participant</b> | <b>(J) Education of the Participant</b> | <b>Mean Difference (I-J)</b> | <b>Std. Error</b> | <b>Sig.</b> |
|---|---|------------------------------|-------------------|-------------|
| <b>High school</b>                      | Intermediate                            | .4225*                       | .12856            | .018        |
|   | Bachelor degree                         | -.1408                       | .12393            | .917        |
|   | Master degree                           | -.5177*                      | .15324            | .013        |
|   | Other                                   | -2.2955*                     | .49298            | .000        |
| <b>Intermediate</b>                     | High school                             | 1.2955*                      | .15570            | .000        |
|   | Bachelor degree                         | 1.1546*                      | .13590            | .000        |
|   | Master degree                           | .7778*                       | .16306            | .000        |
|   | Other                                   | -1.0000                      | .49612            | .405        |
| <b>Bachelor Degree</b>                  | High school                             | -.4225*                      | .12856            | .018        |
|   | Intermediate                            | -1.7179*                     | .14013            | .000        |
|   | Master degree                           | -.9402*                      | .13739            | .000        |
|   | Other Technical                         | -2.7179*                     | .48829            | .000        |
| <b>Master Degree</b>                    | High school                             | .1408                        | .12393            | .917        |
|   | Intermediate                            | -1.1546*                     | .13590            | .000        |
|   | Master degree                           | .5633*                       | .10370            | .000        |
|   | Other Technical                         | -.3769                       | .13307            | .070        |

\*The mean difference is significant the 0.05 level

The mean difference is significant at 0.05 level. The post hoc analysis reveals that the mean score of CSR perception differs between the respondents within the Education

group.

Table 4.26 exhibits that the results of the multiple comparisons test indicates that the mean score of CSR perception differ between the respondents within the educational qualifications- Bachelor degree, High school and Technical.

**Table 4.27**  
**Income of the Participant**

| <b>Dependent Variable: CSR Perceptions</b> |             |                   |                                |                    |
|--|-------------|-------------------|--------------------------------|--------------------|
| <b>Income</b>                              | <b>Mean</b> | <b>Std. Error</b> | <b>95% Confidence Interval</b> |                    |
|  |             |                   | <b>Lower Bound</b>             | <b>Upper Bound</b> |
| <b>Less than 2 Lakhs</b>                   | 4.807       | .282              | 4.254                          | 5.361              |
| <b>2.1-5 Lakhs</b>                         | 6.182       | .289              | 5.615                          | 6.748              |
| <b>5.1-7 Lakhs</b>                         | 6.475       | .265              | 5.954                          | 6.995              |
| <b>7.1-10Lakhs</b>                         | 6.641       | .356              | 5.943                          | 7.339              |
| <b>10.1-13 Lakhs</b>                       | 4.514       | .309              | 3.908                          | 5.121              |
| <b>13 Lakhs above</b>                      | 5.802       | .295              | 5.224                          | 6.381              |

Table 4.27 shows that the comparison of CSR perception in terms of income of the study participants revealed that, people with different levels of income carry difference in CSR perception. This was statistically supported using the multiple comparisons.

**Table 4.28****Marital Status of the Participants (Mean Comparison)**

| <b>Dependent Variable: Perceived CSR</b> |             |                   |                                |                    |
|--|-------------|-------------------|--------------------------------|--------------------|
| <b>Marital status</b>                    | <b>Mean</b> | <b>Std. Error</b> | <b>95% Confidence Interval</b> |                    |
|  |             |                   | <b>Lower Bound</b>             | <b>Upper Bound</b> |
| <b>Married</b>                           | 4.896       | .211              | 3.539                          | 5.123              |
| <b>Unmarried</b>                         | 2.110       | .222              | 1.688                          | 3.495              |

As reported in Table 4.28, the examination of the marital status of the study participants on the CSR perceptions revealed that married individuals are more concerned about the CSR activities of the hospitals, in comparison with unmarried individuals.

**Table 4.29****Hypotheses Testing Results**

| <b>Hypotheses No.</b> | <b>Hypotheses</b>  | <b>Status</b>    |
|-----------------------|--|------------------|
| <b>H1</b>             | Economic Responsibility is an important dimension of CSR in hospitals      | <b>Supported</b> |
| <b>H2</b>             | Legal Responsibility is an important dimension of CSR in hospitals         | <b>Supported</b> |
| <b>H3</b>             | Ethical Responsibility is an important dimension of CSR in hospitals       | <b>Supported</b> |
| <b>H4</b>             | Philanthropic Responsibility is an important dimension of CSR in hospitals | <b>Supported</b> |
| <b>H10</b>            | CSR positively influence the perceived benefit                             | <b>Supported</b> |
| <b>H11</b>            | CSR has a positive impact on customers' hospital identification.           | <b>Supported</b> |

|             |  |                  |
|-------------|--|------------------|
| <b>H12</b>  | Perceived benefit has a positive impact on customer engagement               | <b>Supported</b> |
| <b>H13</b>  | Perceived benefit has a positive impact on customer gratitude                | <b>Supported</b> |
| <b>H14</b>  | Customer identification has a positive impact on customer engagement         | <b>Supported</b> |
| <b>H15</b>  | Customer identification has a positive impact on customer gratitude          | <b>Supported</b> |
| <b>H116</b> | Customer engagement has a positive impact on customer loyalty.               | <b>Supported</b> |
| <b>H17</b>  | Customer gratitude has a positive impact on customer loyalty.                | <b>Supported</b> |
| <b>H5</b>   | Gender creates difference in the perception of CSR of customer               | <b>Supported</b> |
| <b>H6</b>   | Education creates a difference in the perception of CSR of customer          | <b>Supported</b> |
| <b>H7</b>   | Marital status creates a difference in the perception of CSR of customer     | <b>Supported</b> |
| <b>H8</b>   | Income creates a difference in the perception of CSR of customer             | <b>Supported</b> |
| <b>H9</b>   | Hospital Affiliation creates difference in the perception of CSR of customer | <b>Rejected</b>  |

#### **4.9 Chapter Summary**

In this chapter the researcher has explained the detailed data analysis process conducted to test the proposed study hypotheses. As part of this testing, first, the preliminary data screening was conducted. Further, the demographic and psychographic characteristics of the study participants were analysed. In the third section, the study detailed the results of Exploratory Factor Analyses to examine the unidimensionality of the scale measures. Further, measurement model testing was conducted through Confirmatory Factor Analysis, to check the reliability and validity of the scale measures. After confirming the reliability and validity of the scale measures, the proposed sets of hypotheses were tested using Structural Equation Modelling Technique. In this testing, it is observed that the proposed model was robust and fit well with the data. Later, the test of hypotheses also supported the significance of all the proposed hypotheses. In the final section, some additional tests were conducted through a series of ANOVAs, to get some additional insights.

## References

- Byrne, B. M. (2001). *Structural Equation Modeling with AMOS: Basic Concepts, Applications, and Programming*.
- Byrne, B. M. (2006). *Structural equation modeling with EQS: Basic concepts, applications, and programming (2nd ed.)*. Mahwah, NJ: Erlbaum
- David.W.S.(1981). *The Application and Misapplication of Factor Analysis in Marketing Research*.
- DeVellis, R. F. (1991). *Scale Development: Theory and Applications (Applied Social Research Methods Series, Vol. 26)*. Newbury Park, CA: Sage Publications.
- Hair, Anderson. Tatham, C.W. Black .(2005). *Multivariate Data Analysis*, Publisher: Prentice Hall: New Jersey.
- Hair, J.F., Black, W.C., Babin, B.J., & Anderson, R.E. (2010). *Multivariate Data Analysis. Seventh Edition*. Prentice Hall, Upper Saddle River, New Jersey.
- Hinkin, T. (1995). A review of scale development practices in the study of organizations. *Journal of Management*, 21(5), 967-988.
- Kline, R. B. (2004). *Beyond Significance Testing: Reforming Data Analysis Methods in Behavioral Research*. Washington, DC: American Psychological Association
- Kline, R.B. (2010). *Principles and Practice of Structural Equation Modelling. Thirddedition*. Guilford Publications, New York.
- Klie, R.B. (2011). *Principles and Practice of Structural Equation Modelling*. Guilford Press, New York.

- Kumar, V., Aaker, D. A., & Day, G. S. (2002). *Essentials of marketing research*. New York: Wiley.
- Naresh malhotra, (2007). *Marketing Research: An Applied Approach*. 3rd European Edition, Harlow, UK. Pearson Education.
- Ramanathan Gnanadesika.(1977). *Methods for Statistical Data Analysis of Multivariate Observations* , Published by Wiley & Sons.
- Samuel B. Green & Neil J. Salkind. (2008), *Using spss for windows and Macintosh, Analysing and Understanding Data*, 8<sup>th</sup> Edition. Pearson
- Sekaran, U. (2000). *Research Methods for Business: A Skill Business Approach*. John Wiley & Sons, New York.
- Tabachnick, B. G., & Fidell, L. S. (1989). *Using Multivariate Statistics* (2nd ed.). New York. HarperCollins Publishers
- Trochim, W. (2006). *The Research Methods Knowledge Base*, 2nd Edition. Atomic Dog Publishing, Cincinnati, OH.
- Thomas W. Lee and Terence R. Mitchell .(1994). *An Alternative Approach: The Unfolding Model of Voluntary Employee Turnover*, *The Academy of Management Review*, Vol. 19(1), 51-89

## **Chapter V**

### **Corporate Social Responsibility as a tool for Reputation Building of Hospitals**

#### **Content**

- 5.1 Introduction
- 5.2 Corporate Social Responsibility Activities
- 5.3 Exploratory Factor Analysis
- 5.4 Confirmatory Factor Analysis (CFA)
- 5.5 Convergent Validity
- 5.6 Discriminant Validity
- 5.7 Descriptive Statistics of Variables-CSR Activity
- 5.8 Comparison of Mean-CSR Activities
- 5.9 Marketing Communication (Source of Information about CSR)
- 5.10 Validation of the Measurement Scale
- 5.11 Descriptive Statistics of the Study Variables-Marketing  
Communication
- 5.12 Hospital Reputation Building Process through CSR Practices
- 5.13 Hypotheses
- 5.14 Analyzing the Mediation Effects in a Model



## **5.1 Introduction**

The previous chapter discussed about the demographic and psychographic characteristics of the customer respondents, analysis of Corporate Social Responsibility activities of private hospitals and evaluation of customer's perception. The present chapter is evaluates the role of CSR in the process of Reputation Building of Hospitals. The researcher has classified the data analysis into three sections. Section 1 deals with corporate social responsibility (CSR) practices adopted by the hospitals. For this, EFA, CFA, one sample K-S test, Skewness and kurtosis, mean, standard deviation and one way ANOVA were used. Section 2 deals with marketing communication. In order to measure this, the researcher adopted EFA, CFA, one sample K-S test, Skewness and kurtosis, mean, standard deviation and one way ANOVA. Finally, section 3 discusses the hospital Reputation Building process through CSR practices. In order to measure this, the researcher used structural equation modeling technique. For this, the researcher tested two structural models, i.e, with or without CSR activities.

### **Objective 6: To examine whether CSR practices can act as a tool for reputation building**

#### **Section I**

## **5.2 Corporate Social Responsibility (CSR)**

The researcher has identified twenty variables in order to assess the CSR activities by the selected hospitals. All variables were measured on a five point Likert's scale, where '1' indicates strongly disagree and '5' indicates strongly agree.

### 5.3 Exploratory Factor Analysis

A principal component analysis for the twenty three statements related to CSR activities was performed using SPSS 21.0 to reduce the larger set of variables into a smaller, conceptually more coherent set of variables, by identifying redundancy among the variables. In the process of factor analysis, three variables were identified as outlying variables because they seemed to be unrelated to other items, and were deleted from further factoring. The resultant twenty statements were re-analyzed following the same procedure.

The first test was meant to check whether the variables are sufficiently interconnected and the Kaiser-Meyer-Olkin statistic (KMO) is the usual measure for that. The KMO statistic indicates the proportion of variance in the variables that might be caused by underlying factors. KMO measure of sampling adequacy was 0.837 (Table 1), a level described as ‘marvelous’ by Kaiser (1974). The Barlett’s test of Sphericity is a statistical test for the presence of correlations among the variables and tests the hypothesis that the correlation matrix is an identity matrix i.e., all diagonal elements are 1 and off diagonal elements ‘0’, implying that, all the variables are uncorrelated and therefore unsuitable for structure detection.

The Bartlett’s Test of Sphericity was significant ( $p < 0.001$ ) and the test value was high at 1428.342 (Table 5.1) leading to the conclusion that there were correlations in the data set appropriate for factor analysis (Neetha Eppan, 2014).

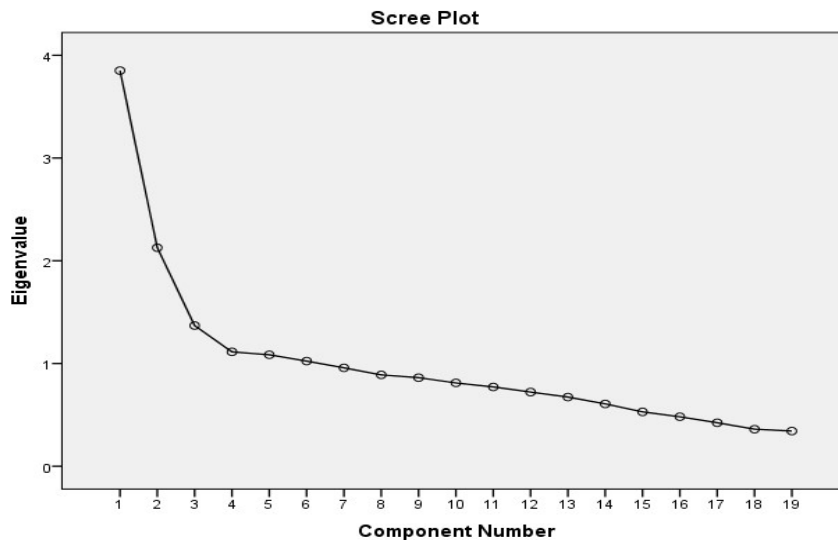
**Table 5.1**

**KMO and Bartlett's Test of Sample Adequacy**

|   |                    |          |
|---|--------------------|----------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy |                    | .837     |
| Bartlett's Test of Sphericity                   | Approx. Chi-Square | 1428.342 |
|   | Sig.               | .000     |

The results of statistical assumption tests indicated that, the data set was appropriate for factor analysis. Therefore Principal Component Analysis was conducted. The results of latent root criterion revealed that the indicators captured four components with an Eigen value greater than 1, which together explained over 44.531 percent of the variance (Table 5.2.) Component loadings below 0.5 were suppressed in the principal component analysis.

**Fig 5.1:** Scree plot- CSR Activities



The scree plot (Figure 5.1) indicated that, by laying a straight edge across the bottom portion of the roots, there were four factors before the curve becomes approximately a straight line.

**Table 5.2**  
**Total Variance Explained- CSR Activities**

| Component | Initial EigenValues |               |              | Extraction Sums of Squared Loadings |               |              | Rotation Sums of Squared Loadings |               |              |
|-----------|---------------------|---------------|--------------|-------------------------------------|---------------|--------------|-----------------------------------|---------------|--------------|
|           | Total               | % of Variance | Cumulative % | Total                               | % of Variance | Cumulative % | Total                             | % of Variance | Cumulative % |
| 1         | 3.851               | 20.270        | 20.270       | 3.851                               | 20.270        | 20.270       | 2.483                             | 13.071        | 13.071       |
| 2         | 2.127               | 11.195        | 31.465       | 2.127                               | 11.195        | 31.465       | 2.072                             | 10.906        | 23.977       |
| 3         | 1.369               | 7.206         | 38.671       | 1.369                               | 7.206         | 38.671       | 2.003                             | 10.542        | 34.519       |
| 4         | 1.113               | 5.859         | 44.531       | 1.113                               | 5.859         | 44.531       | 1.902                             | 10.012        | 44.531       |
| 5         | 1.085               | 5.709         | 50.240       |                                     |               |              |                                   |               |              |
| 6         | 1.024               | 5.388         | 55.628       |                                     |               |              |                                   |               |              |
| 7         | .958                | 5.042         | 60.669       |                                     |               |              |                                   |               |              |
| 8         | .889                | 4.679         | 65.349       |                                     |               |              |                                   |               |              |
| 9         | .862                | 4.536         | 69.885       |                                     |               |              |                                   |               |              |
| 10        | .811                | 4.269         | 74.154       |                                     |               |              |                                   |               |              |
| 11        | .772                | 4.062         | 78.216       |                                     |               |              |                                   |               |              |
| 12        | .722                | 3.799         | 82.015       |                                     |               |              |                                   |               |              |
| 13        | .673                | 3.544         | 85.559       |                                     |               |              |                                   |               |              |
| 14        | .607                | 3.193         | 88.753       |                                     |               |              |                                   |               |              |
| 15        | .529                | 2.784         | 91.536       |                                     |               |              |                                   |               |              |
| 16        | .482                | 2.535         | 94.071       |                                     |               |              |                                   |               |              |
| 17        | .423                | 2.229         | 96.300       |                                     |               |              |                                   |               |              |
| 18        | .361                | 1.899         | 98.198       |                                     |               |              |                                   |               |              |
| 19        | .342                | 1.802         | 100.000      |                                     |               |              |                                   |               |              |

Extraction Method: Principal Component Analysis.

The items re-organised based on factor analysis were theoretically justified as correlations among reflective measures are expected and so there can be a possibility of the respondents having a different factor perception for certain indicators. A table with rotated component loadings and factor names are given below

Table 5.3

Rotated Component Matrix- CSR Activities

| Statements  | Component                 |                        |                          |                                |
|---|---------------------------|------------------------|--------------------------|--------------------------------|
|   | Economic Responsibilities | Legal Responsibilities | Ethical Responsibilities | Philanthropic Responsibilities |
| <b>ER1:</b> Socially responsible hospitals strive to cover their operational costs.                         | .898                      |                        |                          |                                |
| <b>ER2:</b> Primary goal of hospital is to make as much profit rather than conducting CSR.                  | .872                      |                        |                          |                                |
| <b>ER3:</b> Our hospital should not be distracted from their economic functions by solving social problems. | .862                      |                        |                          |                                |
| <b>ER4:</b> Government has supported us in CSR  | .799                      |                        |                          |                                |
| <b>ER5:</b> Our hospital sometimes expedient to engage in questionable practices for economic gains.        | .754                      |                        |                          |                                |
| <b>LR1:</b> Our hospital strives to comply with all the state laws and regulations.                         |                           | .795                   |                          |                                |
| <b>LR2:</b> Our hospital must operate strictly within the legal framework of the society.                   |                           | .737                   |                          |                                |
| <b>LR3:</b> It is sometimes expedient for hospitals to violate some laws and regulations.                   |                           | .711                   |                          |                                |
| <b>LR4:</b> We should have waste management policy.   |                           | .682                   |                          |                                |

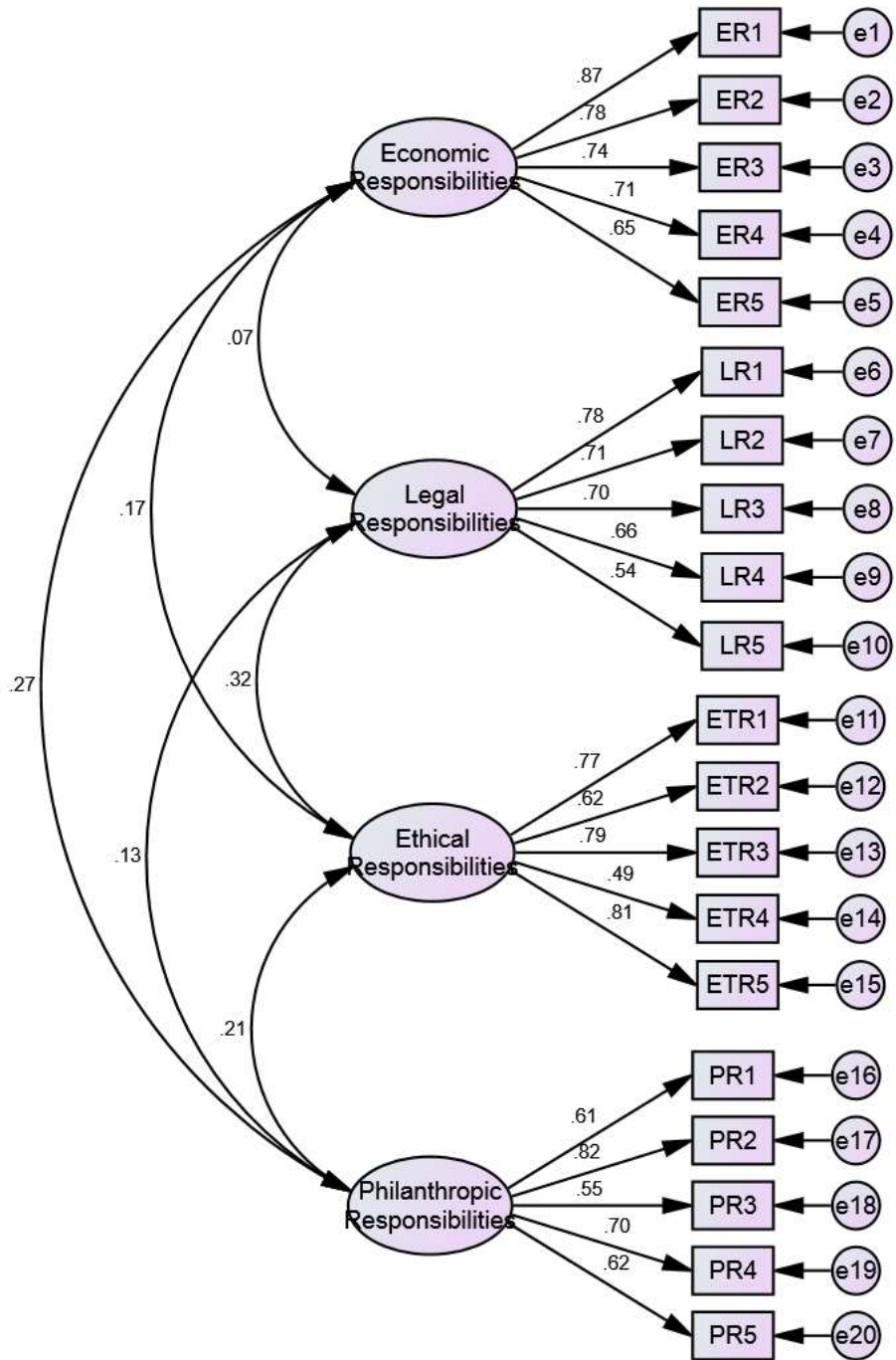
|  |  |      |      |      |
|--|--|------|------|------|
| <b>LR5:</b> We should have environmental management system.  |  | .593 |      |      |
| <b>ETR1:</b> Our hospital should be responsible and accountable in their functioning-whether it be through performance or interactions at every levels of the society. |  |      | .762 |      |
| <b>ETR2:</b> We take measures to ensure safety of employees.   |  |      | .721 |      |
| <b>ETR3:</b> Our hospital should not compromise ethical norms of the society in order to achieve hospital goals.   |  |      | .643 |      |
| <b>ETR4:</b> Our hospital socially responsible to do what is right, fair and just.   |  |      | .577 |      |
| <b>ETR5:</b> Our hospital should avoid doing harm at all cost.   |  |      | .519 |      |
| <b>PR1:</b> Our hospital provides free services to the community.  |  |      |      | .698 |
| <b>PR2:</b> Our social responsible hospital strives to provide community betterment  |  |      |      | .648 |
| <b>PR3:</b> Our hospital should actively promote volunteerism.   |  |      |      | .627 |
| <b>PR4:</b> Our hospital management ready to commit culture and arts fest for the general public.  |  |      |      | .531 |
| <b>PR5:</b> We should engage our partner in CSR activities.  |  |      |      | .498 |
| Extraction Method: Principal Component Analysis<br>Rotation Method: Varimax with Kaiser Normalization  |  |      |      |      |
| a. Rotation converged in 7 iterations.   |  |      |      |      |

Table 5.3 shown above, provides names of the four factors along with items and factor loadings by each factor. Compared with the intended measurement scales, the factor analysis results met the theory very well. Five items are about economic responsibilities, explaining over 13.071 percentage of variance, five items are about legal responsibilities, explaining over 10.906 percentage of variance, five items are about ethical responsibilities, explaining over 10.542 percentage of variance and five items are about philanthropic responsibilities, explaining over 10.01 percentage of variance. In total, the four factors together explain over 44.531 percentage of variance Table 5.2.

