INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN BUSINESS & SOCIAL SCIENCES

Vol 15, Issue 8, (2025) E-ISSN: 2222-6990

The Organizational Practices, Partnership Initiatives, and Social Responsibility as the Main Attributes for a Sustainable Hospital in the UAE

Ma. Rona P. Del Carmen
University of Perpetual Help System Laguna-Philippines
Email: researchqa@uphsl.edu.ph

Dr. Susana Bautista
University of Perpetual Help System Laguna-Philippines
Email: Bautista.susana@uphsl.edu.ph

DOI Link: http://dx.doi.org/10.6007/IJARBSS/v15-i8/26041

Published Date: 03 August 2025

Abstract

A sustainable hospital is dedicated to long-term environmental, economic, and social responsibility, ensuring that healthcare services are provided in a way that meets present needs while safeguarding the resources and well-being of future generations. According to Raškaj (2023), organizational practices that effectively optimize operations and resource utilization, while staying true to an organization's core values, beliefs, and behaviors, have evolved beyond being buzzwords to become powerful catalysts for improving organizational performance. These practices are not only pivotal in enhancing hospital efficiency but also in fostering a culture that prioritizes sustainability across all levels of operation, from energy conservation to social and community impact, ensuring hospitals contribute positively to both public health and the environment. In this context, this study looked into the constructs of the organizational practices, partnership initiatives, and social responsibility. This stems from the growing global demand for environmentally and socially responsible