The next step was to conduct a confirmatory factor analysis for the dimensions identified from the exploratory factor analysis to assess whether the factors generated from exploratory factor analysis have the same underlying structure as the intended measurement structure.

#### **5.4 Confirmatory Factor Analysis (CFA)**

The prime reason to adopt CFA was to measure the ability of a predefined factor model to fit an observed set of data. It provides estimates for each parameter of the measurement model. The Confirmatory Factor Analysis (CFA) on the construct CSR Practices are consisted of four factors and nineteen variables (Refer table 2).



**Fig 5.2:** Measurement model- CSR activities

The data were found free from missing values and outliers. The model with four constructs and nineteen variables was suggesting a good fit in the first estimate as mentioned in the table 5.4. Compared with the generally accepted model fit standards,



the test outcomes seemed to fit the measurement model. The RMSEA is 0.052, suggesting a close fit between the empirical data and the measurement model; it explains 91% of the data variance-covariance (GFI=0.91); it achieved a good balance between theoretical simplicity and explanation power (NFI=0.90, CFI=0.91, TLI=0.90). In all the factors, the beta coefficients were larger than 0.5, which indicates strong loadings among the items in each factor.

**Table 5.4**

**Model Fit Indices – CSR Activities**

| <b>Variable</b>   | <b>CFI</b> | <b>GFI</b> | <b>TLI</b> | <b>NFI</b> | <b>RMSEA</b> |
|-------------------|------------|------------|------------|------------|--------------|
| Measurement model | .91        | .91        | .90        | .90        | 0.052        |
| Standard          | >0.9       | >0.9       | >0.9       | >0.9       | >0.05        |

The details of the construct ‘CSR activities’ after conducting confirmatory factor analysis (CFA) are given in table 5.5. The overall reliability of the scale was 0.728.

**Table 5.5**

**Factors and Reliability- CSR Activities**

| <b>Factors</b>                 | <b>No. of items</b> | <b>Cronbach’s alpha</b> | <b>Overall Cronbach’s alpha</b> |
|--------------------------------|---------------------|-------------------------|---------------------------------|
| Economic Responsibilities      | 5                   | .71                     | .728                            |
| Legal Responsibilities         | 5                   | .81                     |                                 |
| Ethical Responsibilities       | 5                   | .72                     |                                 |
| Philanthropic Responsibilities | 5                   | .80                     |                                 |

Measurement model validity highly depends on how well each item in the measurement model fits the data. It explains the extent to which data collection methods accurately measure what they were intended to measure (Saunders and Thornhill, 2003). Validation of the measurement model in this study consists of exploratory convergent validity and discriminant validity.

**5.5 Convergent validity:** Convergent validity was established when the relationship between measurement items and the factor were significantly different from zero. Based on this criterion, critical ratios were used to evaluate the statistical significance.

**Table 5.6**  
**Testing of Convergent Validity**

| Factors                   | Statements   | Beta Coefficient | P value |
|---------------------------|--|------------------|---------|
| Economic Responsibilities | Socially responsible hospitals strive to cover their operational costs                         | .87              | <.05    |
|                           | Primary goal of hospital is to make as much profit rather than conducting CSR                  | .78              | <.05    |
|                           | Our hospital should not be distracted from their economic functions by solving social problems | .74              | <.05    |
|                           | Government has supported us in CSR   | .71              | <.05    |
|                           | Our hospital sometimes expedient to engage in questionable practices for economic gains        | .65              | <.05    |
| Legal Responsibilities    | Our hospital strives to comply with all the state laws and regulations                         | .78              | <.05    |
|                           | Our hospital must operate strictly within the legal framework of the society                   | .71              | <.05    |

|                                |   |     |      |
|--------------------------------|---|-----|------|
|                                | It is sometimes expedient for hospitals to violate some laws and regulations  | .70 | <.05 |
|                                | We should have waste management policy  | .66 | <.05 |
|                                | We should have environmental management system  | .54 | <.05 |
| Ethical Responsibilities       | Our hospital should be responsible and accountable in their functioning- whether it be through performance or interactions at every levels of the society | .77 | <.05 |
|                                | We take measures to ensure safety of employees  | .62 | <.05 |
|                                | Our hospital should not compromise ethical norms of the society in order to achieve hospital goals  | .79 | <.05 |
|                                | Our hospital socially responsible to do what is right, fair and just  | .49 | <.05 |
|                                | Our hospital should avoid doing harm at all cost  | .81 | <.05 |
| Philanthropic Responsibilities | Our hospital provide free services to the community   | .61 | <.05 |
|                                | Our social responsible hospital strives to provide community betterment   | .82 | <.05 |
|                                | Our hospital should actively promote volunteerism   | .55 | <.05 |
|                                | Our hospital management ready to commit culture and arts fest for the general public  | .70 | <.05 |
|                                | We should engage our partner in CSR activities  | .62 | <.05 |

In this study, the factor loadings ranged from 0.50 to 0.90 and no loading was less than the recommended value of 0.50, hence, evidencing convergent validity.

### 5.6 Discriminant Validity

One construct must be truly distinct from other constructs, and then only it can be called a discriminant valid measurement scale. It implies that an unobserved variable should explain better the variance of its own indicators than the variance of other unobserved variables. Or in other words, the loadings of variables comes under one latent variable should be higher than that of all other latent variables.

Testing of discriminant validity is done by comparing the Average Variance Extracted (AVE) with the squared correlation for each of the constructs. The AVE of an unobserved variable should be greater than the squared correlations between the unobserved variable and all other unobserved variables (Cooper & Zmud, 1990, Hair et al., 1998). Discriminant validity is achieved when each measurement item correlates weakly with all other constructs, except with the constructs which are theoretically associated (Cooper & Zmud, 1990, Hair et al., 1998).

**Table 5.7**

#### Testing of Discriminant Validity- CSR Activities

| <b>Relationship</b>  | <b>Correlation</b> | <b>P value</b> |
|--|--------------------|----------------|
| Economic Responsibilities ↔ Legal Responsibilities         | .07                | <0.05          |
| Economic Responsibilities ↔ Ethical Responsibilities       | .17                | <0.05          |
| Economic Responsibilities ↔ Philanthropic Responsibilities | .27                | <0.05          |
| Legal Responsibilities ↔ Ethical Responsibilities          | .32                | <0.05          |

|   |     |       |
|---|-----|-------|
| Legal Responsibilities ↔ Philanthropic Responsibilities   | .13 | <0.05 |
| Ethical Responsibilities ↔ Philanthropic Responsibilities | .21 | <0.05 |

For the construct ‘CSR Activities’, the proof of discriminant validity is shown in table 5.7. As a rule of thumb, a 0.85 correlation or higher indicates poor discriminant validity in structural equation modelling (David 1998). None of the correlations among variables were above 0.85. Thus, discriminant validity of the measurement model established.

### 5.6.1 Normality

Kolmogrov- Smirnov test was used to assess normality of the data used. Table 5.8 shows the test results.

**Table 5.8**  
**Kolmogrov- Smirnov Test of Normality- CSR Activities**

|   | <b>Mean</b> | <b>Std. Deviation</b> | <b>Sig.</b> |
|---|-------------|-----------------------|-------------|
| Socially responsible hospitals strive to cover their operational costs.                         | 2.4848      | .66714                | 0.000       |
| Primary goal of hospital is to make as much profit rather than conducting CSR.                  | 4.0000      | .50000                | 0.000       |
| Our hospital should not be distracted from their economic functions by solving social problems. | 2.0000      | .66144                | 0.000       |
| Government has supported us in CSR  | 3.5758      | .70844                | 0.000       |
| Our hospital is sometimes expedient to engage in questionable practices for economic gains.     | 4.0000      | .00000                | 0.000       |

|   |        |        |       |
|---|--------|--------|-------|
| Our hospital strives to comply with all the state laws and regulations.   | 4.1212 | .33143 | 0.000 |
| Our hospital must operate strictly within the legal framework of the society.   | 4.2424 | .43519 | 0.000 |
| It is sometimes expedient for hospitals to violate some laws and regulations.   | 4.1212 | .33143 | 0.000 |
| We should have waste management policy.   | 3.5758 | .66287 | 0.000 |
| We should have environmental management system.   | 3.8182 | .58387 | 0.000 |
| Our hospital should be responsible and accountable in its functioning-whether it be through performance or interactions at every levels of the society. | 4.0909 | .29194 | 0.000 |
| We take measures to ensure safety of employees.   | 3.9091 | .67840 | 0.000 |
| Our hospital should not compromise ethical norms of the society in order to achieve hospital goals.   | 2.8182 | .80834 | 0.000 |
| Our hospital is socially responsible to do what is right, fair and just.  | 4.3636 | .48850 | 0.000 |
| Our hospital should avoid doing harm at all cost.   | 4.4545 | .50565 | 0.000 |
| Our hospital provide free services to the community   | 4.4545 | .50565 | 0.000 |
| Our socially responsible hospital strives to provide community betterment.  | 4.2121 | .64988 | 0.000 |
| Our hospital should actively promote volunteerism.  | 4.2121 | .64988 | 0.000 |
| Our hospital management is ready to commit culture and arts fest for the general public.  | 4.9091 | .29194 | 0.000 |
| We should engage our partners in CSR activities.  | 5.0000 | .00000 | 0.000 |

Analysis for univariate normality done using Kolomogorov- Smirnov test with Lillefors significance correction revealed that none of the variables are normally distributed.

To assume normality, Skewness and kurtosis are commonly used by the statisticians. Skewness refers to the symmetry of a distribution whereas kurtosis relates to the peakedness of a distribution. A distribution is said to be normal when the values of

Skewness and kurtosis are equal to zero (Tabachnick and Fidell; 2001). However, there are few clear guidelines about how much non-normality is problematic. It is suggested that absolute values of univariate skewness indices greater than 3.0 seem to describe extremely skewed data sets (Chou and Bentler 1995). Regarding kurtosis, it appears that, kurtosis index greater than 10.0 may suggest a problem.

**Table 5.9**  
**Skewness and Kurtosis- CSR Activities**

|   | Skewness  |            | Kurtosis  |            |
|---|-----------|------------|-----------|------------|
|   | Statistic | Std. Error | Statistic | Std. Error |
| Socially responsible hospitals strive to cover their operational costs.                         | -.950     | .409       | -.157     | .798       |
| Primary goal of hospital is to make as much profit rather than conducting CSR.                  | .000      | .409       | 1.523     | .798       |
| Our hospital should not be distracted from their economic functions by solving social problems. | .000      | .409       | -.546     | .798       |
| Government has supported us in CSR.   | -1.407    | .409       | .598      | .798       |
| Our hospital sometimes expedient to engage in questionable practices for economic gains.        | .         | .          | .         | .          |
| Our hospital strives to comply with all the state laws and regulations.                         | 2.433     | .409       | 4.170     | .798       |
| Our hospital must operate strictly within the legal framework of the society.                   | 1.260     | .409       | -.443     | .798       |
| It is sometimes expedient for hospitals to violate some laws and regulations.                   | 2.433     | .409       | 4.170     | .798       |
| We should have waste management policy.   | -1.323    | .409       | .619      | .798       |

|   |        |      |        |      |
|---|--------|------|--------|------|
| We should have environmental management system.   | -2.983 | .409 | 7.343  | .798 |
| Our hospital should be responsible and accountable in their functioning-whether it be through performance or interactions at every levels of the society. | 2.983  | .409 | 7.343  | .798 |
| We take measures to ensure safety of employees.   | -1.807 | .409 | 4.547  | .798 |
| Our hospital should not compromise ethical norms of the society in order to achieve hospital goals.   | .353   | .409 | -1.370 | .798 |
| Our hospital is socially responsible to do what is right, fair and just.  | .594   | .409 | -1.757 | .798 |
| Our hospital should avoid doing harm at all cost.   | .191   | .409 | -2.094 | .798 |
| Our hospital provides free services to the community.   | .191   | .409 | -2.094 | .798 |
| Our socially responsible hospital strives to provide community betterment.  | -.232  | .409 | -.575  | .798 |
| Our hospital should actively promote volunteerism.  | -.232  | .409 | -.575  | .798 |
| Our hospital management is ready to commit culture and arts fest for the general public.  | -2.983 | .409 | 7.343  | .798 |
| We should engage our partner in CSR activities.   | -.232  | .409 | -.575  | .798 |

In this study, all the variables belonging to the factor ‘CSR Activities’, fall under the kurtosis value of 10 and Skewness value of 3, inferring kurtosis and Skewness was not problematic in this research. Hence, parametric test can be used.



From the detailed scale validation provided above, it is observed that, the measurement scale follows normal distribution. Therefore, the researcher applied various normality tests to assess relationships among variables. The researcher used mean, standard deviation, one sample t test and one way ANOVA in order to draw various conclusions.

## 5.7 Descriptive Statistics of the Variables- CSR Activities

### 5.7.1 CSR Activities

The researcher identified twenty variables on CSR activities. Mean perception scores of the respondents with respect to factors motivates to join CSR project is presented in table 5.10.

**Table 5.10**

**Descriptive Statistics of Factors which motivates members to join CSR project**

**One- sample t test**

|   | <b>Mean</b> | <b>Std. Deviation</b> | <b>Sig.</b> |
|---|-------------|-----------------------|-------------|
| Socially responsible hospitals strive to cover their operational costs.                         | 2.4848      | .66714                | 0.000       |
| Primary goal of hospital is to make as much profit rather than conducting CSR.                  | 4.0000      | .50000                | 0.000       |
| Our hospital should not be distracted from their economic functions by solving social problems. | 2.0000      | .66144                | 0.000       |
| Government has supported us in CSR.   | 3.5758      | .70844                | 0.000       |
| Our hospital sometimes expedient to engage in questionable practices for economic gains.        | 4.0000      | .00000                | 0.000       |
| Our hospital strives to comply with all the state laws and regulations.                         | 4.1212      | .33143                | 0.000       |

|   |        |        |       |
|---|--------|--------|-------|
| Our hospital must operate strictly within the legal framework of the society.   | 4.2424 | .43519 | 0.000 |
| It is sometimes expedient for hospitals to violate some laws and regulations.   | 4.1212 | .33143 | 0.000 |
| We should have waste management policy.   | 3.5758 | .66287 | 0.000 |
| We should have environmental management system.   | 3.8182 | .58387 | 0.000 |
| Our hospital should be responsible and accountable in their functioning-whether it be through performance or interactions at every levels of the society. | 4.0909 | .29194 | 0.000 |
| We take measures to ensure safety of employees.   | 3.9091 | .67840 | 0.000 |
| Our hospital should not compromise ethical norms of the society in order to achieve hospital goals.   | 2.8182 | .80834 | 0.000 |
| Our hospital is socially responsible to do what is right, fair and just   | 4.3636 | .48850 | 0.000 |
| Our hospital should avoid doing harm at all cost.   | 4.4545 | .50565 | 0.000 |
| Our hospital provides free services to the community.   | 4.4545 | .50565 | 0.000 |
| Our social responsible hospital strives to provide community betterment.  | 4.2121 | .64988 | 0.000 |
| Our hospital should actively promote volunteerism.  | 4.2121 | .64988 | 0.000 |
| Our hospital management ready to commit culture and arts fest for the general public.   | 4.9091 | .29194 | 0.000 |
| We should engage our partner in CSR activities.   | 5.0000 | .00000 | 0.000 |

**(Source: Primary Data)**

Table 5.10 shows the perception scores of respondents, with regard to the variable ‘CSR Activities’. It is clear from the table that, the mean perception scores of all the factors are higher than the test value (3) except the statement ‘Our hospital should not be distracted from their economic functions by solving social problems (2.0000)’, ‘Socially responsible hospitals strive to cover their operational costs (2.4848)’ and

‘Our hospital should not compromise ethical norms of the society in order to achieve hospital goals (2.8182)’. The table also reveals that, the difference between the perceived score and the test value of all the components are significant, since the ‘p’ value of all the components are less than 0.05. Among the factors, the variable ‘We should engage our partner in CSR activities’ had scored the highest mean score (5.0000) and the variable ‘our hospital should not be distracted from their economic functions by solving social problems (2.0000)’ scored the lowest mean score.

## **5.8 Comparison of Mean- CSR Activities**

The study has done Exploratory Factor analysis (EFA) to define the underlying structure among the variables. Through EFA, some variables are split into two or more variables and some others are combined. Finally there are four variables derived from the exploratory factor analysis, i.e, Economic responsibilities, legal responsibilities, ethical responsibilities and philanthropic responsibilities. The researcher used the following demographic variables to compare the means of the factors which motivates the members to join CSR project.

- Status of CSR
- CSR Committee
- Number of meetings:
- Members in the meeting:

### **5.8.1 CSR activities and the Status of CSR committee**

In order to compare the variable ‘CSR Activities’ with the status of CSR committee, the researcher fixed the following hypotheses.

- There is no significant difference in ‘economic responsibilities’ between different CSR committee status.

- There is no significant difference in ‘legal responsibilities’ between different CSR committee status.
- There is no significant difference in ‘Ethical responsibilities’ between different CSR committee status.
- There is no significant difference in ‘philanthropic responsibilities’ between different CSR committee status.

**Table 5.11**

**CSR activities and the Status of CSR**

|                                | <b>Do you have CSR committee</b> | <b>Mean</b> | <b>Std. Deviation</b> | <b>Test Value</b> | <b>Sig.</b> |
|--------------------------------|----------------------------------|-------------|-----------------------|-------------------|-------------|
| Economic Responsibilities      | Yes                              | 3.2129      | .32222                | 0.056             | 0.956       |
|                                | No                               | 3.2000      | .00000                |                   |             |
| Legal Responsibilities         | Yes                              | 3.9742      | .25162                | -0.143            | 0.887       |
|                                | No                               | 4.0000      | .00000                |                   |             |
| Ethical Responsibilities       | Yes                              | 3.9097      | .33799                | -1.197            | 0.240       |
|                                | No                               | 4.2000      | .00000                |                   |             |
| Philanthropic Responsibilities | Yes                              | 4.5290      | .28071                | -2.338            | 0.026       |
|                                | No                               | 5.0000      | .00000                |                   |             |

From the table, 5.11, it is observed that, all the variables have scored more than 3, the mean score. Test values corresponding to economic responsibilities, legal responsibilities, ethical responsibilities and philanthropic responsibilities are 0.056, -0.143, -1.197 and -2.338 respectively. Significance values for the variables are ‘significant’ in all the cases, except philanthropic responsibilities.

**5.8.2 CSR activities and the Number of members in the committee**

In order to compare the variable ‘CSR Activities’ with the number of members in committee, the researcher fixed the following hypotheses.

- There is no significant difference in ‘economic responsibilities’ between different number of members in committee
- There is no significant difference in ‘legal responsibilities’ between different number of members in the committee
- There is no significant difference in ‘Ethical responsibilities’ between different number of members in the committee
- There is no significant difference in ‘philanthropic responsibilities’ between different number of members in the committee

**Table 5.12**

**CSR activities and Number of members in the committee**

|                                |       | <b>Mean</b> | <b>Std. Deviation</b> | <b>Test Value</b> | <b>Sig.</b> |
|--------------------------------|-------|-------------|-----------------------|-------------------|-------------|
| Economic Responsibilities      | 3     | 3.2759      | .25864                | 19.890            | 0.000       |
|                                | 4     | 2.6000      | .00000                |                   |             |
|                                | Total | 3.2125      | .31699                |                   |             |
| Legal Responsibilities         | 3     | 4.0138      | .22634                | 9.736             | 0.004       |
|                                | 4     | 3.6000      | .00000                |                   |             |
|                                | Total | 3.9750      | .24757                |                   |             |
| Ethical Responsibilities       | 3     | 3.9310      | .35163                | 0.405             | 0.530       |
|                                | 4     | 3.8000      | .00000                |                   |             |
|                                | Total | 3.9188      | .33643                |                   |             |
| Philanthropic Responsibilities | 3     | 4.5793      | .27951                | 5.364             | 0.028       |
|                                | 4     | 4.2000      | .00000                |                   |             |
|                                | Total | 4.5438      | .28842                |                   |             |

From the table, it is identified that the significant values of all the variables are lower than 0.05 except ethical responsibilities. Therefore, it is inferred that there is no

significant difference between ethical responsibilities and number of members in a committee. All other variables showed significant difference with regard to the number of members in a committee.

## Section II

### 5.9 Marketing Communication

The researcher used fourteen statements in order to measure the factor relating to marketing communication. All were measured on a five point Likert's scale.

#### 5.9.1 Exploratory Factor Analysis

Fourteen statements were entered into SPSS 21.0 for factor analysis. Initially, two factors were derived. The result is given below;

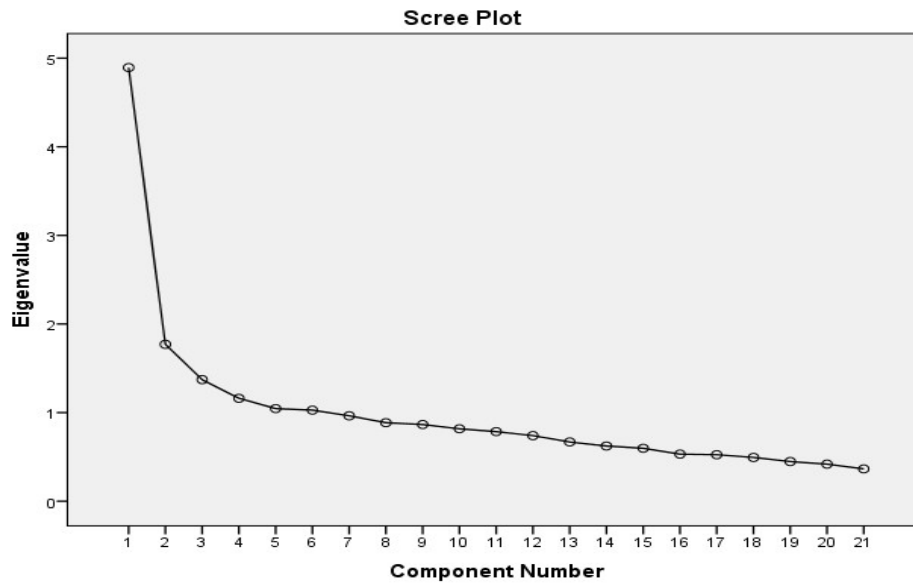
**Table 5.13**

#### KMO and Bartlett's Test of Sample Adequacy- Marketing Communication

|  |                    |          |
|--|--------------------|----------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. |                    | .864     |
| Bartlett's Test of Sphericity                    | Approx. Chi-Square | 1862.735 |
|  | Sig.               | .000     |

Since the KMO value was 0.864, it was considered as adequate. The Bartlett's Test of Sphericity value (1862.735, df 253) was less than 0.05 and hence, significant and recommended for factor analysis.

**Fig 5.3:** Scree plot- Strategies



The Scree test plot (Figure 5.3) indicates that, there are only two factors, before the curve becomes approximately straight line. Table 5.14 shows the name of the factor along with the statements, component loadings and the percentage of variance explained.

**Table 5.14**

**Total Variance Explained- Strategies**

| Component | Initial Eigen values |               |              | Extraction Sums of Squared Loadings |               |              | Rotation Sums of Squared Loadings |               |              |
|-----------|----------------------|---------------|--------------|-------------------------------------|---------------|--------------|-----------------------------------|---------------|--------------|
|           | Total                | % of Variance | Cumulative % | Total                               | % of Variance | Cumulative % | Total                             | % of Variance | Cumulative % |
| 1         | 4.894                | 23.303        | 23.303       | 4.894                               | 23.303        | 23.303       | 4.194                             | 19.974        | 19.974       |
| 2         | 1.771                | 8.431         | 31.735       | 1.771                               | 8.431         | 31.735       | 2.470                             | 11.761        | 31.735       |
| 3         | 1.372                | 6.535         | 38.269       |                                     |               |              |                                   |               |              |

|  |       |       |         |  |  |  |  |  |  |
|--|-------|-------|---------|--|--|--|--|--|--|
| 4  | 1.162 | 5.531 | 43.800  |  |  |  |  |  |  |
| 5  | 1.045 | 4.977 | 48.778  |  |  |  |  |  |  |
| 6  | 1.028 | 4.895 | 53.672  |  |  |  |  |  |  |
| 7  | .964  | 4.591 | 58.263  |  |  |  |  |  |  |
| 8  | .886  | 4.219 | 62.482  |  |  |  |  |  |  |
| 9  | .865  | 4.121 | 66.603  |  |  |  |  |  |  |
| 10   | .817  | 3.892 | 70.495  |  |  |  |  |  |  |
| 11   | .785  | 3.740 | 74.235  |  |  |  |  |  |  |
| 12   | .740  | 3.523 | 77.758  |  |  |  |  |  |  |
| 13   | .669  | 3.184 | 80.942  |  |  |  |  |  |  |
| 14   | .623  | 2.968 | 83.910  |  |  |  |  |  |  |
| 15   | .597  | 2.845 | 86.755  |  |  |  |  |  |  |
| 16   | .532  | 2.532 | 89.287  |  |  |  |  |  |  |
| 17   | .525  | 2.499 | 91.786  |  |  |  |  |  |  |
| 18   | .494  | 2.352 | 94.138  |  |  |  |  |  |  |
| 19   | .448  | 2.132 | 96.270  |  |  |  |  |  |  |
| 20   | .419  | 1.993 | 98.263  |  |  |  |  |  |  |
| 21   | .365  | 1.737 | 100.000 |  |  |  |  |  |  |
| Extraction Method: Principal Component Analysis. |       |       |         |  |  |  |  |  |  |

The items re-organized based on factor analysis are theoretically justified as correlations among reflective measures are expected and so there can be possibility of respondents having a different factor perception for certain indicators. A table with rotated component loadings and factor names are given below:



**Table 5.15**

**Rotated Component Matrix- Marketing Communication**

| Coding      | Statements   | Component    |             |
|-------------|--|--------------|-------------|
|             |  | Offline mode | Online Mode |
| <b>Off1</b> | We promote our hospital services through newspaper                               | .854         |             |
| <b>Off2</b> | Our hospital promotes services through magazines                                 | .824         |             |
| <b>Off3</b> | Our hospital uses brochures to communicate services.                             | .812         |             |
| <b>Off4</b> | We always publish hospital services through annual reports.                      | .795         |             |
| <b>Off5</b> | Our hospital publish sustainability report every year                            | .785         |             |
| <b>Off6</b> | Our hospital use poster/wall painting to display the activities conducted by us. | .698         |             |
| <b>On1</b>  | We show our services in kiosks placed at different areas.                        |              | .862        |
| <b>On2</b>  | Our hospital communicates services through social networking sites.              |              | .824        |

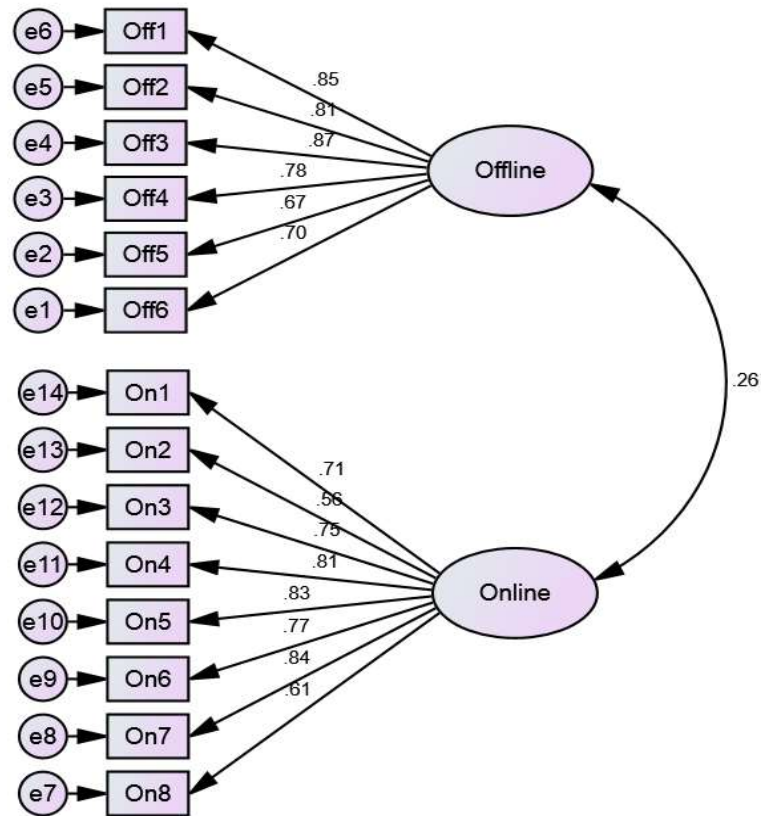
|   |  |  |      |
|---|--|--|------|
| <b>On3</b>  | We display our services through Television.              |  | .817 |
| <b>On4</b>  | We communicate services through Radio.                   |  | .801 |
| <b>On5</b>  | We publish hospital services in our official websites.   |  | .795 |
| <b>On6</b>  | We expose our activities in movies.                      |  | .713 |
| <b>On7</b>  | We use celebrity to communicate services of hospital.    |  | .679 |
| <b>On8</b>  | Our hospital is well noticed when it is used for movies. |  | .624 |
| Extraction Method: Principal Component Analysis.  |  |  |      |
| Rotation Method: Varimax with Kaiser Normalization. . Rotation converged in 2 iterations. |  |  |      |

Two factors were derived in the final factor analysis, consisting of fourteen statements; all showed higher loadings of above 0.5. Table 5.15 shown above provides name of the factor along with items, factor loadings and percentage of variance explained. Compared with the intended measurement scales, the factor analysis results met the theory very well. It explains over 31.735 percentage of the variance (Table 5.14).

The next step was to conduct a confirmatory factor analysis for the dimensions of communication strategy identified from the exploratory factor analysis to assess whether the factor generated from exploratory factor analysis has the same underlying structure as the intended measurement structure.

## Confirmatory Factor Analysis for the factor ‘Marketing Communication’

**Fig 5.4:** Measurement Model- Marketing Communication



The Confirmatory Factor Analysis (CFA) on the construct ‘Marketing Communication’ consisted of four factors and twenty three items (Fig5.4)

**Table 5.16**  
**Model Fit Indices**

| Variable          | CFI  | GFI  | TLI  | NFI  | RMSEA |
|-------------------|------|------|------|------|-------|
| Measurement model | .93  | .92  | .92  | .91  | 0.047 |
| Standard          | >0.9 | >0.9 | >0.9 | >0.9 | >0.05 |

The data were found free from missing values and outliers. The model with four constructs and twenty four variables was suggesting good fit in the first estimate as mentioned in Table 5.16. Compared with the generally accepted model fit standards, the test outcomes seemed to fit the measurement model. The RMSEA is 0.047, suggesting a close fit between the empirical data and the measurement model; it explains 92% of the data variance-covariance (GFI=0.92); it achieved a good balance between theoretical simplicity and explanation power (NFI=0.91, CFI=0.93, TLI=0.92).

From the tested measurement model, it is found that, all the factors have scored beta coefficient values larger than 0.5, which indicates strong loadings among the items in each factor. Hence, statistically confirmed the explored factor structure

The details of the construct ‘marketing strategy’ after conducting confirmatory factor analysis (CFA) are given in table 40. The overall reliability of the scale was 0.864.

**Table 5.17**

**Factors and Reliability- Marketing Communication**

| <b>Factors</b> | <b>No. of items</b> | <b>Cronbach’s alpha</b> | <b>Overall Cronbach’s alpha</b> |
|----------------|---------------------|-------------------------|---------------------------------|
| Offline        | 6                   | .878                    | .844                            |
| Online         | 8                   | .856                    |                                 |

**5.10 Validation of the Measurement Scale**

**5.10.1 Convergent Validity:** All the item loadings towards the latent variables were above 0. 5 and were significant at  $p < 0.05$  and thus established convergent validity (Table 5.18).

**Table 5.18**

**Testing of Convergent Validity**

| <b>Factors</b> | <b>Statements</b>  | <b>Beta Coefficient</b> | <b>P Value</b> |
|----------------|--|-------------------------|----------------|
| <b>Offline</b> | We promote our hospital services through newspaper.                              | .85                     | 0.000          |
|                | Our hospital promotes services through magazines.                                | .81                     | 0.000          |
|                | Our hospital uses brochures to communicate services.                             | .87                     | 0.000          |
|                | We always publish hospital services through annual reports.                      | .78                     | 0.000          |
|                | Our hospital publishes sustainability report every year.                         | .67                     | 0.000          |
|                | Our hospital use poster/wall painting to display the activities conducted by us. | .70                     | 0.000          |
| <b>Online</b>  | We show our services in kiosks placed at different areas.                        | .71                     | 0.000          |
|                | Our hospital communicates services through social networking sites.              | .56                     | 0.000          |
|                | We display our services through Television.                                      | .75                     | 0.000          |
|                | We communicate services through Radio.   | .81                     | 0.000          |
|                | We publish hospital services in our official hospital websites.                  | .83                     | 0.000          |
|                | We expose our services in movies.  | .77                     | 0.000          |
|                | We use celebrity to communicate services of the hospital.                        | .84                     | 0.000          |
|                | Our hospital is well noticed when it is used for movies                          | .81                     | 0.000          |

**5.10.2 Discriminant Validity:** Discriminant validity was confirmed by examining correlations among the constructs. As a rule of thumb, a 0.85 correlation or higher indicates poor discriminant validity in structural equation modeling(David 1998). None of the correlations among variables were above 0.85 Table 5.19. The results suggested adequate discriminant validity of the measurement. Therefore, suggesting discriminant validity.

**Table 5.19**

**Testing of Discriminant Validity- Marketing Communication**

| <b>Relationship</b> | <b>Correlation</b> | <b>P value</b> |
|---------------------|--------------------|----------------|
| Offline ↔ Online    | 0.26               | <0.05          |

**5.10.3 Normality**

The result of One-Sample K.S test shows p values are less than 0.05, hence it is concluded that the data measuring marketing communication' are non- normal in character Table 5.20. Therefore, it is better to use Kurtosis and Skewness for assuming normality.

**Table 5.20**

**One-Sample Kolmogrov- Smirnov Test- Marketing Communication**

|   | <b>Mean</b> | <b>Std. Deviation</b> | <b>Sig.</b> |
|---|-------------|-----------------------|-------------|
| We promote our hospital services through newspaper.         | 2.2727      | .94448                | <.05        |
| Our hospital promotes services through magazines.           | 2.5152      | 1.09320               | <.05        |
| Our hospital uses brochures to communicate services.        | 2.9697      | 1.07485               | <.05        |
| We always publish hospital services through annual reports. | 4.3030      | .46669                | <.05        |

|  |        |         |      |
|--|--------|---------|------|
| Our hospital publishes sustainability report every year.                         | 4.2121 | .78093  | <.05 |
| Our hospital use poster/wall painting to display the activities conducted by us. | 1.8788 | .59987  | <.05 |
| We show our services in kiosks placed at different areas.                        | 3.8788 | .33143  | <.05 |
| Our hospital communicates services through social networking sites.              | 3.6970 | 1.48923 | <.05 |
| We display our services through Television.                                      | 2.3636 | 1.51695 | <.05 |
| We communicate services through Radio.   | 4.3333 | .47871  | <.05 |
| We publish hospital services in our official hospital websites.                  | 2.3030 | 1.31065 | <.05 |
| We expose our services in movies.  | 1.9697 | 1.07485 | <.05 |
| We use celebrity to communicate services of the hospital.                        | 3.7273 | .87581  | <.05 |
| Our hospital is well noticed when it is used for movies.                         | 3.7273 | .87581  | <.05 |

All the variables in the construct ‘marketing communication’ fall under Kurtosis value of 10 and Skewness value of 3, suggesting Kurtosis and Skewness was not problematic in this study Table 5.21 (Hair, Black, Babin, Anderson, & Tatham, 2006). Therefore, the data were appropriate for parametric tests.

**Table 5.21**

**Kurtosis and Skewness- Marketing Communication**

|  | Skewness  |            | Kurtosis  |            |
|--|-----------|------------|-----------|------------|
|  | Statistic | Std. Error | Statistic | Std. Error |
| We promote our hospital services through newspaper.  | .117      | .409       | -.895     | .798       |
| Our hospital promotes services through magazines.    | -.117     | .409       | -1.263    | .798       |
| Our hospital uses brochures to communicate services. | -.580     | .409       | -.982     | .798       |

|  |        |      |        |      |
|--|--------|------|--------|------|
| We always publish hospital services through annual reports.                      | .899   | .409 | -1.274 | .798 |
| Our hospital publish sustainability report every year                            | -.401  | .409 | -1.222 | .798 |
| Our hospital use poster/wall painting to display the activities conducted by us. | .038   | .409 | -.072  | .798 |
| We show our services in kiosks placed at different areas.                        | -2.433 | .409 | 4.170  | .798 |
| Our hospital communicates services through social networking sites.              | -1.134 | .409 | -.221  | .798 |
| We display our services through Television.                                      | .649   | .409 | -1.224 | .798 |
| We communicate services through Radio.   | .741   | .409 | -1.548 | .798 |
| We publish hospital services in our official hospital websites.                  | .814   | .409 | -.433  | .798 |
| We expose our services in movies.  | 1.992  | .409 | 4.092  | .798 |
| We use celebrity to communicate services of the hospital.                        | -2.983 | .409 | 7.343  | .798 |
| Our hospital is well noticed when it is used for movies                          | -2.983 | .409 | 7.343  | .798 |

From the detailed scale validation provided above, it is observed that, the measurement scale follows normal distribution. Therefore, the researcher applied various normality tests to assess the relationships among variables. The researcher used mean, standard deviation, one sample t test and one way ANOVA, in order to draw various conclusions.

## **5.11 Descriptive statistics of study variables**

### **5.11.1 Marketing Communication**

Marketing communication consists of fourteen statements. Mean perception scores of the respondents with respect to marketing communication is presented in Table 5.22.



**Table 5.22****Descriptive Statistics of Marketing Communication - One Sample t Test**

|  | <b>Mean</b> | <b>Std. Deviation</b> | <b>Sig.</b> |
|--|-------------|-----------------------|-------------|
| We promote our hospital services through newspaper.                              | 2.2727      | .94448                | <.05        |
| Our hospital promotes services through magazines.                                | 2.5152      | 1.09320               | <.05        |
| Our hospital uses brochures to communicate services.                             | 2.9697      | 1.07485               | <.05        |
| We always publish hospital services through annual reports.                      | 4.3030      | .46669                | <.05        |
| Our hospital publish sustainability report every year                            | 4.2121      | .78093                | <.05        |
| Our hospital use poster/wall painting to display the activities conducted by us. | 1.8788      | .59987                | <.05        |
| We show our services in kiosks placed at different areas.                        | 3.8788      | .33143                | <.05        |
| Our hospital communicates services through social networking sites.              | 3.6970      | 1.48923               | <.05        |
| We display our services through Television.                                      | 2.3636      | 1.51695               | <.05        |
| We communicate services through Radio.   | 4.3333      | .47871                | <.05        |
| We publish hospital services in our official hospital websites.                  | 2.3030      | 1.31065               | <.05        |
| We expose our services in movies.  | 1.9697      | 1.07485               | <.05        |
| We use celebrity to communicate services of the hospital.                        | 3.7273      | .87581                | <.05        |
| Our hospital is well noticed when it is used for movies                          | 3.7273      | .87581                | <.05        |

Table 5.22 shows the perception scores of the respondents with regard to the variable 'marketing communication'. The 'p' values of all the components are less than 0.05.

### Section III

#### 5.12 Hospital Reputation Building Process through CSR Practices

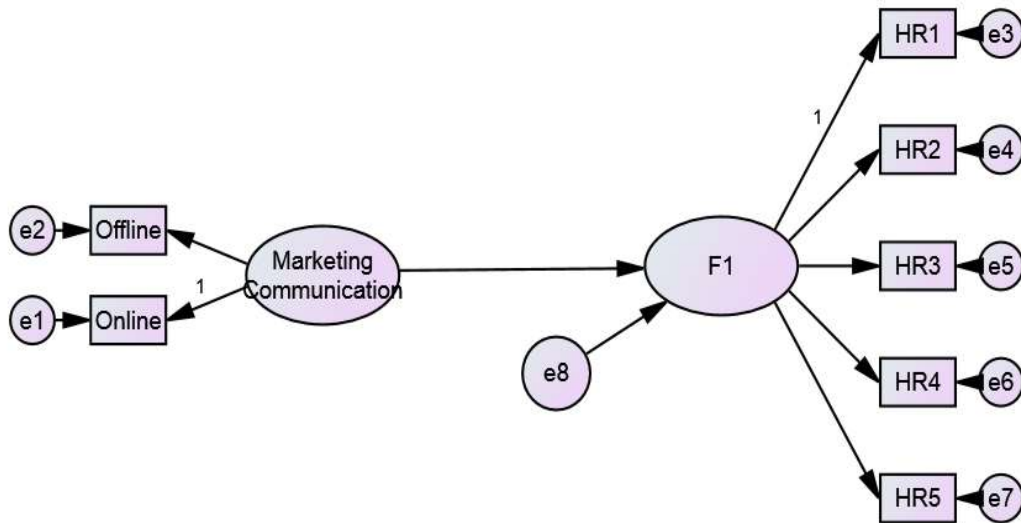
The variables identified from literature review regarding Hospital Reputation Building are: 1) Services 2) Governance 3) Citizenship 4) Leadership and 5) Finance (Susanto, 2009). It is also assumed that Hospital Reputation is enhanced by CSR activities and Marketing Communication (Vijayalakshmi, 2017). The example of a Theoretical Framework is given in Figure 5.5

**Table 5.23 Shows the Variables of CSR, Marketing Communication and Hospital Reputation**

| <b>CSR Activities</b>   | <b>Marketing Communication methods</b>                | <b>Hospital Reputation</b>  |
|---|---|---|
| 1. Economic Responsibilities<br>2. Legal Responsibilities<br>3. Ethical Responsibilities<br>4. Philanthropic Responsibilities | 1. On line communication<br>2. Off line communication | 1. Services<br>2. Governance<br>3. Citizenship<br>4. Leadership<br>5. Financial |

**Fig 5.5: Conceptual Model of Hospital Reputation Building**

The theoretical relationships between the above variables are brought to the form of a conceptual model, for testing as given in the Figure 5.5.



The schematic diagram in Figure 5.5 is converted into AMOS Graphic and analyzed using empirical data. In AMOS Graphic, the rectangle represents the directly observed variables, while the ellipse represents the unobserved variable or latent constructs. The schematic diagram of theoretical framework in Figure 5.5 is converted into AMOS Graphic as shown in Figure 5.6.

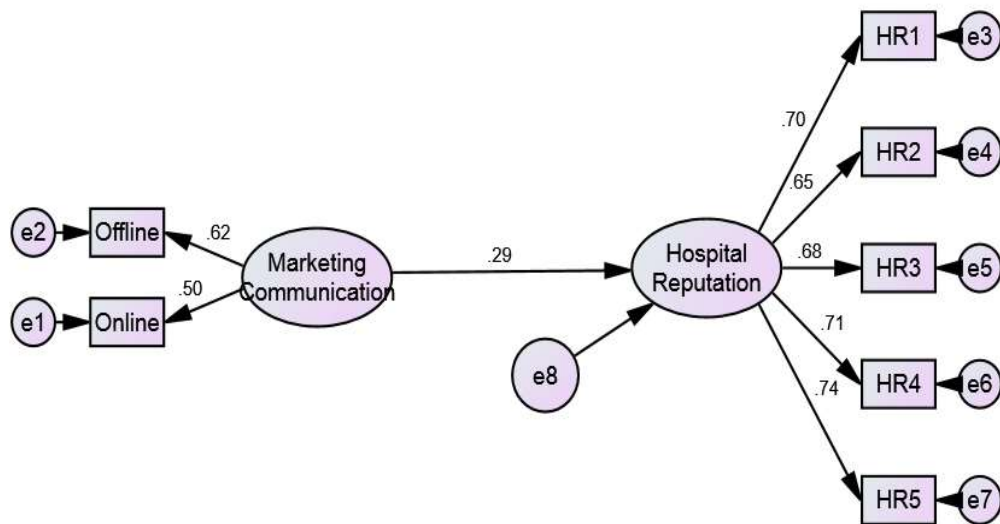
**5.12.1 Marketing communication** is a latent construct. The type of this latent construct is called Formative Construct. This Formative Construct is formed by two variables namely **offline** and **online**. The data for these variables are obtained directly from the respondents, using structured questionnaire.

**5.12.2 Hospital reputation** is another latent construct Fig 5.5. The type of latent construct in this case is called Formative construct. This formative Construct consists of five variables as shown in figure 5.5.

### 5.13 Hypotheses

- H01a: There is no significant relationship between marketing communication and hospital reputation

Fig 5.6: Tested Structural Equation Model



The result shown in Table 5.23 provides a quick overview of the model fit. Goodness of Fit Index (GFI) obtained is 0.93 as against the recommended value of above 0.90; The Adjusted Goodness of Fit Index (AGFI) is 0.91 as against the recommended value of above 0.90 as well. The Normed Fit Index (NFI), Relative Fit index (RFI), Comparative Fit Index (CFI), Tucker Lewis Index (TLI) are 0.91 each respectively, as against the recommended level of above 0.90. RMSEA is 0.058 and is well below the recommended limit of 0.08, and Root Mean Square Residual (RMR) is also well below the recommended limit of 0.05 at 0.01. This can be interpreted as meaning that the model explains the correlation to within an average error of 0.01 (Hu and Bentler, 1990). Hence the model shows an overall acceptable fit.

**Table 5.24**

**Model Fit Indices**

|                    | <b>GFI</b> | <b>AGFI</b> | <b>NFI</b> | <b>RFI</b> | <b>CFI</b> | <b>TLI</b> | <b>RMSEA</b> | <b>RMR</b> |
|--------------------|------------|-------------|------------|------------|------------|------------|--------------|------------|
| <b>Obtained</b>    | .93        | .91         | .91        | .91        | .91        | .91        | .058         | .01        |
| <b>Recommended</b> | >.90       | >.90        | >.90       | >.90       | >.90       | >.90       | <0.08        | <0.05      |

By analyzing the path diagram Figure 5.6, the beta coefficient value is 0.29, p value is less than 0.005, the nature of relationship is positive. Hence, the null hypothesis rejected, implying that there exists significant positive relationship between marketing communication and hospital reputation. It is concluded that every one unit change in marketing communication would result in 34% increase in hospital reputation.

#### **5.14 Analyzing the Mediation Effects in a Model**

Based on the above results, the following hypothesis regarding the mediators is fixed:

- H01a CSR activities mediate the relationship between marketing communication and hospital reputation.

Fig 5.7: Theoretized Structural Model- with Mediating Variable

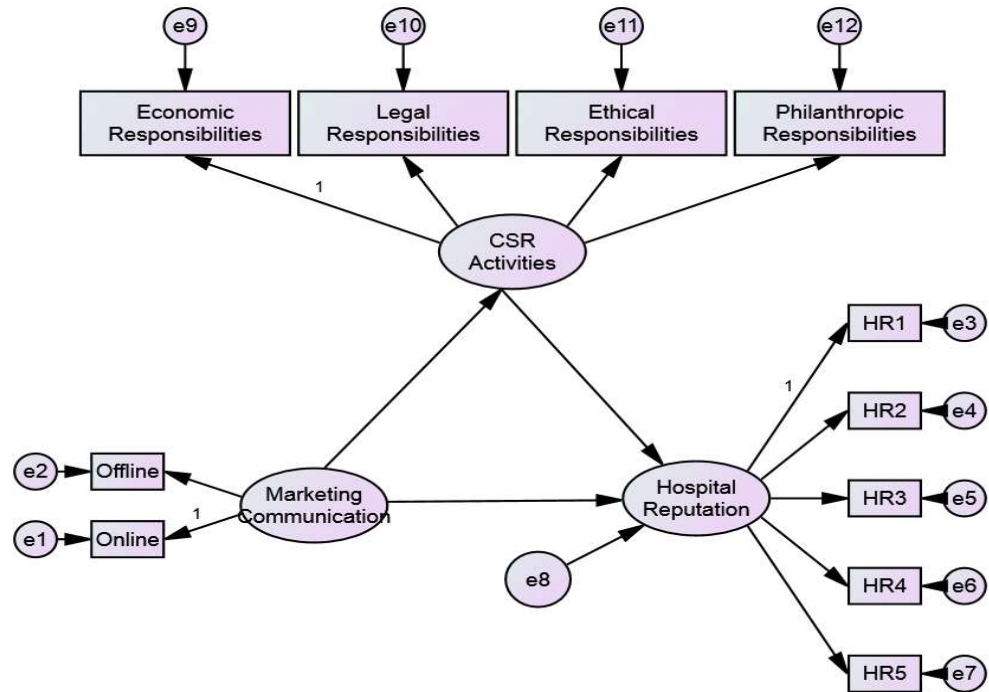
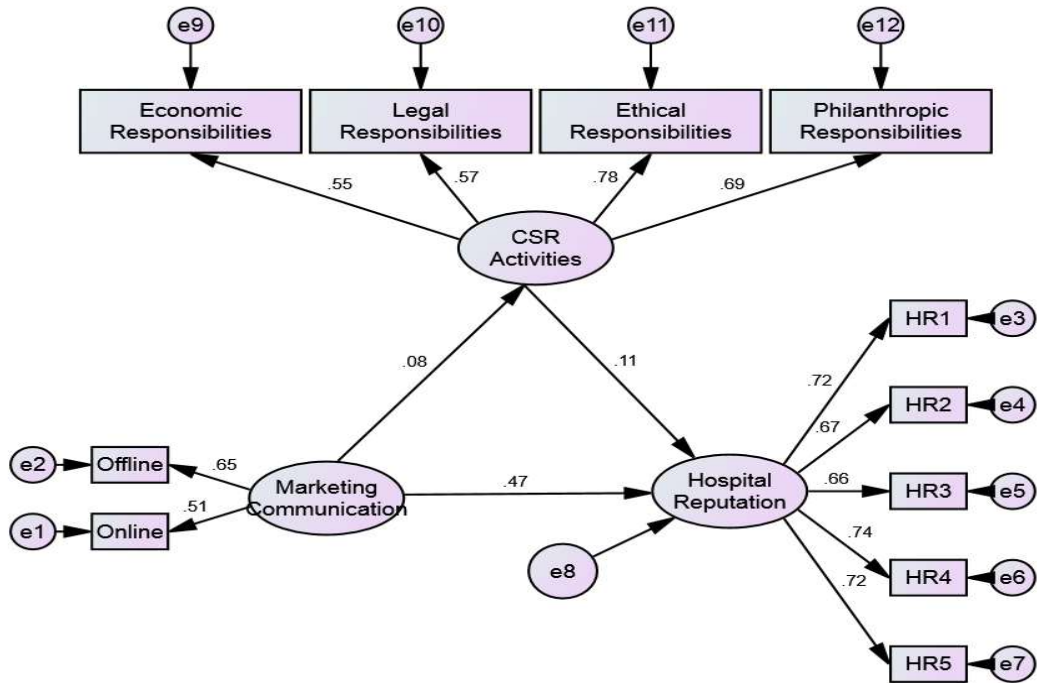


Fig 5.8: Tested Structural Equation Model- with mediating Variable



The analysis for mediation begins by showing that the direct effect of marketing communication on hospital reputation is significant. The direct effect is measured through beta coefficient. In this case, direct relationship is significant ( $\beta=0.47$ ,  $p<0.001$ ) Fig 5.8. When the mediating variable ‘CSR activities’ enters the model, the value of beta coefficient for marketing communication is expected to increase, or in other words the direct effect of marketing communication on hospital reputation would be increased.

**Table 5.25**

**Model Fit Indices**

|                    | <b>GFI</b> | <b>AGFI</b> | <b>NFI</b> | <b>RFI</b> | <b>CFI</b> | <b>TLI</b> | <b>RMSEA</b> | <b>RMR</b> |
|--------------------|------------|-------------|------------|------------|------------|------------|--------------|------------|
| <b>Obtained</b>    | .92        | .90         | .91        | .91        | .91        | .92        | .032         | .033       |
| <b>Recommended</b> | >.90       | >.90        | >.90       | >.90       | >.90       | >.90       | <0.08        | <0.05      |

The type of mediation here is called a “partial mediation,” since the direct effect of marketing communication on hospital reputation is still significant, after CSR activities entered the model, even though the beta coefficient for hospital reputation is increased from 0.29 (in Figure 5.7) to 0.47 (in Fig 5.8). In this case, marketing communication has both significant direct effect on hospital reputation and also significant indirect effect on hospital reputation through the mediator variable, namely, CSR activities.

**5.14 Conclusion**

This chapter provides statistical analysis of results regarding the influence of CSR, as a mediating variable for generating Hospital Reputation Building. The following chapter discusses the findings of the Study, Limitations of the Study, Recommendations, and Conclusions.

## References

- Auerbach, C. F. & Silverstein, L. B. (2003). *“Qualitative data: An introduction to coding and analysis”*, New York: New York University Press
- Bagozzi, R.P. (1994), *“Structural equation models in Marketing Research: Basic Principles”*, Principles of marketing research, Oxford and Blackwell, pp 317–385
- Bliss, J., Monk, K. and Ogborn, J. (1983). *“Qualitative Data Analysis for Educational Research”* Croom Helm, London
- Bollen, K. A. (1989), *“Structural equations with latent variables”*, New York: Wiley
- Bollen, K. A., & Lennox, R. (1991), *“Conventional wisdom on measurement: A structural equation perspective”*, Psychological Bulletin, 110 (2), 305-314
- Boote, A. S. (1981), *“Reliability testing of psychographic scales: Five-point or seven-point? Anchored or labeled?”*, Journal of Advertising Research, 21, 53–60
- Chin, W. W., Marcolin, B. L. and Newsted, P. N. (2003), *“A partial least squares latent variable modeling approach for measuring interaction effects: Results from a monte carlo simulation study and an electronic-mail emotion/adoption study”*, Information Systems Research, Vol.14, No.2, pp189–217.
- Chou, C.P. and Bentler, P.M. (1995), *“Estimates and tests in structural equation modeling: Concepts, issues, and Applications, RH Hoyle(ed)”*, Sage Publications, Thousand Oaks, CA
- DeVellis, R.F. (2003), *“Scale Development”*, (2nd ed.), Sage Publications Thousand Oaks, CA
- Fan, X., Thompson, B. and Wang, L. (1999), *“Effects of Sample Size, Estimation Methods, and Model Specification on Structural Equation Modelling Fit Indexes”*, Structural Equation Modelling, Vol. 6, No. 1, pp. 56-83
- Field, A.P. (2005), *“Discovering Statistics using SPSS”*, Sage Publications, Thousand oaks, UK
- Fornell, C. and Larcker, D. F. (1985), *“Evaluating structural equation models with unobservable variables and measurement error”*, Journal of Marketing Research, Vol. 48, pp. 39–50



- Fornell, C., & Bookstein, F. L. (1982), “*Two structural equations models: LISREL and PLS applied to consumer exit-voice theory*”, *Journal of Marketing Research*, 19(4), 440-452
- Fornell, C., & Larcker, D. F. (1981), “*Evaluating structural equation models with unobservable variables and measurement error*”, *Journal of Marketing Research*, 18(1), 39-50
- Hair, J. F. Jr., Black, W. C., Babin, B. J., & Anderson, R. E. (2009), “*Multivariate data analysis*”, (7th ed.) Upper Saddle River, NJ: Prentice Hall
- Hair, J.F, Anderson, R.E, Tatham, R.L. and Black, W.C, (1998), “*Multivariate data analysis*”, 5th ed., Prentice-Hall Inc., Upper Saddle River
- Hair, J.F., Bush, R.P. and Ortinau, D.J. (2003), “*Marketing Research: Within a changing information environment*”, 2nd edn. McGraw-Hill/ Irwin, New York
- Hu, L.T. and Bentler, P. (1995), “*Evaluating model fit-Structural Equation Modeling, Concepts, Issues, and Applications*”, R.H. Hoyle (Ed.), pp. 76-99
- Kirk, J. and Miller, M. L, “*Reliability and validity in qualitative research*”, Beverly Hills
- Nunnally, J. C., & Bernstein, I. H. (1994), “*Psychometric theory*”, (3rd ed.). New York: McGraw-Hill
- Reji Kumar, G. (2011). “*A Study on linkage between customer expectation, service quality perception, customer satisfaction and related behavioural intentions in banking context*”, Ph.D thesis, faculty of management study, Anna university, Chennai.
- David, W. S. (1981). *The Application and Misapplication of Factor Analysis in Marketing Research*.
- DeVellis, R. F. (1991). *Scale Development: Theory and Applications (Applied Social Research Methods Series, Vol. 26)*. Newbury Park, CA: Sage Publications.
- Hair, Anderson, Tatham, C.W. Black (2005) *Multivariate Data Analysis*, Publisher: Prentice Hall: New Jersey.

- Hair, J.F., Black, W.C., Babin, B.J., & Anderson, R.E. (2010). *Multivariate Data Analysis*. Seventh Edition. Prentice Hall, Upper Saddle River, New Jersey.
- Hinkin, T. (1995). A review of scale development practices in the study of organizations. *Journal of Management*, 21(5), 967-988.
- Kline, R. B. (2004). *Beyond Significance Testing: Reforming Data Analysis Methods in Behavioral Research*. Washington, DC: American Psychological Association
- Kline, R.B. (2010) *Principles and Practice of Structural Equation Modelling*. Third edition. Guilford Publications, New York.
- Klie, R.B. (2011) *Principles and Practice of Structural Equation Modelling*. Guilford Press, New York.
- Kumar, V., Aaker, D. A., & Day, G. S. (2002). *Essentials of marketing research*. New York: Wiley.
- Nareshmalhotra, .(2007). *Marketing Research: An Applied Approach*. 3rd European Edition, Harlow, UK. Pearson Education.
- Ramanathan.,G.(1977). *Methods for Statistical Data Analysis of Multivariate Observations* , Published by Wiley & Sons.
- Samuel, B. G., & Neil, J. S.(2008). *Using SPSS for windows and Macintosh, Analysing and Understanding Data*, 8<sup>th</sup> Edition. Pearson
- Sekaran, U. (2000). *Research Methods for Business: A Skill Business Approach*. John Wiley & Sons, New York.

Tabachnick, B. G., & Fidell, L. S. (1989). *Using Multivariate Statistics* (2nd ed.).  
New York. HarperCollins Publishers

Trochim, W. (2006). *The Research Methods Knowledge Base*, 2nd Edition. Atomic  
Dog Publishing, Cincinnati, OH.

Thomas, W. L., & Terence, R. M. (1994). An Alternative Approach: The Unfolding  
Model of Voluntary Employee Turnover. *The Academy of Management  
Review*, Vol. 19(1), 51-89

## **CHAPTER VI**

### **SUMMARY, FINDINGS AND RECOMMENDATIONS**

#### **Content**

- 6.1 Introduction
- 6.2 Research Problem
- 6.3 Objectives of the study
- 6.4 Significance of the study
- 6.5 Methodology adopted for the study
- 6.6 Presentation of Thesis
- 6.7 Summary of findings (Customers)
- 6.8 Result of Hypothesized Model
- 6.9 Summary of Findings (Hospital Officials)
- 6.10 Organization of CSR
- 6.11 Findings on CSR Activities
- 6.12 Findings on Marketing Communication
- 6.13 Hospital Reputation Building Process through CSR practices
- 6.14 Research Implications
- 6.15 Chapter Summary
- 6.16 Future Area for the Research

## **6.1 Introduction**

Corporate Social Responsibility (CSR) is a concept that suggests that it is the responsibility of the Corporations operating within the society to contribute towards economic, social and environmental cause that create a positive impact on society at large. CSR mission of health care centres is to touch a billion lives. The health care centres strive to reach out to people from every walk of life and do our bit to help them stay healthy. Apart from the major social initiatives, every individual hospital does its bit for the community it serves. They are committed to provide care and solace to the people in their location.

The aim of this chapter is to summarize and discuss the results of this research on CSR. In the first section, the objectives of research and methodology used for the survey are briefly explained. The findings based on the primary and secondary data are given in the next part. Finally, the recommendations on the basis of the research are given precisely. Future research ideas are addressed at the end of the chapter.

## **6.2 The Research Problem in Brief**

Almost all the hospitals in Kerala are registered under the Registrar of Companies as per the Indian Companies Act. But very few of the hospitals have a CSR policy and still very few are undertaking the CSR activities. People are aware of the fact that some of the hospitals in Kerala have been practising CSR, since the implementation of Indian Companies Act 2013. Through such corporate social proceedings, the customer aspires not only hospital relationship and communication, but also proper medical assistance and ample service to common people. By this study, it is observed whether there is an increment in customer's perceived benefit

along with analyzing the possibility of identification of company between the customers.

Besides, there are hardly any observation made, based on the feasibility of customer gratitude and customer engagement among the customers in those hospitals operating CSR activities, prior to this study. Another aspect of the study is the investigation concerning the formation of customer loyalty in hospitals exercising CSR activities. No reflection has been made earlier, of hospitals that functions under CSR practices that whether they are based on loyal customers and what all mechanisms could be done further to implement this in the hospitals in Kerala. The present study aims to evaluate the effect of CSR on customer loyalty as well as to analyse the role of CSR in Hospital Reputation Building Process.

Since some hospitals have already adopted CSR, it is relevant to examine the attitude of customers towards CSR and how the CSR activities of the hospital are beneficial for both customers and hospitals. The present study is made, by applying Carroll's model to the hospital sector in Kerala.

This study especially tries to answer the following research questions:

1. What are the dimensions along with the healthcare customer consider or perceives of the Corporate Social Responsibility perspectives undertaken by the hospitals in Kerala?
2. Does the effects of Corporate Social Responsibility activities undertaken by the hospitals have a potential impact on the customers' perceived benefit and company identification?
3. Does the effect of Corporate Social Responsibility activities undertaken by the hospitals have the potential impact on customer gratitude and customer engagement?

4. Does the Corporate Social Responsibility activities undertaken by hospitals have any effect in creating loyal customers?
5. Whether the Corporate Social Responsibility activities undertaken by hospitals have a loyal customer base, and how it influences the loyal customer base? What is the mechanism through which it influences the customer base?
6. How seriously do private hospitals take CSR activities in their reputation building process?

After answering the above questions, the results were examined to know how CSR has helped to build loyalty in the minds of customers and how seriously CSR is practised in Private Hospitals in Kerala. It is expected that, the study would help the private hospitals in planning CSR activities and marketing strategies in future.

### **6.3 Objectives of the Study**

The study focuses on the CSR practices of Private Hospitals in Kerala; by targeting both the customer and Hospitals Officials' perspectives. The major objectives of the study are:

1. To understand the dimensions through which the customers perceive the Corporate Social Responsibility activities undertaken by the private hospitals in Kerala.
2. To analyse customers' view of CSR by demographics.
3. To examine the effect of CSR activities undertaken by the private hospitals, on the customers' perceived benefits and identification.
4. To examine the effect of CSR driven gratitude and customer engagement in generating customer loyalty
5. To examine the effect of CSR driven customer loyalty
6. To examine the hospital reputation building process through CSR practices

#### **6.4 Significance of the study**

The Corporate Social Responsibility practices play a vital role in the sustainable development of health care service sector, not only facilitate the needs and desires of their stakeholders but also consider the cost of environment and society. CSR concept has been undertaken by businesses to mitigate the negative impact on the organization. The implementation of CSR practices in hospitals initiated the growth of hospital with a compound annual growth rate of 16-17% to reach an income of Rs. 86 billion by 2023. At present, it is Rs. 4 billion in India, as per 2017 census. The CSR in health care service sector reduces the problem of customers and communities to a large extent by providing employment opportunities to the nearby local people, educational facilities for the children of the diseased persons, facilitating environmental benefits, great material recyclability, better product durability and functionality through the massive use of renewable resources and enhancing insurance facilities.

Hospitals can be considered as a sector which can bring about more social prospects in social responsibility practices. Though only a few hospitals have managed to follow the CSR practice instructed by Indian Companies Act 2013, they propagate virtue to a certain extent. Private hospitals can play a vital role in strengthening the entire humanity through CSR activities. Actually, it is the lay customers or patients who get benefitted from such CSR practices and this would help building customer loyalty in the mind of customers and maintaining pleasant relation with the hospitals.

Through the survey, the researcher has analyzed the CSR activities of hospitals in Kerala and how it leads to customer loyalty. The result of the study is



believed to be beneficial to all the hospitals in Kerala and other organizations engaged in CSR and also to non-CSR companies as a potential aspirant. It also holds that no such possible implication has been introduced yet, both theoretically and practically including of marketing strategy. Hence, this research is expected to help the private hospitals in planning future CSR strategies.

## **6.5 Methodology**

The present study is both descriptive and analytical in nature. Both secondary and primary data were collected for the study. Secondary Data were collected from various sources such as Books, Periodicals, Magazines, Research Journals, Annual Reports of Private Hospitals, Paper Presentations, Hospital Websites, Research Dissertations and Theses. KIMS Thiruvananthapuram, Renai Medicity Ernakulam, PVS Thiruvananthapuram, Lakshore Ernakulam, Aster MIMS Kozhikode and BMS Kozhikode hospitals were selected for the study.

The sample respondents were selected on the basis of random sampling method. A total of 378 samples were collected after removing outliers and missing data. The collected data were analysed using the statistical tools like Mean, Standard deviation, One Way ANOVA, Confirmatory Factor Analysis, Exploratory Factor Analysis and Structural Equation Modelling. The software used is IBM SPSS 21.0 software.

## **6.6 Presentation of the Thesis**

The thesis consists of six chapters. The **First Chapter** gives an introduction to the study, Statement of Problem, Objectives of the Study, Scope and Significance,

Operational Definitions, Research Methodology, Data Collection, and Chapterisation of the study

The **Second Chapter** deals with the literature review on CSR and the various constructs used for the study

The **Third Chapter** presents a detailed description regarding the concept of CSR, evaluation of CSR in India, various limitations of CSR, CSR in Companies Act 2013, various phases of CSR and implementation of CSR in hospitals

The **Fourth Chapter** shows the analysis and interpretation of the customers' perception on CSR and its effect on private hospitals in Kerala

The **Fifth Chapter** deals with CSR practices of various Private Hospitals in Kerala, Analysis of data and its interpretation of hospital's view on CSR and Hospital Reputation

The **Sixth Chapter** renders the Summary, Findings, Recommendations and Conclusion of the study

### **6.7 Summary of Findings(Customers)**

Based on the analysis of the data collected from the customers of the Private Hospitals, the study points out some valuable findings, which are explained under different heads in the following pages.

The findings were based on the following variables

## **6.7.1 Descriptive Statistics of Respondents**

### **6.7.1.1 Profile of the Respondents**

The Summary of findings regarding the Demographic Profile of the respondents are listed below:

- **Gender**

Majority of the respondents (56%) are male and 44% are female.

- **Age**

Most of the participants' belong to the age group of 35 to 44 years (38%). The second biggest category is in the age group of 45-54 years (31%).

- **Educational Qualification**

Majority of the respondents completed their graduation (35%) and intermediate (34%).

- **Area of residence**

A big share of the respondents (82%) belongs to urban area.

- **Marital Status**

Regarding the marital status of the study participants, a majority of 78% are married.

- **Annual income of the Respondents**

The analysis of the respondents' annual income shows that, more than one-third of them have an income greater than 10 Lakhs (38%). The second category, constituting about one-third of the respondents fall in the income group of 5 to 10 Lakhs (31%). Only 10% of belong to the lowest income group of less than 2 lakhs.

### **6.7.2 Customer's Perception towards CSR Practices of Private Hospitals**

- Most of the respondents are aware of CSR practices through the internet (42%). An equal percentage (20%) got information from newspaper and T.V. Friends, Company websites and annual reports together constitute only 17%.
- More than 80% of the respondents reported that their hospitals have active participation in environmental care and perform Health related CSR initiatives.
- 74 % of the participants reported that, their hospitals take active role in education related CSR initiatives.
- While 76% of the study participants reported that their hospitals are active in CSR which promote rural development, 71% of the study participants stated that their hospital do employee supporting programmes as part of their CSR activities.
- 66% of the participants were of the opinion that, the hospitals are involved in community development activities.
- In addition, training programs for youths as part of CSR is supported by only 56% and 62% of them reported regarding hospitals taking active role in support activities for disabled people as part of their CSR. Only 61% of them reported that their hospital is active in those CSR initiatives which promote skill development.
- The lowest attention is paid to training programmes for youth (57%), Promoting Arts and culture (48%) and village adoption (29%) of the customer.

- Finally, 58% of them reported that their hospital do CSR initiatives which is in the form of customer supporting programmes.
- The result of the one-way ANOVA test depicted in the table 4.23 reveals that, a statistical value of p (0.000) is less than 0.05 for Gender, Education p (0.000), Marital status p (0.000) and income p value (0.000). But for Hospital Affiliation (0.660) p value is greater than 0.05. Thus the study rejected the hypothesis that CSR perception do not vary with difference in Hospitals.
- CSR perception is high for the female category (Mean value 5.042), compared to the male customers (3.896). Thus, the study inferred that Gender creates a difference in the role perception, where female customers considered that CSR is critical in comparison with their male customers.
- CSR perception in terms of educational qualification revealed that people who were qualified below SSLC reported higher values on the CSR perception scale (Mean value 5.744).
- The post hoc analysis reveals that the mean score of CSR perception differs between the respondents within the Education group-Bachelor degree, High school, and Technical.
- CSR perception in terms of income of the study participants revealed that, people with different levels of income carry difference in CSR perception. Income class between 7-10 lakhs shows high mean value of 6.641. The result was statistically supported by the multiple comparisons.
- Marital status of the study participants on the CSR perceptions revealed that married individuals are more concerned about the CSR activities of the hospitals (mean value 4.896), in comparison with unmarried individuals (Mean value 2.110).

## **6.8 Result of Hypothesized Model**

- From the result of structural equation modelling, this present research concluded that the customers of private hospitals believe that, CSR Practices positively influence customer loyalty. There are numerous researches that support this argument.
- The results illustrate that the Customer's Loyalty in health care service sector is solely essential for customers, and is boosted by Customers' Perceived Benefit, Customer Identification, Customer Gratitude and Customer Engagement.
- These factors are important constructs that holistically improve the relationship between the hospitals and customers. The next section discusses the findings in line with the research questions and objectives.

### **6.8.1 Relationship between CSR, Customer Perceived Benefit, Identification, Customer Engagement, Customer Gratitude and Customer Loyalty**

- In the first hypothesis, the study made a proposition that Economic Responsibility work as a crucial aspect of CSR in hospitals. In support with this proposition, the unstandardized path estimates the beta coefficient value is (0.159), p value is less than 0.005 the nature of relationship is positive .Thus, the study found support for Hypothesis that, Economic Responsibility is an important dimension of CSR in Hospitals.
- The study postulated that Legal Responsibility work as an important dimension of CSR in hospitals. In support with this, the study received statistical support for the path coefficient beta value is (0.131), p value is less

than 0.005. Thus, the study supported hypothesis that, Legal Responsibility is an important dimension of CSR in hospital.

- The study proposed that Ethical Responsibility work as an important dimension of CSR in hospitals. The examination of the path estimates the beta value is (0.266), p value is less than 0.005 supported a significant effect. Thus, the study supported Ethical Responsibility is an important dimension of CSR in hospital.
- Philanthropic Responsibility has a positive impact on CSR in hospitals, the study results supported a significant path estimate the beta value of (0.169), and p value is less than 0.005.
- The outcome shows that CSR create a perception of Perceived Benefit among the consumers. In support with this, the path estimates the beta value of (0.589); p value is less than 0.005, shown a significant impact.
- The study made a postulation that CSR work as antecedent to develop Customer Identification. Following the stated proposition, the study results supported a significant path estimates the beta value of (0.061), p value is less than 0.005. Thus, the study supported Hypothesis.
- Further, the study made a proposition that Perceived Benefit create Customer Engagement. In support with this presumption, the data analysis results supported a significant path estimates the beta value of (0.174), p value is less than 0.005. Thus, the study supported Hypothesis.
- The correlation between the Perceived Benefit and Customer Gratitude shows a positive relationship. The path estimates show the beta value of (0.485) and p value is less than 0.005. Thus the nature of relationship supported a significant effect.

- The relationship between Customer Identification and Customer Engagement shows a positive relationship while analysing the estimates the beta value (0.125), p value is less than 0.005. Thus the study results supported a statistically significant path estimates.
- It is observed that there is a positive relation between Customer Identification and Customer Gratitude. While analysing the estimates, the study results supported a statistically significant path estimate, the beta value (0.485) and p value is less than 0.005. It indicates positive relation between Customer Identification and Customer Gratitude.
- Correlation result indicates that the Customer Engagement creates Customer Loyalty. The study results supported a statistically significant path estimate beta coefficient value (0.151), p value is less than 0.005. The result demonstrates that a one unit increase in the customer engagement will lead to 0.151 increase in customer loyalty.
- It was proposed that Customer Gratitude creates Customer Loyalty. While analysing the estimates, the beta value (0.123), p value is less than 0.005 and the study results supported a statistically significant path estimate. The results demonstrate that a one unit increase in the gratitude will lead to 0.123 increase in Customer Loyalty.

## **6.9 Summary of Findings (Hospitals)**

In this section, findings of the analysis of data obtained from the hospital authorities are given. The purpose of the survey was to find out the Reputation Building achieved through CSR of Private Allopathic Hospitals in Kerala. The findings of the survey are grounded on the following variables.



## 6.10 Organization of CSR

- The result shows that the majority (88%) of the hospitals organize CSR activities through the CSR department. 12% of hospitals are organizing CSR at the top management.

## 6.11 Findings on CSR Activities

1. Four factors are extracted from exploratory factor analysis. Among them, 'Economic Responsibilities' has turned out to be the factor most contributing factor towards the CSR activities. The second most contributing factor pertaining to CSR activities is 'Legal Responsibilities' which is then followed by 'ethical responsibilities'. 'Philanthropic Responsibilities' is found to be the least contributing factor on CSR activities.
2. Among the variables, from the descriptive statistics, 'We should engage our partner in CSR activities' got the highest mean score which is followed by 'Our hospital management is ready to commit culture and arts fest for the general public' and 'Our hospital provide free services to the community', 'Our hospital should not be distracted from their economic functions by solving social problems' scored the lowest mean score.
3. From the test of ANOVA, in case of CSR activities and Status of CSR committee, it is observed that all the variables have scored the mean score more than 3.
4. Test values corresponding to Economic Responsibilities, Legal Responsibilities, Ethical Responsibilities and Philanthropic Responsibilities are 0.056, -0.143, -1.197 and -2.338 respectively. Significant values for the variables are significant in all the cases, except Philanthropic Responsibilities.

5. From the test of ANOVA, in case of CSR activities and the Number of members in the committee, it is identified that the significant values of all the variables are lower than 0.05, except for Ethical Responsibilities. Therefore, it is inferred that there is no significant difference between Ethical Responsibilities and number of members in a committee. All other variables showed significant difference with regard to number of members in a meeting.

### **6.12 Findings on Marketing Communication**

1. Two factors extracted from Exploratory Factor Analysis- On-line and Off-line modes. Among them, 'Offline mode' is turned out to be the most contributing factor towards the marketing communication methods and 'online mode'.
2. Among the variables, from the descriptive statistics, it is observed that the variable, Communication of CSR activities through Radio scored the highest mean score followed by Publishing CSR activities in annual reports. ‘

### **6.13 Hospital reputation building process through CSR practices**

1. From the Structural Equation Model, by analysing the path diagram, the beta coefficient value is 0.29, p value is less than 0.005, the nature of relationship is positive.
2. From the Structural Equation Modeling result, the null hypothesis is rejected, implying that there exist significant positive relationship between Marketing Communication and Hospital Reputation. It is concluded that every one unit change in Marketing Communication would result 34% increase in Hospital Reputation.
3. From the structural equation modeling, by analysing the mediation, the analysis for mediation begins by showing that the direct effect of Marketing Communication on Hospital Reputation is significant. The direct effect is

measured through beta coefficient. In this case, direct relationship is significant ( $\beta=0.47$ ,  $p<0.001$ ).

4. The mediating variable CSR activities enters the model, the value of beta coefficient for Marketing Communication is expected to increase, or in other words the direct effect of Marketing Communication on Hospital Reputation would be increased when the CSR activities enters the model.

## **6.14 RESEARCH IMPLICATIONS**

### **6.14.1 Theoretical Implications:**

The current study contributes to the existing understanding of CSR in several ways. It is for the first time that a study is conducted to examine the importance of corporate responsibility perceptions of customers in one of the important services sectors- healthcare services. This is very important in healthcare services literature, because, so far no clarity has been made regarding whether corporate social responsibility has any role in influencing customers' perceptions related to CSR activities of hospitals.

Further, the current study has formulated a comprehensive conceptualization of corporate social responsibility measurement, which is confirmed to be a four dimensional structure in the domain of healthcare services. This understanding provides a comprehensive framework to other researchers who are working in this sector to understand what aspects constitute to corporate social responsibility perceptions of customers in hospital services. Moreover, the attempt made in the current study in terms of conceptualization and operations of corporate social responsibility in a four dimensional domain enhance the knowledge base of corporate social responsibility in the hospital scenario.

Thirdly, the study is unique in its theoretical contribution because for the first time a study has been initiated in hospital services domain explaining how customers' perception of corporate social responsibility influences their perceived loyalty. Thus, the study contributes to services marketing literature by providing empirical evidence that corporate social responsibility perception can be developed and properly managed to develop customer loyalty towards the hospital.

Further, the current study adds to the service marketing literature by an understanding of the psychological mechanisms consumers use while processing their perceptions of corporate social responsibility. The study supported that the consumers generally use four important psychological mechanisms, such as perceived benefit, identification, gratitude, and engagement. Precisely, these four mechanisms play important roles in shaping customers' perception of corporate social responsibility into their firm related perceptions or evaluations. Thus, the study directs the knowledge base to other researchers in this area, and therefore it can motivate them to consider these four mechanisms during their studies, so that more robust models can be formulated.

The study makes a very important theoretical contribution to the literature of CSR as a marketing tool in hospital services by showing its dynamic effect. The research also provides much needed direction to CSR theory by showing that, in hospital services, customers consider corporate social responsibility practices seriously. That means all dimensional perspectives except legal corporate social responsibility dimension create more favourable perception among customers. This understanding highlights the importance of managing various hospital services while considering corporate social responsibility, and uses the same as a marketing tool to promote the services of the hospitals.

Finally, the important theoretical contribution of the study is its context under consideration, the state of Kerala. This consideration contributes to the theory in the following ways: First of all, Kerala is a state where most of the hospitals are actively involved in corporate social responsibility activities. Thus, this study provides a context specific direction to the researchers as to whether the activities in the form of CSR really contribute to the service development in customer centric perspective. Secondly, this state is one of the most literate states in India. Therefore, using CSR as tool to market the products and services of the hospitals and how it contributes to the favourable evaluation of these highly literate customers need to be explored and documented.

#### **6.14.2 Practical Contributions**

Generally, the majority of the firms (here hospitals), which pursue corporate social responsibility activities expect to gain two important benefits. The first one is extrinsic in nature, in which the firm really wants to contribute to the society and the people involved. The second perspective is intrinsic, in which the firm expects internal benefits from their actions. This means that while practising the corporate social responsibilities, the firms also expect benefits in the form of corporate reputation or company image. Every company expects to create favourable outcomes from the stakeholders involved with the firm. In this direction, the study provides several important directions to the hospital service providers or the marketers involved in promoting corporate social responsibilities, to use the same as a marketing tool to promote their products or services. The most important among them are given below:

The most questions among the people involved in pursuing CSR in hospitals is “what perspectives should be focused so as to create expected benefits? In this line,

the current study contributes by identifying the dimensionalities with which the customers of hospitals assess the activities of CSR in hospitals.

An important question faced by managers and marketers of hospital services is that “what are the ways by which the service providers can create an impression among customers so that the service provider’s (firm) performance is good?” This is an important question in hospitals services, because in many situations customers get attached to the hospitals only if their performance is considered to be good. In this line, the study indicates that a well-designed CSR in the identified four dimensional perspectives will lead to a favourable perception of customer loyalty. Thus, firms (hospitals) can use CSR to create loyalty among the customers.

Another critical question faced by practitioners is how customers consider and evaluate the CSR activities undertaken by the hospitals and evaluates the CSR activities from hospitals. The study findings indicated that the customers consider CSR activities of different hospitals differently, specifically the actions oriented towards economic, social and environmental responsibilities. However, no difference was indicated in the legal responsibility dimension. In summary, these findings suggested that CSR activities are oriented towards economic, social and environmental perspectives are more beneficial for higher end hospitals, than that of low level hospitals.

### **6.15 Chapter Summary**

This chapter provides conclusions based on the testing of the research hypotheses, followed by a discussion of findings along with explanations for the findings that do or do not conform to the previous studies. In addition, this chapter provides implications for the scholarly understanding for researchers as well as for

practitioners. It also deals with limitations of the study. The chapter has been concluded with directions for future researches.

### **6.16 Directions for Future Research**

- CSR practices of private hospitals in rural areas and urban areas
- Building customer loyalty through CSR of different sectors of companies
- Impact of Companies Act 2013 and Companies attitude on CSR

## **Bibliography**



## **Bibliography**

### **Journal, Thesis, Books**

- Aaker, D. A. (1991). *Managing Brand Equity* (Vol. 2). NY: The free Press.
- Aaker, D. A. (1996). Measuring brand equity across products and markets. *California Management Review*, 38 (3).
- Aaker, D. A. (1992). The value of brand equity. *Journal of Buisness strategy*, 13 (4).
- Abbott, A.A. A confirmatory factor analysis of the Professional Opinion Scale: A values assessment instrument, *Research on Social Work Practice*, 13, 2003, pp. 641-666.
- Adeneye, Y.B., & Ahmed, M. (2015). Corporate Social Responsibility and Company performance. *Journal of Business Studies Quarterly*, 7(1), 151-166.
- Agrawal, S. K. (2008). *Corporate Social Responsibility in India*. Response business books from sage.
- Agrawal, P., & Saini, P. (2011). Corporate Social Responsibility-An Indian perspective.
- Aguinis, H. (2012). What we know and don't know about Corporate Social Responsibility A review and reserach agenda. *Journal of Management*, 38 (4)
- Ahuja, V. (2013). Corporate Social Responsibility: Issues and Challenges in India. *Journal of Datebase Marketing & consumer strategy management*, 17//2. DOI: 10.1057/dbm.2010.8
- Alejandro, T.B., Kang, J., Groza, M.D. (2016). Leveraging loyalty programs to build Customer-Company Identification. *Journal of Business Research*, 69, 1190- 1198
- Alexander, A., Francis, A., & Kyire, L. A. (2014). The effect of Corporate Social Responsibility on Brand building. *International Journal of marketing studies*, 6(3).
- Ali, I. (2011). Influence of Corporate Social Responsibility on development of corporate reputation and purchase intention. *MRPA* .

- Alison King (1993) From Sage on the Stage to Guide on the Side, *College Teaching*, 41:1, 30-35, DOI:10.1080/87567555.1993.9926781
- Almohammad, A. (2010). *The Role of Brand Equity in the Effects of Corporate Social Responsibility on Consumer*. Master of Business Administration.
- Amini, C. and Dal Bianco, S. (2015). Corporate Social Responsibility and Development in Latin America. In *Development-Oriented Corporate Social Responsibility*, Vol.2, Jamali, D., Karam, C. and Blowfield, M. (eds), Greenleaf, Saltire
- Anastasi, A., & Urbina, A. (2002). *Psychological Testing (7th Edition)*. Delhi.
- Anderson, J. & Gerbing, D. (1988). Structural equation modeling in practice: A review and recommended two step approach. *Psychological Bulletin*, 103(3), 411-423
- Andrew, Crane, Mattan and Laura. J, Spence. (2008). *Corporate Social Responsibility and Cases in a Global Context*, *Rutledge Publication, London and New York*.
- Anderson, J., & Gerbing, W. (1998). Structural equation modeling in practice: A review & recommended two stage approach. *Psychological Bulletin*, 27(1), 5-24.
- Anna, B., & Christina, S. (2013). Corporate Heritage in CSR communication: a means to responsible brand image? *Corporate Communications: An International Journal*, 18 (3), 362-382.
- Anughasthiya, M. (2014). CSR and Women Entrepreneurial Development. *International Research Journal of Business Management-IRJBM*, 7(2), 1-7.
- Arbucke, J. A., Build 11400, Spring House, PA: *Amos Development Corporation*, 2006a
- Argenti, P.A. (2010) Reputation and the corporate brand. Tuck school of business at Dartmouth (working paper No.03-13) retrieved from <http://ssrn.com/abstract=38786>
- Arikan, E., & Guner, S. (2013). The impact of Corporate Social Responsibility, Service quality and Customer-Company Identification on customers, *Social and Behavioural Sciences*, 99, 304-313

- Armstrong, S. J., & Green, K. C. (2012, December). Effects of CSR & Irresponsibility policies. *MRPA*.
- Auerbach, C. F. & Silverstein, L. B. (2003). “*Qualitative data: An introduction to coding and analysis*”, New York: New York University Press
- Azzawi, M. A., & Ezeh, M. A. (2012). *Students Brand Preferences Between Apple and Samsung Smart Phone*. Malardalen University Eskilstuna-Västerås, School of Sustainable Development of Society and Technology.
- Bahl, D. S. (2011). Enhancing Brand Value Through CSR. *IJRCM*, 2 (10).
- Balmer, John, M. T., & Edmund, G. R. (2003). Corporate Brands: What are they? What of them? *European Journal of Marketing*, 37 (7/8), 972-997.
- Barnes, A. -J. (2011). *Corporate Social Responsibility and its effects on Brand Trust*. Auckland University of Technology, Masters of Business. AUT Business school.
- Baxi, C. V., & Prasad, A. (2006). *Corporate Social Responsibility concepts and cases-The Indian Experience*.
- Berenbeim, R. E. (2006). Business Ethics and Corporate Social Responsibility. *Vital speeches of the day*, 72, pp. 501-504. New York.
- Bagozzi, R.P. (1994), “*Structural equation models in Marketing Research: Basic Principles*”, Principles of marketing research, Oxford and Blackwell, pp 317– 385
- Battacharya, C.B., Korschum, D., & Sen, S. (2009). Strengthening stakeholder-company relationships through mutually beneficial corporate social responsibility initiatives. *Journal of Business Ethics*, 85(2), 257-272.
- Bankira, S. (2013). Corporate Social Responsibility of private company-case study of JSPL in Jharkhand. *ANUSANDHANIKA, Referred Research Journal of Commerce & Business Management*, 5(1/2).
- Bagozzi, R. P., Yi, Y., & Phillips, L.W., Assessing construct validity on organisational research, *Administrative Science Quarterly*, 36, 1991, pp. 421-458
- Batham, T. (2013). Building Pillars of Sustainability: An Empirical investigation. Prabandhan: *Indian Journal of Management*, Vol.6, DOI:10.17010/2013/

V.618/60021.

- Baskin, J., & Gordon, K. (2005). Corporate responsibility practices of emerging market companies. OECD is working papers on International Investment, 2005/03. OECD publishing.
- Bear S, Rahman N, Post C. (2010). The impact of board diversity and gender composition on Corporate Social Responsibility and firm reputation. *Journal of Business Ethics*, 97 (2): 207-221. <https://doi.org/10.1007/s10551-010-0505-2>
- Ben Brik, A., Rettab, B., & Mellahi, K. (2011a). Market Orientation, Corporate Social Responsibility, and Business Performance. *Journal of Business Ethics*, 99(3), 307– 324. <https://doi.org/10.1007/s10551-010-06>
- Berkley, R. A., & Watson, G. (2009). The Employer–Employee Relationship as a Building Block for Ethics and Corporate Social Responsibility. *Employee Responsibilities and Rights Journal*, 21(4), 275. <https://doi.org/10.1007/s10672-009-9124-458-z>
- Berelson, Bernard, *Content Analysis in Communication Research*, New York: Free Press, 1952, pp. 45-60.
- Bhattacharya, C. B., Rao, H., & Glynn, M. A. (1995). Understanding the bond of identification: An investigation of its correlates among art museum members. *Journal of Marketing*, 59(4), 46-57.
- Bhattacharya, C.B. (2010). “Introduction to the special section on Stakeholder marketing”, *Journal of public policy & marketing*, 29(1), 1-3.
- Bhattacharya, C. b., Hildebrand, D., & Sen, S. (2011). Corporate social responsibility: a corporate marketing perspective. *European Journal of Marketing*, 45(9/10), 1353– 1364. <https://doi.org/10.1108/03090561111151790>
- Bhalla, R. (2013). CSR and reporting by selected Indian Companies: An exploration . *Prabandhan: Indian Journal of Management*, 6 (1), 40-48.
- Bhimrao, M., Luang, K., & Pathumthani. (2008). Building Brand Identity in competitive markets: A conceptual model. *Journal of Product and Brand Management*, 7 (1), 4-12.
- Bijoor, H. (2010, December 14). CSR and Brand Building. *Twitter* .

- Blumenthal, D., & Bergstrom, A. (2003). "Brand Councils that care: Towards the convergence of branding and Corporate Social Reesponsibility". *Brand Management*, 10 (4/5), 327-341.
- Brashear, T., Kang, J., & Groza, M. (2015). Leveraging loyalty programs to build Customer-Company Identification. *Journal of Business Research*. 69 (3), DOI: 10.1016/J.JBSUSRES.2015.09.04
- Buck, K.A. (2004). Children with severe Behaviour Problems: A survey of Texas Child Care Centers' Responses. *Early childhood Educational Journal*, 31(4), pp. 241-246
- Brodie, R., Sajtos, L., & Kreis, H. (2015). Image, brand relationships and customer value: Exploring the moderating role of advertising spending- and labour-intensity in customer loyalty. *Journal of Service Theory and Practice*, 25(1), 51–74. [https:// doi.org/10.1108/JSTP-11-2013-0261](https://doi.org/10.1108/JSTP-11-2013-0261)
- Bornmark, H., Goransson, A., & Sevansson, C. (2005). *A study to indicate the importance of brand awareness in brand choice-Acultural perspective*. Kristianstad university, Department of business studies.
- Bollen, K. A., & Lennox, R. (1991), "Conventional wisdom on measurement: A structural equation perspective", *Psychological Bulletin*, 110 (2), 305-314
- Boote, A. S. (1981), "Reliability testing of psychographic scales: Five-point or seven-point? Anchored or labeled?", *Journal of Advertising Research*, 21, 53–60
- Boxenbaum, E. (2006). Corporate Social Responsibility as institutional hybrids. *Journal of Business strategies*, 23 (1), 45-63.
- Brown, T. A., *Confirmatory factor analysis for applied research*, NewYork, The Guilford Press, 2006
- Byrne. Structural equation modeling with AMOS, EQS, and LISERAL: Comparative approaches to testing for the factorial validity of a measuring instrument, *International Journal of Testing* 1(1), 2001b, pp. 55-86.
- Byrne, B. M. (2001). *Structural Equation Modelling with AMOS: Basic Concepts, Applications, and Programming*.
- Byrne, B. M. (2006). *Structural equation Modelling with EQS: Basic concepts*,

applications, and programming (2nd ed.). Mahwah, NJ: Erlbaum

- Bučionienė, I., & Kazlauskaitė, R. (2012). The linkage between HRM, CSR and performance outcomes. *Baltic Journal of Management*, 7(1), 5–24. <https://doi.org/10.1108/17465261211195856>
- Callaghan, E. B. (2009). Internal Branding and Brand Commitment: a Quantitative Investigation into Corporate Brand Building in a Retail Store Network. *EIRASS conference*. Niagara Falls.
- Campbell, D. T., & Fiske, D. W. (1959). Convergent and discriminant validation by the multitrait-multimethod matrix. *Psychological Bulletin*, 56 (2), 81.
- Caron, A. M., & Fortin, A. (2014). Accountants Construction of CSR competencies and Commitment. *Sustainability Accounting Management and Policy Journal*, 5 (2), 172-196.
- Carroll, A.B. (1979). The Academy of Management Review, 4(4), 497-505. DOI: 10.2307/257850, <https://www.jstor.org/stable/257850>.
- Carroll, A.B. (1991). The pyramid of Corporate Social Responsibility: Towards the moral management of organizational stakeholders
- Carroll, A.B. (1999). Corporate Social Responsibility: Evolution of a Definitional construct. *Business Society*, 38(268)
- Carroll, A. B., & Shabana, K. M. (2010). *The Business Case for Corporate Social Responsibility: A Review of Concepts, Research and Practice* (SSRN Scholarly Paper No. ID 1537406). Rochester, NY: Social Science Research Network. Retrieved from <https://papers.ssrn.com/abstract=1537406>
- Catherine, Dawson, *Practical Research Methods*, How To Books, United Kingdom, 2002, pp. 14-20.
- Chahal, H., & Kumari, A. (2014). Measurement, validation and factor structure of corporate reputation in banking sector of India. *Global Research Review*, 15, 237-261.
- Chang, C.-P. (2007). The relationships among corporate social responsibility, corporate image and economic performance of high-tech industries in Taiwan.

*Quality and Quantity*, 43(3), 417. <https://doi.org/10.1007/s11135-007-9117-z>

- Chang, Y.H, Yeh, C.P.(2016).“Managing corporate social responsibility strategies of airports: the case of Taiwan’s Taoguan International Airport Corporation”, *Transport Responsibility Part a policy practice*.92, pg: 338-348, [http://www.mallenbaker.net/ CSR files/definition.html](http://www.mallenbaker.net/CSR_files/definition.html).
- Chang, Y., & Yeh, C. (2017).Corporate Social Responsibility and Customer Loyalty in intercity bus services. *Transport POLICY*, 59(1), PP.38-45. [http://doi.org/10.1016// j.tranpol.2017.07.001](http://doi.org/10.1016//j.tranpol.2017.07.001)
- Champion, M.P. (1999). Identification of the Fe-O-Obending mode in Oxycytochrome P450 Cam by resonance Raman Spectroscopy.*Journal of the American Chemical Society*, 121 (2),pp.376-380.
- Chaturvedi, P. (2012, May 22). CSR- A brand building exercise for companies in India? *Wordpress* .
- Chaudhry, K., & Krishnan, V. R. (2007, December).Impact of Corporate Social Responsibility and transformational leadership on brand community-An experimental study.*Global Business Review* .
- Chahoud, Dr. Tatjana; Johannes Emmerling, Dorothea Kolb, Iris Kubina, Gordon Repinski, Catarina Schläger (2007).Corporate Social and Environmental Responsibility in India - Assessing the UN Global Compact'sRole.
- Chen, Y.S. (2008). The driver of green innovation and green image - green core competence. *Journal of Business Ethics*, 81(3), 531-543.
- Chen, T.B., & Chai, L.T., (2010). Attitude towards the Environment and Green Products: Consumers’ Perspective. *Management Science and Engineering*, 4(2), 27-39.
- Chen, C. M., & Magali, D. (2011.). Measuring Corporate Social Performance: *Production and Operations Management* .
- Chen, C.-M., &Delmas, M. (2011).Measuring Corporate Social Performance: An Efficiency Perspective.*Production and Operations Management*, 20(6), 789– 804.<https://doi.org/10.1111/j.1937-5956.2010.01202.x>

- Chin, W. W., Marcolin, B. L. and Newsted, P. N. (2003), “*A partial least squares latent variable modeling approach for measuring interaction effects: Results from a monte carlo simulation study and an electronic-mail emotion/adoption study*”, *Information Systems Research*, Vol.14, No.2, pp189–217.
- Chou, C.P. and Bentler, P.M. (1995), “*Estimates and tests in structural equation modeling: Concepts, issues, and Applications, RH Hoyle(ed)*”, Sage Publications, Thousand Oaks, CA
- Cho, C. H., Michelon, G., Patten, D. M., & Roberts, R. W. (2015). CSR disclosure: the more things change...? *Accounting, Auditing & Accountability Journal*, 28(1), 14– 35.<https://doi.org/10.1108/AAAJ-12-2013-1549>
- Chopra, A.,andMariya, S. (2013). Corporate Social Responsibility and education in India.*Issues and ideas in Education*, 1(1),13-22.
- Clarke J, Gibson-Sweet M (1999). The use of Corporate Social disclosures in the management of reputation and legitimacy: a cross sectoral analysis of UK Top 100 Companies. *Business Ethics: A European Review* 8 (1): 5-13. <https://doi.org/10.1111/1467-8608.00120>
- Chiu, C. J., Lai, S. C., Yang, C. F., & Pai, D. C. (2010).The Effects of Corporate Social Responsibility on Brand Performance.*Journal of Business ethics*, 95 (3), 457–469.
- Choudhary, P.(2010).CSR an Indian perspective, <https://www.researchgate.net/publication/31671259>.
- Christensen, L. T., Morsing, M., & Thyssen, O. CSR as aspirational talk. *Copenhagen Business School*, 20, pp. 372-393. Denmark.
- Chunya, W., & Weiping, Y. (2014). Affect on Brand Trust and Purchase intention after brand scandal. *Lecture Notes in Electrical engineering*, 241, 283-290.
- Claire Selltitz and others. (2012). *Research Methods in Social Relations rev.*, Methuen & Co. Ltd., London, 1959, pp. 314-320.
- Cohen, J., Cohen, P., West, S. G., & Aiken, L. S., *Applied multiple regression/correlation Analysis for the behavioural sciences* (3 rd ed.), Mahwah, NJ: Erlbaum, 2003, pp. 156-165.
- Cronbach, L.J., &Meehl, P.E., Construct validity in psychological tests,



Psychological Bulletin, 52, 1994, pp. 281-302.

Conley, J. M., & Williams, C. A. (2005). Engage, Embed and Embellish: Theory versus practice in the Corporate Social Responsibility Movement. *Journal of Corporation Law*, 31 (1), 1-38.

Dean DH (2003). Consumer perception of corporate donations effects of company reputation for social responsibility and type of donation. *Journal of advertising* 32 (4): 91-102. <https://doi.org/10.1080/00913367.2003.10639149>

Dash, A. K., & Padhi, H. (2011). Corporate Consciousness a wake up call? *Global Business review*, 12, 247-256.

David, W. S. (1981). The Application and Misapplication of Factor Analysis in Marketing Research.

Davis, S. M., & Michael, D. (2002). *Building the Brand-Driven Business: Operationalize your brand to drive profitable growth*. San Francisco.

DeVellis, R. F. (1991). *Scale Development: Theory and Applications* (Applied Social Research Methods Series, Vol. 26). Newbury Park, CA: Sage Publications.

Delbard, O. (2008). CSR legislation in France and the European regulatory paradox: an analysis of EU CSR policy and sustainability reporting practice. *Corporate Governance: The International Journal of Business in Society*, 8(4), 397–405. <https://doi.org/10.1108/14720700810899149>

Delbard, O. (2013a). CSR legislation in France and the European regulatory paradox: an analysis of EU CSR policy and sustainability reporting practice. *Corporate Governance: The International Journal of Business in Society*. <https://doi.org/10.1108/14720700810899149>

De Souza, C.A., & SurendraPai, M. (2013). Corporate Social Responsibility: A study of the Hospitality Industry in Goa. Prabandhan: *Indian Journal of Management*, 6(8). DOI: 10.17010/pijom/2013/v 6i8/60020.

Desai, P.S., & Chandawarkar, M.K. (2016). Aligning CSR activities of Health Care Sector to Developmental Need of India. *Journal of Pharmaceutical Sciences and Research*, 8(9), pp. 1008-1016

- DeVellis, R. F. (1991). *Scale Development: Theory and Applications* (Applied Social Research Methods Series, Vol. 26). Newbury Park, CA: Sage Publications.
- DeVellis, R.F. (2003), "*Scale Development*", (2nd ed.), Sage Publications Thousand Oaks, CA
- Dahlsrud, A. (2006). How Corporate Social Responsibility is define: An analysis of 37 definition. *Corporate Social Responsibility and Environmental Management* . November 9
- De, C. L. (1999). Brand Management Through Narrowing the Gap Between Brand Identity and Brand Reputation. *Journal Of Marketing Management*, 15, 157- 179.
- Devarani, L., & Basu, D. *Corporate Social Responsibility-Some basic dimensions* . West bengal.
- Dhaneswar, A., & Pandey, P. (2015).Status of Corporate Social Responsibility among PSUs in India. DOI.10.13140/rg.2.1.4368.0240
- Doda.S.(2015). The importance of corporate social responsibility. *Journal of sociological research*, 6(1),pp.86-91
- Donald, L. R., Minette, E., & Bridgette, B. M. (2004). The effect of Corporate Social Responsibility on customer donations to Corporate supported nonprofits. *Journal of Marketing*, 68, 16-32.
- Donna Harrington, *Confirmatory Factor Analysis*, Oxford University Press, 2009, p.4)
- Disilva, B. (2008). Corporate Social Responsibility in India-An Empirical Research.*Ezine Articles*, May 30
- Edwards, A. L., and Kenney, K. C., "A comparison of the Thurstone and Likert techniques of attitude scale construction", *Journal of Applied Psychology*, 30, 1946, pp. 70-83.
- Edward, M., & Sahadev, S. (2011). Role of switching costs in the service quality, perceived value, customer satisfaction and customer retention linkage. *Asia Pacific of Marketing and Logistics*, 23(3),pp.327-345
- Ernest, C. Miller., "Attitude Surveys: A Diagnostic Tool," *Personnel*, May-June 1978, pp.

4-10 *Effect of brand image on business of reliance retail stores (with special reference to dairy products)*. Bhagwant university, Jaipur.

Elkington, J. (1997). *Cannibals with Forks: The triple bottom line of 21st century business*. Capstone: Oxford.

Fan, X., Thompson, B. and Wang, L. (1999), “*Effects of Sample Size, Estimation Methods, and Model Specification on Structural Equation Modelling Fit Indexes*”, *Structural Equation Modelling*, Vol. 6, No. 1, pp. 56-83

Fatma, M., Khan, I., & Rahman, Z. (2018). CSR and consumer behavioral responses: the role of customer-company identification. *Asia Pacific Journal of Marketing and Logistics*, 30(2), 460–477. <https://doi.org/10.1108/APJML-01-2017-0017>

Feng, M., Saini, J. S., & Wang, X. “Abby.”(2015). Monetary compensation, workforce-oriented corporate social responsibility, and firm performance. *American Journal of Business*, 30(3), 196–215. <https://doi.org/10.1108/AJB-10-2014-0057>

Feldwick, p. (1996). "Do we really need brand equity"? *The Journal of Brand Management*, 4 No:1, 9-28. Fill, C., & Barbara, J. (2011). *Marketing Communications*

Field, A.P. (2005), “*Discovering Statistics using SPSS*”, Sage Publications, Thousand oaks, UK

Fournier, S., & Yao, J.L. (1997). Receiving brand loyalty: A reconceptualization within the framework of Consumer-brand relationships. *International Journal of Research in Marketing*.14(5). pp.451-472.

Fornell, C. and Larcker, D. F. (1985), “Evaluating structural equation models with unobservable variables and measurement error”, *Journal of Marketing Research*, Vol. 48, pp. 39–50

Fornell, C., & Bookstein, F. L. (1982), “*Two structural equations models: LISREL and PLS applied to consumer exit-voice theory*”, *Journal of Marketing Research*, 19(4),440-452

Fornell, C., & Larcker, D. F. (1981), “*Evaluating structural equation models with*

*unobservable variables and measurement error*”, *Journal of Marketing Research*, 18(1), 39-50

- Friedman, M. (1970, September 13). The Social Responsibility of Business is to Increase its Profits. *The New York Times Magazine*. Galbreath, J. (2006). Corporate social responsibility strategy: strategic options, global considerations. *Corporate Governance: The International Journal of Business in Society*, 6(2), 175–187. <https://doi.org/10.1108/14720700610655178>
- Gjøølberg, M., Gautesen, K., & Midttun, A. (2006). The political economy of CSR in Western Europe. *Corporate Governance: The International Journal of Business in Society*, 6(4), 369–385. <https://doi.org/10.1108/14720700610689496>
- Ghosh, A., & Chakraborti, C. (2011). Corporate Social Responsibility: A Developmental Tool for India. *The IUP Journal of Corporate Governance*, 9(4), 40-56.
- Gorg, H., Hanley, Aoife., & Seric, Adan. (2015). Corporate Social Responsibility in Global supply Chains of Multinational Companies. Kiel institute for the world Economy, Kiellinie 66, 24105 Kiel, Germany.
- Gaberl, J. (2012). Corporate Responsibility towards environmental protection. *Journal of IES Management college and Research centre*, 5 (1).
- Galbreath, J. (2006). Corporate social responsibility strategy: strategic options, global considerations. *Corporate Governance*, 6 (2), 175-187.
- Gautam, R., & Singh, A. (2010). Corporate Social Responsibility practices in India. *Global Business and Management Research-An International Journal*, 2 (1), 41-57.
- Gefen, D., Straub, and D., Boudreace, M. (2000). Structural equation modeling and regression: guidelines for research practice. *Communications of the Association for Information Systems*, 7(7), 1-7.
- Gignac, G. E., Self-reported emotional intelligence and life satisfaction: Testing incremental predictive validity hypotheses via structural equation modeling (SEM) in a small sample, *Personality and Individual Differences*, 40, 2006, pp. 1569-1577.

Gobe, M. (2001). *Emotional Branding: The New Paradigm for Connecting Brands to People*. New York: Allworth press.

Global Governance is a concept rooted within the phenomenon of globalization; therefore a short summary of this term introduces further elaborations on Global Governance. Then, existing research on Global Governance. Maxim Baer in *International Corporations as Actors in Global Governance (2013)*.

Gowda, K., & Kadakol, A. M. (2011, August 15). CSR in IT companies-A case of Bangalore. 46-48.

Graafland, J. J., Eijffinger, S., & Smid, H. (2004). Benchmarking of corporate social responsibility: Methodological problems and robustness. *Journal of Business ethics*, 53 (1/2).

Greeno, E.J., Hughes, A.K., Hayward, R.A., & Parker, K. L., A confirmatory factor analysis of the Professional Opinion Scale, *Research on Social Work Practice*, 17, 2007, pp. 482-493.

Grimm, L. G., & Yarnold, P. R., Reading and understanding multivariate statistics, G, S. (2008, July 4). Companies taking the CSR route for brand building. *Financial Chronical* .

Gummesson, E. (2002). *Total Relationship Marketing-Marketing Management, Relationship strategy and CRM approaches for the network economy* (2 ed.).

Gupta, A. D. (2005). *Corporate Social Responsibility: The Indian context* (Crowther D, Jatana R, Representations of social responsibility ed., Vol. 2). ICAFI.

Gupta, A. D. (2010). *Ethics Business and society*. Singapore.

Gupta, A. D. (2014). Implementing Corporate Social Responsibility in India: Issues and the Beyond. *Springer* , 35.

Gupta, A. D. (2012, February). Corporate Social Responsibility and strategy, A Bird's Eye view. *Global Business Review* .

Guthey, E., & Morsing, M. (2014). CSR and the mediated emergence of strategic ambiguity. *Journal of Business Ethics*, 120, 555-569.

Guzman, F. (2001). *A brand building literature review*.

Hair. Anderson. Tatham, C.W. Black .(2005). *Multivariate Data Analysis*, Publisher: Prentice Hall: New Jersey.

- Hair, J. F. Jr., Black, W. C., Babin, B. J., & Anderson, R. E. (2009), "*Multivariate data analysis*", (7th ed.) Upper Saddle River, NJ: Prentice Hall
- Hair, J.F., Black, W.C., Babin, B.J., & Anderson, R.E. (2010).*Multivariate Data Analysis*.Seventh Edition.Prentice Hall, Upper Saddle River, New Jersey.
- Hair, J.F, Anderson, R.E, Tatham, R.L. and Black, W.C, (1998), "*Multivariate data analysis*", 5th ed., Prentice-Hall Inc., Upper Saddle River
- Hair, J.F., Bush, R.P. and Ortinau, D.J. (2003), "*Marketing Research: Within a changing information environment*", 2nd edn. McGraw-Hill/ Irwin, New York
- Hu, L.T. and Bentler, P. (1995), "*Evaluating model fit-Structural Equation Modeling, Concepts, Issues, and Applications*", R.H. Hoyle (Ed.), pp. 76-99
- Hack man, J.R., & Oldham, G. R. (1975) Development of the job diagnostic survey, *Journal of Applied Psychology*, , 60:159-170
- Hadfield, S. H. (2014). CSR in India; Refletions from the banking sector.*Social Responsibility Journal*, 10 (1), 21-37.
- Haglöfs, C. (2014). *Building Customer-Based Brand Equity Through Corporate SocialResponsibility*.
- Haig, B. D., Exploratory factor analysis, theory generation, and scientific method, *Multivariate Behavioural Research*, 40, 2005, pp. 303-329.
- Hair, J., Black, W., Babin, B., Anderson, R., & Tatham, R. (2006).*Multivariate data analysis* (6 ed.). Uppersaddle River, N.J.: Pearson Prentice Hall.
- Hair, Anderson, Tatham, C.W. Black (2005) *Multivariate Data Analysis*, Publisher: Prentice Hall: NewJersey.
- Hair, J.F., Black, W.C., Babin, B.J., & Anderson, R.E. (2010).*Multivariate Data Analysis*.Seventh Edition.Prentice Hall, Upper Saddle River, New Jersey.
- Harary, F., & Lipstein, B. (1962). The Dynamic of Brand Loyalty: A maskovian Approach. *Journal of Operations Research*. 10(1), pp.19-40
- Haynes, S. N., Richard, D. C. S., &Kubany, E. S., Content validity in psychological assessment: A functional approach to concepts and methods, *Psychological Assessment*, 7, 1995, pp. 238-247
- Henriques, A. and Richardson, J. (2004). Assessing the Sustainability of Business and

CSR, published by Earthscan in the UK and USA in 2004

Herbert, G, Heneman III., Donald, P, Schwab., John, A, Fossum., and Lee, D. Dyer,  
*Personnel/Human Resource Management*, (4 th ed.), Universal Book Stall,  
New Delhi, 1989, pp. 108-115

Hinkin, T. (1995). A review of scale development practices in the study of organizations. *Journal of Management*, 21(5),967-988.

Holding, C., Pilling, L., Ben, & Jerry's. (2009, October 1). Responsibility Poster.

*Policy Innovation* .

Holmes, R., & Watts, P. (2000). *CSR Making Good Business sense*. The world  
Buisness council of India. How to build successful retail branding in a changing  
market place. In A. Kofloor, *Branding* (p. 61).

Hildebrand, D., Sen, S., & Bhattacharya, C. B. (2013a). Corporate social  
responsibility: a corporate marketing perspective. *European Journal of  
Marketing*. <https://doi.org/10.1108/03090561111151790>

Hogeveen, Angela. (2016, August 23). *The Effect of Corporate Social Responsibility on  
Financial Performance – An empirical study on US firms*. *Economics*.  
Retrieved from <http://hdl.handle.net/2105/34770>

Holger, G., Aoife, H., & Adnan, S. (2015). Corporate social responsibility in global  
supply chains of multinational companies, *Kiel Working Paper, No. 1986*,  
*Kiel Institute for the World Economy (IfW), Kiel*.

Huang, M.-H., Cheng, Z.-H., & Chen, I.-C. (2017). The importance of CSR in  
forming customer–company identification and long-term loyalty. *Journal of  
Services Marketing*, 31(1), 63–72. <https://doi.org/10.1108/JSM-01-2016-0046>

Husted, B. W. (2003). Governance choices for Corporate Social Responsibility: to contribute,  
collabourate or Internalize? Long range planning. *Sage Journals*, 36, 481-498.

Huang, R., Chen, P., & Liu, X. (2017). A review of using Augmented Reality in  
Education from 2011 to 2016. In: popes cuE. et al. (eds) *Innovations in smart  
learning lecture Notes in Educational Technology*. Springer, Singapore, pp.  
13-18

Ira, J., and Nelson, J. (2004). *Value based performance: Seven Strategies for*

delivering profits with principles. *Ivey Business Journal* (Nov.-Dec.): 1-8.

- Jacob, M. (2014). *Branding in Modern marketing-a study of its impact on marketing of consumer products*. Mahatma Gandhi University, PG of department of commerce and research cen J, G., & C, M. V. (2012). Motives for Corporate Social Responsibility. *De Economist*, 160 (4), 377-396.
- Jaakson, K., Tamm, K., & Vadi, M. (2009). Organizational culture and CSR: an exploratory study of Estonian service organizations. *Social Responsibility Journal*, 5(1), 6–18. <https://doi.org/10.1108/17471110910939962>
- Jamali, D. (2008). A Stakeholder Approach to Corporate Social Responsibility: A Fresh Perspective into Theory and Practice. *Journal of Business Ethics*, 82(1), 213–231. <https://doi.org/10.1007/s10551-007-9572-4>
- James, L. (2012). Prospects of CSR: An Overview of 500 indian Companies. *Journal of Corporate Governance*, 11 (4).
- Jami, A. K., Yeo, F. A., & Kim, J. (2013). Responsibility in advertising a marketing communications. *Journal of Marketing Education*, 35 (2), 141-154.
- Jennifer, B., Steve, M., & Oyvind, I. (2012). The role of communication in understanding CSI and CSR, Corporate Social Irresponsibility; A challenging Concept. In *Critical Studies on Corporate Social Responsibility, Governance and Sustainability* (Vol. 4, pp. 157-174). Emerald Group Publishing Limited.
- Jones. (1995). Instrumental stakeholder Theory: A Synthesis of Ethics and Economics. *Academy of Management Review*, 20 (2), 404-437.
- Kalaimani, G. (2014). Role of Corporate Social Responsibility in Women Entrepreneurial Development. *International Journal of Business Management*, Vol. VII, Issue 12, pp. 51-53.
- Karnani, A. G. (2013). *Corporate Social Responsibility Does Not Avert the Tragedy of the Commons -- Case Study: Coca-Cola India* (SSRN Scholarly Paper No. ID 2354022). Rochester, NY: Social Science Research Network. Retrieved from <https://papers.ssrn.com/abstract=2354022>
- Karagiorgos, T. (2010). Corporate Social Responsibility and financial performance: An Empirical analysis on Greek Companies. *European Research Studies*



*Journal*, 13(4), 85-108.

- Kalyar, M., Rafi., Nosheen., & Nawaz Kalyar. A. (2013). Factors Affecting Corporate Social Responsibility: An Empirical Study. *Systems Research and Behavioural Science*, 30(4) DOI-101002/sreas.2134
- Kaur, P. (2015). Corporate Social Responsibility: Present Scenario in India. *Journal of Commerce and Management Thought*.DOI: 10.5958/0976-478X,2015.00031.2
- Kapferer, J. N. (1997). *Strategic Brand Management*. Great Britain, Kogan.
- Kapferer, J. (2004). *The strategic Brand Management; Creating and sustaining brand equity*. London.
- Kapoor, S., & Sandhu, H. S. (2010, June). Does it pay to be socially responsible? An empirical examination of impact of Corporate Social Responsibility on Financial performance. *Global Business Review* .
- Karen, C. D., & Linh, V. C. (2013). Classification of CSR standards in the light of ISO 26000. *Society and Business Review*, 8 (2), 134-144
- Karen, L., Becker, B. O., Andrew, C., & Paul, R. (2006). The impact of perceived corporate social responsibility on consumer behaviour. *Journal of Business Research*, 59 (1), 46-53.
- Kaur, N., & Kansal, M. (2010). Review of studies on CSR in the global context. *Indian Management studies* , 127-143
- Kaur, M., & Sudhir, A. (2011). Corporate Social Responsibility-A tool to create a positive brand image. *Proceeding of ASBBS.18 No1*, pp. 681-688. Las Vegas: ASBBS.
- Khan, I., Rahman, Z., & Fatma, M. (2016). The role of Customer brand Management and brand experience in online banking. *International Journal of Banking Marketing*, 34(7), pp. 1025-1041
- Kotler, P. & Keller, K.L. (2009). *Marketing management*. 13<sup>th</sup> edition. New Jersey: Pearson Prentice Hall.
- Kline, R. B. (2004). *Beyond Significance Testing: Reforming Data Analysis Methods in Behavioral Research*. Washington, DC: American Psychological Association

- Kline, R.B. (2010) Principles and Practice of Structural Equation Modelling. Third edition. Guilford Publications, New York.
- Klie, R.B. (2011) Principles and Practice of Structural Equation Modelling. Guilford Press, New York.
- Kumar, V., Aaker, D. A., & Day, G. S. (2002). *Essentials of marketing research*. New York: Wiley.
- Kumar, D.A., & Balakrishnan, V. (2011). Corporate Social Responsibility: Existing practices Vs. CSR framework, *Global Journal of Management and Business Research*, 11(9)
- Kumar, N. (2014). Corporate Social Responsibility: An analysis of Impact and Challenges in India. *ABHINAV International Monthly Refereed Journal of Research in Management and Technology*, 3(5), 97-104
- Khan, S. (2009-2010). Corporate Social Performance of Indian FMCG's companies. *Issues in Social Environmental accounting*, 3 (2), 180-201.
- Khanna, P., & Gupta, G. (2011). Status of Corporate Social Responsibility: in Indian Context. *APJKhosro, J. (2014). Cause Related Marketing (CRM) and Corporate Social Responsibility (CSR). B-SPARK .RBM*, 2(1).
- Kim, H. B., Gon, W., & Jeong, A. (2003). The effect of consumer based Brand Equity on Firms' Financial Performance. *Journal of Consumer Marketing*, 20 (4), 335-351.
- Kim, Jungsun., Susanna Kim, J. (2018). Impact of a gaming Company's CSR on resident's perceived benefits, quality of life and support. *Tourism Management*, 64, 281-290
- Kitchin, T. (2002). Corporate Social Responsibility: A brand explanation. *Journal of Brand Management*, 10, 312-326.
- Kline, R. B. (2005) *Principles and practice of structural equation modeling* (2 nd ed.), New York: The Guilford Press, pp. 7-8.
- Kline, R. B. (2004). *Beyond Significance Testing: Reforming Data Analysis Methods in Behavioral Research*. Washington, DC: American Psychological

Association

- Kline, R.B. (2010). Principles and Practice of Structural Equation Modelling. Third edition. Guilford Publications, New York.
- Klie, R.B. (2011). Principles and Practice of Structural Equation Modelling. Guilford Press, New York.
- Knox, Simon, & Bickerton, D. (2003). The six conventions of corporate branding. *European Journal of Marketing*, 37 (7/8).
- Koeske, G. F., Kirk, S. A., Koeske, R. D., & Rauktis, M. E., Measuring the Monday blue: Validation of a job satisfaction scale for the human services, *Social Work Research*, 18, 1994, pp. 27-35
- Kolter, P., & Zaltman, G. (1971). Social Marketing: An approach to planned social change. *Journal of Marketing*, 35, 3-12.
- Kotler, P. (2004). *Marketing Management*. Singapore.
- Kotler P. S. & Stevens R, J. (2011). Strategic marketing for health care organizations: building a customer driven healthcare system, wiley & sons.
- Kirk, J. and Miller, M. L, “*Reliability and validity in qualitative research*”, Beverly Hills
- Krish, A Leung, L. C., Bougoure, U. S., & Miller, K. W. (2014). The effects of affective and utilitarian brand relationships on brand consideration. *Journal of Brand Management* . June 27
- Kumar, V., Aaker, D. A., & Day, G. S. (2002). *Essentials of marketing research*. New York: Wiley.
- Kumar, S. R. (2007). *Marketing and Branding, The Indian Scenario*. Equity and Corporate Reputation. *Journal of Business Ethics*, 95(3), 457–469. <https://doi.org/10.1007/s10551-010-0433-1>
- Kumar, P.N., Jacob, A., & Thota, S. (2014). Impact of Healthcare Marketing and Building on Hospital Services. *International Journal of Research Foundation of Hospital & Healthcare Administration*, 2(1), pp. 19-24
- Laidroo, L., & Ööbik, U. (2014a). Banks’ CSR disclosures – headquarters versus subsidiaries. *Baltic Journal of Management*. <https://doi.org/10.1108/BJM-05->

2013- 0091

- Laudal, T. (2011). Drivers and barriers of CSR and the size and internationalization of firms. *Social Responsibility Journal*, 7(2), 234–256. <https://doi.org/10.1108/1747111111141512>
- Lee, C. K., & Back, K. J. (2006). Examining structural relationships among perceived impact, benefit, and support for casino development based on 4 year longitudinal data. *Tourism Management*, 26(7), 466-480
- Lee, E. M., Park, S. Y., Rapert, M. I., & Newman, C. L. (2012). Does perceived consumer fit matter in corporate social responsibility issues. *Journal of Business Research*, 65(11), 1558-1564.
- Lii, Y.S., & Lee, M. (2012). Doing right heads to doing well: When the type of CSR and reputation interact to affect consumer evaluations of the firm. *Journal of Business Ethics*, 105 (1), 69-81.
- Lichtenstein, D.R., Drumwright, M.E., & Braig, B.M. (2004). The effect of Corporate Social Responsibility on Consumer donations to corporate-supported non-profits. *Journal of Marketing*, 68(4), 16-32
- Lisa, W. (2000). Brands and brand equity: definition and management. *Management Decisions*, 38 (9), 662-669.
- Lai, C.-S., Chiu, C.-J., Yang, C.-F., & Pai, D.-C. (2010). The Effects of Corporate Social Responsibility on Brand Performance: The Mediating Effect of Industrial Brand
- Lungu, C.I., & Dascalu, C. (2011). Research on Corporate Social Responsibility Reporting. *American Economic*, 13(29), 117-121
- Lundmark, A. (2009). *Corporate Social Responsibility in Branding*. Umeå School of Business and Economics. (pril). Marketing and Corporate Social Responsibility *Ayushvedablog*
- Macuda, M. (2016). Corporate Social Responsibility-A New trend in Hospital Accounting? *University/-et Ekonomiczny wkatowiach*, ISSN-2083-8611
- MacCallum, R. C., Browne, M. W., & Sugawara, H. M., Power analysis and determination of sample size for covariance structure modeling, *Psychological Methods*, 1, 1996, pp. 130-149

- Mac Callum, R. C., Working with imperfect models, *Multivariate Behavioural Research*, 38(1), 2003, 113-1392003<http://www.ssicentral.com/lisrel/index.html>.
- Marin, L., & Ruiz, S. (2007). I need you too!: Corporate identity attractiveness for consumers and the role of social responsibility. *Journal of Business Ethics*, 71(3), 245-260.
- Marin L., Ruiz, S., & Rubio, A. (2009). The role of identity salience in the effects of corporate social responsibility on consumer behavior. *Journal of Business Research*, 84(1), 65-78.
- Managayakarasi, N., & Chandrika, D.S. (2014). Manifesto for changes in Corporates on CSR towards SHG. *International Research Journal of Business and Management- IRJBM*, Vol. No.VII, Issue-12, pp. 25-28.
- Martínez, P., Pérez, A., & Bosque, I. R. del. (2014). CSR influence on hotel brand image and loyalty. *Academi Revista Latinoamericana de Administración*.  
<https://doi.org/10.1108/ARLA-12-2013-0190>
- Majmudar, U., Rana, N., & Sanan, N. (2015, October 26). Mahindra & Mahindra tops CSR list in India even as companies scale up operations. *The Economic Times*
- Majumdar, U., Rana, N., & Sanam, N. (2016). Gearing up for responsible growth: India's top companies for sustainability and CSR 2016. Retrieved 2 November 2016, from <https://www.fururescape>.
- Maja, N. P., & Ruzzier, K. (2013). Brand Identity Development and the role of marketing communications: Brand Experts view. *Spring*, 11 (1), 61-78.
- Markets, C. f. (2001). *Corporate Social Responsibility-perceptions of Indian Business*. Center for social Markets.
- McGuire, J. B., Sundgren, A., & Schneeweis, T. (1988). Corporate Social Responsibility and Firm Financial Performance. *The Academy of Management Journal*, 31(4), 854- 872. Retrieved from <http://www.jstor.org/stable/256342>
- Midttun, A., Gautesen, K., & Gjølberg, M. (2013a). The political economy of CSR in Western Europe. *Corporate Governance: The International Journal of*

*Business in Society*. <https://doi.org/10.1108/14720700610689496>

- Miller, D. (2014). Brand Building and the elements of success: Discoveries using historical
- Misani, N. (2010). The Convergence of Corporate Social Responsibility practices. (MRPA, Ed.) *Management Research Review* .
- Mischkind, L. A., “Is Employee Morale Hidden behind Statistics?”, *Personnel Journal* n0.2, 1986, pp. 74-79. analyses. *Qualitative Market Research-An International Journal*, 17 (2), 92.
- Mishra, S., & Suar, D. (2010). Do stakeholder management strategy and salience influence corporate social responsibility in Indian companies? *Social Responsibility Journal*, 6(2), 306-327, <https://doi.org/10.1108/17471111011051784>
- Mitra, R. (n.d.). “My Country’s Future”: A Culture-Centered Interrogation of Corporate Social Responsibility in India. *Journal of Business Ethics*, 106(2), 131–147.
- Moreno, Luis. (2010). Welfare mix, CSR and social citizenship. *International Journal of Sociology and Social Policy*. 30(11/12), pp.683-696. DOI:10.1108/014433310110852668
- Mohr, L. A., & Webb, J. D. (2005). The Effects of Corporate Social Responsibility and price on consumer responses. *The journal of consumer affairs* , 39 (1), 121-147.
- Moisescu, O. I. (2005, July). The concept of brand equity - A Comparative approach.
- Monika, H. (2011). Corporate Social Responsibility in the food sector. *European Review of Agriculture research*, 38 (3), 297-324.
- Moon, J. (2004). “Government as a driver of Corporate Social Responsibility: A U.K comparative Perspective”. International Centre for Corporate Social Responsibility.
- Moyeen, A., & West, B. (2014). Promoting CSR to foster sustainable development: Attitudes and perceptions of managers in a developing country. *Asia-Pacific Journal of Business Administration*, 6(2), 97–115. <https://doi.org/10.1108/APJBA-05-2013-0036>

- Muthuri, J. N., & Gilbert, V. (2011). An Institutional Analysis of Corporate Social Responsibility in Kenya. *Journal of Business Ethics*, 98(3), 467–483. <https://doi.org/10.1007/s10551-010-0588-9>
- Murthy, V. (2008, August). Corporate Social Disclosure practices of top software firms. *Global Business Review*, 173-188.
- Muruganantham, D. G. (2010). Case study on Corporate Social Responsibility of MNC's in India. *International Trade and Academi* Naqvi, Nag, T., & Bhattacharyya, A. K. (2016). Corporate Social Responsibility Reporting in India: Exploring Linkages with Firm Performance. *Global Business Review*, 17(6), 1427–1440. <https://doi.org/10.1177/0972150916653032>
- Naresh malhotra, (2007). *Marketing Research: An Applied Approach*. 3rd European Edition, Harlow, UK. Pearson Education.
- Nareshmalhotra, .(2007). *Marketing Research: An Applied Approach*. 3rd European Edition, Harlow, UK. Pearson Education.
- Nord, T. (2006). *Corporate Social Responsibility in the Hotel Industry: A cross Cultural Perspective* (Master Thesis, University of Hans Ramo Stockholm, and School of Business). Retrieved from <http://www.diva-portal.org>.
- Nunn, Andrew.K. (2015). *Corporate Social Responsibility & Financial Performance Debate*. Finance Undergraduate Honour Theses.2.0. <http://scholarworks.vark.edu/finnbt/20S>. R., Ishtiaq, M.,
- Nunnally, J. C., & Bernstein, I. H. (1994), *“Psychometric theory”*, (3rd ed.). New York: McGraw-Hill
- Nigel, S. (2003). Can SMEs do CSR? A practitioner's views of the way small and medium sized enterprises are able to manage reputation through Corporate Social Responsibility. *Journal of Communication Management*, 7 (4), 340- 347c conference. London: ITARC.
- Ninawe, A. (2013). *Setting New Agenda; Critical Study of Perspectives of CSR Practices in Indian Private Corporate Hospitals*. International Journal of Science and Research, ISSN (Online): 2819-7064
- Ninawe, A. (2015). *Setting New Agenda: Critical Study of perspectives of CSR practices in Indian private Corporate Hospitals*. International Journal of Science and Research

(IJSR), 5(4),1986-1991.

- Nubaity, L.A. (2018). Corporate Social Responsibility in health sector: A case study in government hospitals in Medan, Indonesia. *Business: Theory and Practice*, 19, DOI: 10.3846/btp.2018.04
- Nunkoo, R., & Ramkissoon, H. (2011).Developing a community support model for tourism.*Annals of Tourism Research*, 38(3), 964-988.
- Oliver, R.L. (1997). Satisfaction: A behavioural perspective on the consumer. New York: Mc Graw-Hill
- Oobik, U., &Laidroo, L. (2013).Banks' CSR disclosures – headquarters versus subsidiaries. *Baltic Journal of Management*, 9(1), 47–70. <https://doi.org/10.1108/BJM-05-2013-0091>
- Ott, C. (2009). Corporate Governance and Corporate Social Responsibility in Profit- and in Non-Profit-Organizations.*Journal FürRechtspolitik*, 17(4), 255–262. <https://doi.org/10.1007/s00730-009-0286-z>
- Paramasivan, C., &Savarimuth, S. (2014). Corporate Social Responsibility of Public Sector Undertakings: A case of BHEL, Tiruchirappalli. *International Research Journal of Business and Management*, 7(12),19-24.
- Pandey, P. (2015). Status of Corporate Social Responsibility among PSUs in India, DOI. 10.13140/RG2.1.4368.0240
- Perdue, R., Long, T., & Kang, Y. (1995). Resident support for gambling as a development strategy. *Journal of Travel Research*, 34(2), 3-11.
- Pérez, A., Del Bosque, I. R., &Martínez, P. (2014).CSR influence on hotel brand image and loyalty.*Academia RevistaLatinoamericana de Administración*, 27(2), 267– 283.<https://doi.org/10.1108/ARLA-12-2013-0190>
- Philip, Kotler.,&Nancy, Lee. (2005). Corporate Social Responsibility: Doing the Most Good for your Company and your Causes, Wiley.
- Pollach, I., Johansen, T. S., Ellerup Nielsen, A., & Thomsen, C. (2012).The integration of CSR into corporate communication in large European



companies. *Journal of Communication Management*, 16(2), 204–216.  
<https://doi.org/10.1108/13632541211217605>

Prabakaran.M. (2014). Role of CSR in Social Development: A case of Milk Cooperatives. *International Research Journal of Business and Management-IRJBM*, VII (12), pp. 68-73.

Pradhan, S., & Rajan, A. (2010). Corporate Social Responsibility in Rural Development Sector: Evidences from India. *School of Doctoral Studies Journal*.

Prasad, A., Kumar, S., & Kumar, R. (2014). Corporate Social Responsibility Percepts and Practices of Tata Steel for Effective Delivery management in Government-Journal of Administrative Reforms, Published by Department of Administrative Reforms and Public Grievance, Government of India New Delhi. Vol. XLV, PP.61-80.

Praveenraj, D.W.D., & Vijayalakshmi, R. (2014). Role of NGOs in CSR. *International Research Journal of Management. IRJBM*, 7(12), 8-14.

Paramasivandan, C., & Sivarimuthu, S. (2014). Corporate Social Responsibility of Public Sector Undertakings: A case of BEHL, Tiruchirappalli. *International Research Journal of Business and Management*, Vol. III, Issue-12, pp. 19-24.

Pakseresht, A. (2010). "Brand equity and corporate responsibility: A review of brand valuation methods", <http://www.essays.se/essay/9e20739689/>

Prabhakar, R., & Mishrad, S. (1991). A study of Corporate Social Responsibility in Indian Organisation-An Introspection. In *Managing Brand Equity. The Free Press*.

Proceedings, D. (2013). In R. university (Ed.), *Davi Proceedings* (pp. 10-11). Toronto, Canada: 21st International Business Research conference.

Pravin Dange, D. B., & Kallurkar, D. S. (2012, January). Understanding and Measuring Motivations for Indian firms to engage in Corporate Social Responsibility. *IJMR*.

Preeti, S.D., & Meena, R.C. (2016). Aligning CSR activities of Health Care Sector to Developmental Needs of India. *Journal of Pharmaceutical Sciences and*

Research, 8 (9), 1008-1016.

- Quazi, A. M., & O'Brien, D. (2000). An Empirical Test of a Cross-national Model of Corporate Social Responsibility. *Journal of Business Ethics*, 25(1), 33– 51. <https://doi.org/10.1023/A:1006305111122>
- Rahim, M. M. (2014). The impact of Corporate Social Responsibility on Corporate Governance: The rise of standardization of CSR principles. *Corporate Social Responsibility in the Global Business world*
- Rajpara, N. (2006). Implementing Corporate Social Responsibility in Globalization. *6th Global conference on Business and Economics*. Gutman conference centre.
- Raman, R. (2006). "Corporate Social Reporting in India – A view from the top", *Global Business Review*, 7 (2), 313-324.
- Ramanathan G. (1977). *Methods for Statistical Data Analysis of Multivariate Observations*, Published by Wiley & Sons.
- Ranga, K. K., & Gerdeman, D. (2012, May 28). A Pragmatic Alternative for creating a CSR strategy. *Harvard Business Review*.
- Rani, G., & Hooda, K. (2013). Corporate Social Responsibility: Review of Literature. *International Journal of Social Science and Interdisciplinary Research*, 2 (6), 38-44.
- Raval, R. R. (2011). CSR Rocket for initial speed of marketing activity. *Journal of Management Research*, 1 (2), 93-113
- Raykov, T., & Marcoulides, G. A., *A first course in structural equation modeling* (2<sup>nd</sup> ed.), Mahwah, NJ: Lawrence Erlbaum Associates, Inc, 2006, pp. 153-161
- R. Roshini, B. Mahadevappa. (2010). "Social responsibility of hospitals: an Indian context", *Social Responsibility Journal*, Vol.6. Issue 2, pp.268-285.
- Ramachandran, V. (2010), "Strategic corporate social responsibility: a 'dynamic capabilities' perspective", *Corporate Social Responsibility and Environmental Management*, 18. (5), 285-293.
- Rao, S.T., & Rao, T.N. (2012). Corporate Social Responsibility initiatives in Indian Companies

- Ray, S. (2013). Linking public sector Corporate Social Responsibility with sustainable development: lessons from India. *RAM, Rev. Adm. Mackenzie* [online]. 14(6), 112- 131.
- Reji Kumar, G. (2011). “*A Study on linkage between customer expectation, service quality perception, customer satisfaction and related behavioural intentions in banking context*”, Ph.D thesis, faculty of management study, Anna university, Chennai.
- Reverte, C. (2009). Determinants of Corporate Social Responsibility Disclosure Ratings by Spanish Listed Firms. *Journal of Business Ethics*, 88(2), 351– 366. <https://doi.org/10.1007/s10551-008-9968-9>
- Rishi, P., Dubey, P., & Moghe, S. (2009). Leading the Corporate for Social and Environmental Responsiveness: A case of Hind Lamps of Bajaj Group. *Indian Institute of Forest Management (Working Paper)*
- Rourke, D. O. (2004). *Opportunities & Obstacles for Corporate Social Responsibility reporting in Developing countries*. Banking Group, International Financial Corporation. Berkeley: University
- Salmones, M. M. G., Crespo, A. H., & Del Bosque, I. R. (2005). Influence of corporate social responsibility on loyalty and valuation of services. *Journal of Business Ethics*, 61(4), 369-385.
- Samuel B. Green & Neil J. Salkind. (2008), *Using SPSS for windows and Macintosh, Analysing and Understanding Data*, 8<sup>th</sup> Edition. Pearson
- Sarkar, A. K., & Padhyay, S. C. (2012). Brand Positioning of Fast moving consumer goods in India. *NICE Journal of Business*, 7 (1).rsity of california.
- Sajtos, L., Kreis, H., & Brodie, R. (2015a). Image, brand relationships and customer value. *Journal of Service Theory and Practice*. <https://doi.org/10.1108/JSTP-11-2013-0261>
- Samuel, B. G., & Neil, J. S. (2008). *Using SPSS for windows and Macintosh, Analysing and Understanding Data*, 8<sup>th</sup> Edition. Pearson
- Sangtani, J.D., & Gupta, V. (2015). CEMEX’S social Responsibility Initiatives.
- Sankar, R.R. (2014). Impact of Corporate Social Responsibility Initiatives on financial performance. *International Research Journal of Business and*

*Management-IRJBM*, VII(2), pp.39-45.

Sankar, J., & Sankar, S. (2015). Corporate Social Responsibility in India-An effort to Bridge the welfare Gap. *Indira Gandhi Institute of Development Research, Mumbai*. <http://www.igidr.ac.in/pdf/publication/WP-2015-023.pdf>.

Sanjay kumarsharma, C.A. (2013). A 360 degree analysis of Corporate Social Responsibility (CSR) Mandate of the New Companies Act, 2013. *Global Journal of Management and Business studies*, 3(7), 757-762.

Sekaran, U. (2000). *Research Methods for Business: A Skill Business Approach*. John Wiley & Sons, New York.

Schermerhorn, J.R. (2016). *Management (6<sup>th</sup> Asia-Pacific Ed)*. Melbourne: Wiley.

Schwartz, D., & Lellouch, J., (1967). Explanatory and Pragmatic Attitudes in Therapeedatical Trials. *J. Chron. Dis*, Vol. 20, pp.637-648

Scott, S. G., & Lane, V. R. (2000). A stakeholder approach to organizational identity. *Academy of Management Review*, 25(1), 43-62.

Sen, S., Bhattacharya, C. B., & Korschun, D. (2006). The role of corporate social responsibility in strengthening multiple stakeholder relationships: A field experiment. *Journal of the Academy of Marketing Science*, 34(2), 158-166.

Sharma, A., & Kiran, R. (2012). Corporate Social Responsibility initiatives of major companies of India with focus on Health, Education and Environment, *African Journal of Basic & Applied Sciences*, 4(3), 95-105, DOI:10.5892/idosi.ajbas.2012.4.3.1593.

Singh, I.P., & Grover, D.K. (2011). Economic Viability of Organic Farming: An Empirical Experience of Wheat Cultivation in Punjab. *Agricultural Economic Research Review*, 24(1), 275-281.

Siniora, D. (2017). Corporate Social Responsibility in Health Care Sector. Graduate student Research Symposium, Duquesne University

Soliman, M.M., & El Din, M.B., & Sakr, Ahmed. (2012). Ownership structure and Corporate Social Responsibility (CSR): An Empirical study of the listed Companies in Egypt. *The international Journal of social Science*.5(1), ISSN

2305-4557, pp.63- 74.

- Srikanth, R., & Srinivasa, R.K. (2015).Corporate Social Responsibility Role of Public and Private Sector Banks.*Sumedha Journal of Management*, 4(2), 104-113.
- Srisuphaolarn, P. (2013). From altruistic to strategic CSR: how social value affected CSR development – a case study of Thailand. *Social Responsibility Journal*, 9(1), 56– 77.<https://doi.org/10.1108/17471111311307813>
- Susanto, A., & Ulbricht.(2009). Characteristics, performance and stability of polyethersulfone ultrafiltration membranes prepared by phase separation method using different macromolecular additives.*Journal of Membrane Science*, 327, pp. 125-135
- Susanto, A.B. (2012). The role of corporate social responsibility in enhancing corporate reputation.*Social Responsibility Review*, 3: 26-33.
- Sen, S., & Bhattacharya, C.B. (2001).Does doing good always lead to doing better? Consumer reactions to Corporate Social Responsibility.*Journal of Marketing Research*, 38(2), 225-243.
- Shadish, W. R., Cook, T. D., and Campbell, D. T., *Experimental and quasi experimental designs for generalized casual inference*, New York: Houghton Mifflin Company, 2002, pp. 153-170.
- Sharma, A., & Kiran, R. (2012).Corporate Social Responsibility initiatives of major companies of India with focus on Health, Education and Environment. (IDOSI, Ed.) *African Journal of Basic and Applied Sciences* , 4 (3),95-105.
- Sheena, & Mohan, D. (2010).*A study of the effects of brand decisions on existing brands and new product acceptance in Indian consumer product markets*. Thesis, University of Calicut, DCMS.
- Siebert, D. C., & Siebert, C. F., The Caregiver Role Identity Scale: A validation study, *Research on Social Work Practice*, 15, 2005, DOI: 10.1177. 1049731504272779, pp.204-212,
- Simon, C. J., & Sullivan, M.*The Measurement and determinants of brand equity-A financial approach* (Vol. 12).Marketing science.
- Soheli, G. (2012, December). A look into Corporate Social Responsibility in India

and emerging economies. *International Journal of Business and Management Invention*.

- Stanaland, A. J. S., Lwin, M. O., & Murphy, P. E. (2011). Consumer perceptions of the antecedents and consequences of corporate social responsibility. *Journal of Business Ethics*, 102 (1), 47-55
- Stephen, B., Gregory, J., & Matten, D. (2012). Corporate Social Responsibility and Institutional theory: New perspective on private governance. *Socio Economic Review*, 10, 3-2
- Stephen, B., Jackson, G., & Dirk, M. (2012). Corporate Social Responsibility and Institutional theory; New perspectives on private governance. *Socio Economic Review, Oxford Journals* , 3-28.
- Stevens, J. P., *Applied multivariate statistics for the social sciences*, (4 th ed.), Mahwah, NJ: Lawrence Erlbaum Associates, 2002, pp. 191-201,
- Tabachnick, B. G., & Fidell, L. S. (1989). *Using Multivariate Statistics* (2nd ed.). New York. HarperCollins Publishers
- Tabachnick, B., & Fidell, L. S., (2007) *Using multivariate statistics* (5 th ed.), Boston: Allyn and Bacon, 2007, pp. 153-161.
- Tajfel, H. & Turner, J.C. (1985). The Social identity theory of intergroup behavior. *Psychology of Intergroup Relations*, Nelson-Hall, Chicago, II, pp. 6-24
- Tewari, R., & Dave, D. (2012). Corporate Social Responsibility: Communication through Sustainability Reports by Indian and Multinational Companies: *Global Business Review*. <https://doi.org/10>
- Tewari, R., & Dev, D. (2014, June). Corporate Social Responsibility; Communication through sustainability reports by Indian and Multinational companies. *Global Business Review*. The Social Responsibility of Business is to Increase its Profits. (1970, September 13). *The New York Times Magazine*. *The status of corporate social responsibility in India-a Note*. Environmental management centre. (2005).
- Thorne, L., S. Mahoney, L., & Manetti, G. (2014). Motivations for issuing standalone CSR reports: a survey of Canadian firms. *Accounting, Auditing & Accountability Journal*, 27(4), 686–714. <https://doi.org/10.1108/AAAJ-07->

- 2013-1393 Trochim, W. (2006). *The Research Methods Knowledge Base*, 2nd Edition. Atomic Dog Publishing, Cincinnati, OH.
- Thripurasundari, M. (2014). NGO and Corporate Social Responsibility in India: A case study. *International Research Journal of Business and Management*, 7(12), 61-67.
- Tilakasiri, K.K (2012). Corporate Social Responsibility and Company Performance: Evidence from Srilanka (Master's Thesis, University of Victoria, Melbourne).
- Turker, D. (2008). How Corporate Social Responsibility Influences Organizational Commitment. *Journal of Business Ethics*, 89(2), 189. <https://doi.org/10.1007/s10551-008-9993-8>
- Thompson, B., Exploratory and Confirmatory factor analysis: Understanding concepts and Applications. Washington, DC.: American Psychological Association, 2004, pp. 99-136.
- Thomas W. Lee and Terence R. Mitchell (1994). An Alternative Approach: The Unfolding Model of Voluntary Employee Turnover, *The Academy of Management Review*, Vol. 19(1), 51-89
- Turker, D. (2009). Measuring Corporate Social Responsibility: A scale Development study. *Journal of Business Ethics*, 85 (4), 411-427.
- Ullman, J.B. (2001). Structural equation modeling. In Tabachnick, B.G & Fidell, L.S. (Eds), *Using multivariate Statistics* (4<sup>th</sup>ed.). Needham Heights, MA: Allyn & Bacon.
- Urde, M. (1999). Brand orientation: A mindset for building brands into strategic resources. *Journal of Marketing Management*, 15, 117-133.
- Urde, M. (2003). Core Value based corporate brand building. *European Journal of Marketing*, 37 (7/8).
- Van Saane, N., Sluiter, J. K., Verbeek, J. H.-A.M., & Frings-Dresen, M. H. W., Reliability and validity of instruments measuring job-satisfaction-a systematic review, *Occupational Medicine*, 53, 2003, pp.191-200.
- Van der Wiele, T., Kok, P., McKenna, R., & Brown, A. (2001). A Corporate Social Responsibility Audit within a Quality Management Framework. *Journal of*

*Business Ethics*, 31(4), 285–297. <https://doi.org/10.1023/A:1010767001610>

- Velde, E. V., Vermeir, W., & Corten, F. (2005). Finance and accounting: Corporate Social Responsibility and financial performance. *Corporate Governance*, 5(3), 129-138. Venugopal, P. (2010). "Commitment without capability, is useless, when it comes to CSR activities. *Social Responsibility of Business domain*, 3.
- Verschoor, C. C. (2005). Should all companies report on their corporate responsibility *Strategic Finance Montvale*, 87 (5), 17-18.
- Vijaya, P., & Divya, N. (2014). Impact of Corporate Social Responsibility Initiatives of Indian Banking Sector. *International Research Journal of Business and Management- IRJBM*, 7(12), 29-37.
- Vilke, R. (2011). CSR development problems in Lithuania: Evaluation of promoting and hindering factors. *Social Responsibility Journal*. 7(4), pp.604.621.
- Vintila, Georgetta., & Florinita. (2013). A study of the relationship between Corporate Social Responsibility-Financial Performance- Firm Size. *Revista Romania de Statistica Trim. 1/2013-Supliment*
- Vo, D. (2013). Corporate Governance and firm's Performance: Empirical Evidence from Vietnam. *Journal of Economic Development*, Vol 218, DOI-10.24311/JED/ 2013.218.08
- Vijayalakshmi, C. (2017). Brand Building Through Corporate Social Responsibility: An Evaluation of Indian Experience (Master's thesis, University of Calicut). Retrieved from <http://www.shodganga.com>.
- Virvilaite, R., & Daubaraite, U. (2011). Corporate Social Responsibility in Forming Corporate Image. *Inzinerine Ekonomika-Engineering Economics*, 22 (5), 534-543 .
- Vivek, S.D. (2009). a scale of customer engagement. Department of management and marketing, the university of Alabama, tuscaloosa.
- Waters, R.D., & Ott, H.K. (2014). Corporate Social Responsibility and the Nonprofit sector: Assessing the Thoughts and practices Across Three Nonprofit Subsector. *Public Relation Journal*, 8(3), 1-18



- Wall, E. (2008). Creating value through corporate social responsibility programs. [http://www.law.com/jsp/law/careercenter/lawArticleCareer\\_Center.jsp?Id=1202423541991](http://www.law.com/jsp/law/careercenter/lawArticleCareer_Center.jsp?Id=1202423541991).
- Wankhade, V. (2014). Analysis of CSR spending of Indian Companies. *Abinav*, 3 (4).
- Warhurst, & Alyson. (n.d.). Corporate Citizenship and Corporate Social Investment. *Journal of Corporate Citizenship*, Washington, D.C: American Psychological Association, 2000, pp 201-230.
- Weber, M. (2008). The business case for corporate social responsibility: A company level measurement approach for CSR. *European Management Journal*, 26(4), 247-261.
- Werther, W. B., & Chandler, D. (2010). Strategic Corporate Social Responsibility stakeholders in a global environment (Sage South Asia edition, 2nd ed.).
- Williams, M., Abigail, & Seigel, D. S. (2010). "Creating and capturing value- Strategic Corporate Social Responsibility, Resource based theory and sustainable competitive advantage". *Journal Of Management*, 37 (5).
- Windsor, D. (2001). The future of Corporate Social Responsibility. *International Journal of Organisational Analysis*, 9 (3), 225-256.
- Worthington, S., Russell-Bennett, R., & Harttel, C. (2009). A tri-dimensional approach for auditing brand loyalty. *Journal of Management*. Vol. 17, DOI: 10.1057/bm.2009.24
- Wong, H. et al. (2012). A Predictive Computational Model of the dynamic 3D inter phase yeast nucleus. *Curr Bio*/22 (20): 1881-90
- Wolf, R. (2013). Corporate Social Responsibility as a tool to increase happiness among workers in an organisation. *Prabandhan: Indian Journal of Management*, 6 (3), 45-49.
- Wu, M. L. (2006). Corporate Social Performance, Corporate financial performance and firm size: A meta-analysis. *Journal of American Business*, Weiss, D. J., Dawis, R. V., England, G. W., and Lofquist, L. H., *Manual for the Minnesota Satisfaction Questionnaire* (Minneapolis: Minnesota Studies in Vocational Rehabilitation, Bulletin 45.1965), p. 22 *an Academy of Business*, 8 (1), 163-171.

- Yoo, H., & Kim, J. (2017). Creating and Sharing a bigger value: A dual process model of inter-firm CVS relative to firm performance. *Journal of Business Research*, xxx (xxxx)
- Yuan, K.-H., & Bentler, P. M., On chi-square difference and z tests in mean and covariance Structure analysis when the base model is misspecified, *Educational and Psychological Measurement*, 64, 2004, 737-757.
- Yusof, J.M., Manam, H.A., Karim, N.A., & Kassim, N.A.M. (2015). Customer's loyalty effects of CSR Initiatives. *Social and Behavioural Sciences*, 170, pp. 109-119
- Yunanqiong, H., & Lai, K. K. (2014). The effect of Corporate Social Responsibility on brand loyalty: the mediating role of brand image. *Total Quality Management and Business Excellence*, 25 (3)
- Zaccheaus, S.A., Oluwaghemiga, O.E., & Olugbenga, O.M. (2014). Effects of Corporate Social Responsibility Performance (CSR) on Stock prices: Empirical study of listed manufacturing Companies in Nigeria. *IOSR Journal of Business and Management*, 16(8), pp.112-117
- Zhang, X. (2012). Corporate Social Responsibility, Corporate Financial Performance, relationship, Stakeholder theory (*Master's Thesis, Jonkoping International Business School, Jonkoping University*)
- Zhang, M., & Guo, L. (2016). Influence of Customer engagement with company social networks on stickiness: Mediating effect of customer value creation. *International Journal of Information Management*, 37, 229-240
- Zhilong, T., Rui, W., & Wen, Y. (2011). Consumer Responses to Corporate Social Responsibility (CSR) in China. *Journal of Business Ethics*, 101 (2), 197.

## Websites Used

[www.vcsdata.com/](http://www.vcsdata.com/)

[www.thehindubusinessline.com/features/investment-](http://www.thehindubusinessline.com/features/investment-)

[world/article1492583.ecewww.reputare.in/related-articles/corporate-social-responsibility-articles/trust-and-Corporate-social-responsibility-lessons-from-](http://world/article1492583.ecewww.reputare.in/related-articles/corporate-social-responsibility-articles/trust-and-Corporate-social-responsibility-lessons-from-india)

[indiawww.businessdictionary.comwww.managementparadise.com](http://indiawww.businessdictionary.comwww.managementparadise.com)

[www.ibef.comwww.investopedia.comwww.Triplepundit.com](http://www.ibef.comwww.investopedia.comwww.Triplepundit.com) [www.marketinglessons.in](http://www.marketinglessons.in)

[www.tradingeconomics.comwww.annualreports.comwww.managementstudygui](http://www.tradingeconomics.comwww.annualreports.comwww.managementstudygui)

[de.comwww.theadvertisingclub.netwww.slideshare.netwww.indiancsr.in](http://de.comwww.theadvertisingclub.netwww.slideshare.netwww.indiancsr.in)

[www.wikipedia.orghttp://twitter.com/waynevisserhttp://twitter.com/ethics](http://www.wikipedia.orghttp://twitter.com/waynevisserhttp://twitter.com/ethics) blogger

<https://twitter.com/katherinetiew>

<https://www.csr.gov.inwww.mca.gov.inwww.csrindia.com> <https://csrbox.org>

[www.csftime.com](http://www.csftime.com) <https://ww.pwc.in>pdf> <https://www.india.briefing.com>

[www.ecostat.kerala.gov.in](http://www.ecostat.kerala.gov.in)

<https://www.ima.india.org>

## **ANNEXURE**



10. Existing condition

- a) Hypertension       b) Asthma       c) GERD   
 d) Cancer       e) Diabetes       f) Any other (specify)...

Following are some statements about the survey items for measuring six constructs of the research model. Please read the following statements and put a tick mark (✓) in your desired column.

5=strongly agree, 4=Agree, 3=Neutral, 2=slightly agree & 1=Strongly Disagree

**CORPORATE SOCIAL RESPONSIBILITY**

| Number                                   | Statements  | Response |   |   |   |   |
|--|---|----------|---|---|---|---|
|  |   | 5        | 4 | 3 | 2 | 1 |
| <b>Economic responsibility/Dimension</b> |   |          |   |   |   |   |
| 1.                                       | This hospital generates adequate employment opportunities through its operations.   |          |   |   |   |   |
| 2.                                       | This hospital strives to vitalize the regional economy.                             |          |   |   |   |   |
| 3.                                       | This hospital strives for sustainable growth of this region.                        |          |   |   |   |   |
| 4.                                       | This hospital strives to support economy.   |          |   |   |   |   |
| 5.                                       | This hospital provides services with reasonable price.                              |          |   |   |   |   |
| <b>Legal Responsibility/Dimension</b>    |   |          |   |   |   |   |
| 6  | This hospital sets up reasonable and acceptable medical rules.                      |          |   |   |   |   |
| 7.                                       | This hospital enforces others to follow medical rules.                              |          |   |   |   |   |
| 8.                                       | This hospital has established an appropriate regulation for customer's to abide by. |          |   |   |   |   |

|   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| 9.  | This hospital strives to abide by the regulations related to hospital customers.                      |  |  |  |  |  |
| 10.   | This hospital follows legal responsibly governing almost every aspect of their operations.            |  |  |  |  |  |
| <b>Ethical responsibility/Dimension</b>       |   |  |  |  |  |  |
| 11.   | This hospital has established ethical guidelines for customer services activities.                    |  |  |  |  |  |
| 12.   | This hospital strives to become an ethically trustworthy hospital.                                    |  |  |  |  |  |
| 13.   | This hospital strives to root out irregularities.   |  |  |  |  |  |
| 14.   | This hospital makes efforts to treat customers based on ethical guidelines.                           |  |  |  |  |  |
| 15.   | This hospital follows ethical responsibilities concern societal expectations that go beyond the law.  |  |  |  |  |  |
| <b>Philanthropic responsibility/Dimension</b> |   |  |  |  |  |  |
| 16.   | This hospital participates in a variety of voluntary activities by starting company voluntary groups. |  |  |  |  |  |
| 17.   | This hospital supports education and other health related programs for people residing in the region. |  |  |  |  |  |
| 18.   | This hospital support social welfare projects for the under privileged in the region.                 |  |  |  |  |  |
| 19.   | This hospital also involves donating employees' expertise time to worthy cause.                       |  |  |  |  |  |
| 20.   | This hospital activity for participating voluntarily to improving the quality of community life.      |  |  |  |  |  |

## CUSTOMER'S PERCEIVED BENEFIT

| Statements                        |   | 5 | 4 | 3 | 2 | 1 |
|-----------------------------------|---|---|---|---|---|---|
| 1.                                | This hospital's CSR activities have directly/indirectly benefitted me.  |   |   |   |   |   |
| 2.                                | This hospital provided physical facilities, equipment's; personnel & communication material have benefitted me. |   |   |   |   |   |
| 3.                                | This hospital tries to perform service accurately.  |   |   |   |   |   |
| 4.                                | This hospital provides its services, at the time if promise to do so.   |   |   |   |   |   |
| 5.                                | This hospital gives caring & individual attention, which also benefitted me.                                    |   |   |   |   |   |
| 6.                                | This hospital has operating hours convenient to all its customers.  |   |   |   |   |   |
| 7.                                | This hospital responds to customer's request promptly even if they are busy.                                    |   |   |   |   |   |
| <b>IDENTIFICATION</b>             |   |   |   |   |   |   |
| 8.                                | I feel strong ties with this hospital.  |   |   |   |   |   |
| 9.                                | I experience a strong sense of belonging to this.   |   |   |   |   |   |
| 10.                               | I feel proud to work for this hospital.   |   |   |   |   |   |
| 11.                               | I am glad to be a member of this hospital.  |   |   |   |   |   |
| 12.                               | I feel happy to work for this hospital.   |   |   |   |   |   |
| <b>CUSTOMER ENGAGEMENT</b>        |   |   |   |   |   |   |
| <b>I. Conscious Participation</b> |   |   |   |   |   |   |
| 13.                               | Any kind of activities done by the hospital grabs my attention.   |   |   |   |   |   |
| 14.                               | I always like to involve in the hospitals activities.   |   |   |   |   |   |
| 15.                               | I pay more attention to anything about the hospital's action.   |   |   |   |   |   |
| <b>II. Social Interaction</b>     |   |   |   |   |   |   |
| 16.                               | I love to participate in hospital's service related activities more when I am with others.                      |   |   |   |   |   |
| 17.                               | I am passionate to be a part of services related activities of the hospital, when I am with others.             |   |   |   |   |   |



|                               |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|
| 18.                           | Participation in the hospital's service related activities provides me more fun when other people around me do it too. |  |  |  |  |  |
| <b>GRATITUDE</b>              |  |  |  |  |  |  |
| <b>I. Emotional Aspect</b>    |  |  |  |  |  |  |
| 19.                           | I feel grateful to the hospital.   |  |  |  |  |  |
| 20.                           | I feel thankful to the hospital.   |  |  |  |  |  |
| 21.                           | I feel comfortable with the atmosphere in the hospital.  |  |  |  |  |  |
| <b>II. Behavioural Aspect</b> |  |  |  |  |  |  |
| 22.                           | I have provided services to this hospital based on my gratitude for the hospital's extra efforts.                      |  |  |  |  |  |
| 23.                           | This hospital receives a lot of patients and services because it is actually a payback for their past efforts.         |  |  |  |  |  |
| 24.                           | I have given more important to the hospital because I owe it to them.  |  |  |  |  |  |

### CUSTOMER LOYALTY

| No. | Statements   | 5 | 4 | 3 | 2 | 1 |
|-----|--|---|---|---|---|---|
| 1.  | I intend to remain a customer of this hospital.  |   |   |   |   |   |
| 2.  | There is no chance that I will switch into another hospital.                           |   |   |   |   |   |
| 3.  | I will approach exclusively this hospital regarding any other health related services. |   |   |   |   |   |
| 4.  | This hospital is the first choice for me among the same type of hospitals.             |   |   |   |   |   |
| 5.  | I believe this hospital saves my health.   |   |   |   |   |   |
| 6.  | I say only positive things about the services offered by my hospital.                  |   |   |   |   |   |
| 7.  | I will recommend my hospital to other people.  |   |   |   |   |   |
| 8.  | I wish to make word of mouth recommendation about this hospital.                       |   |   |   |   |   |

*Thank you*

## QUESTIONNAIRE – 2 (OFFICIALS)

1. Does your hospital engage in CSR? Yes/No
2. Do you have CSR committee? Yes/No
3. How many meetings are conducted in a year?  
 1-2       2-3       3-4       4-5       more than 5
4. Number of members in your committee

5) Please tick the most appropriate statement regarding **CSR activities** conducted by your hospital?

(1=Strongly Disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly agree)

|    | <b>Statements</b>  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
|----|--|----------|----------|----------|----------|----------|
| 1  | Socially responsible hospitals strive to cover their operational costs   |          |          |          |          |          |
| 2  | Our hospital should be responsible and accountable in their functioning-whether it be through performance or interactions at every levels of the society |          |          |          |          |          |
| 3  | Primary goal of hospital is to make as much profit rather than conducting CSR  |          |          |          |          |          |
| 4  | Our hospital should not be distracted from their economic functions by solving social problems   |          |          |          |          |          |
| 5  | We take measures to ensure safety of employees   |          |          |          |          |          |
| 6  | Our hospital strives to comply with all the state laws and regulations   |          |          |          |          |          |
| 7  | Our hospital must operate strictly within the legal framework of the society   |          |          |          |          |          |
| 8  | It is sometimes expedient for hospitals to violate some laws and regulations   |          |          |          |          |          |
| 9  | Government has supported us in CSR   |          |          |          |          |          |
| 10 | Our hospital should not compromise ethical norms of the society in order to achieve hospital goals   |          |          |          |          |          |
| 11 | Our hospital socially responsible to do what is right, fair and just   |          |          |          |          |          |

|    |   |  |  |  |  |  |
|----|---|--|--|--|--|--|
| 12 | Our hospital should avoid doing harm at all cost  |  |  |  |  |  |
| 13 | Our hospital sometimes expedient to engage in questionable practices for economic gains |  |  |  |  |  |
| 14 | Our hospital provide free services to the community                                     |  |  |  |  |  |
| 15 | Our social responsible hospital strives to provide community betterment                 |  |  |  |  |  |
| 16 | Our hospital should actively promote volunteerism                                       |  |  |  |  |  |
| 17 | Our hospital management is ready to commit culture and arts fest for the general public |  |  |  |  |  |
| 18 | We should engage our partner in CSR activities  |  |  |  |  |  |
| 19 | We should have waste management policy  |  |  |  |  |  |
| 20 | We should have environmental management system  |  |  |  |  |  |

**6) Communication methods** used by your hospital to communicate CSR activities to the customers.

(1=Never, 2=Very Rarely, 3=Rarely, 4=Frequently, 5=Very Frequently)

|    | Statements   | 1 | 2 | 3 | 4 | 5 |
|----|--|---|---|---|---|---|
| 1  | We promote our hospital services through newspapers.                             |   |   |   |   |   |
| 2  | Our hospital promotes services through magazines.                                |   |   |   |   |   |
| 3  | Our hospital uses brochures to communicate services.                             |   |   |   |   |   |
| 4  | We always publish hospital services through annual reports.                      |   |   |   |   |   |
| 5  | Our hospital publishes sustainability report every year                          |   |   |   |   |   |
| 6  | Our hospital use poster/wall painting to display the activities conducted by us. |   |   |   |   |   |
| 7  | Our hospital communicate services through social networking sites                |   |   |   |   |   |
| 8  | We display our services through Television                                       |   |   |   |   |   |
| 9  | We communicate services through Radio  |   |   |   |   |   |
| 10 | We publish hospital services in our official hospital websites                   |   |   |   |   |   |
| 11 | We expose our services in movies   |   |   |   |   |   |
| 12 | We use celebrity to services of the hospital                                     |   |   |   |   |   |

7) Please tick appropriate statement regarding **Hospital Reputation** generated by the CSR practices.

(1=Strongly Disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly agree)

|   | Statements   | 1 | 2 | 3 | 4 | 5 |
|---|--|---|---|---|---|---|
| 1 | Our hospital improves the quality of management by the CSR practices   |   |   |   |   |   |
| 2 | Our hospital's external image increased by the CSR practices   |   |   |   |   |   |
| 3 | Our hospital's service as well as the satisfaction of the hospital's customers improved by the CSR practices |   |   |   |   |   |
| 4 | Our hospital assess the importance of the trust of the stakeholders with regard to the competition           |   |   |   |   |   |
| 5 | A favourable public image can be achieved by showing involvement in socially responsible activities          |   |   |   |   |   |

8) Which are the CSR activities mostly used by your hospital?

- Employee welfare                       Environment protection   
 Animal welfare                       Consumer welfare   
 Community development                       Sports promotion   
 Women empowerment

9. Please tick the percentage of income spent by your hospital for CSR initiatives in the last five years

| Year | Percentage |       |       |       |       |
|------|------------|-------|-------|-------|-------|
|      | 0.5-1      | 1-1.5 | 1.5-2 | 2-2.5 | 2.5-3 |
| 2014 |            |       |       |       |       |
| 2015 |            |       |       |       |       |
| 2016 |            |       |       |       |       |
| 2017 |            |       |       |       |       |
| 2018 |            |       |       |       |       |

11 Name (Optional):

13. Designation:

14. Department:

17. Experience in the Hospital

Below 1 year

1-2 years

above 2 years

Thank you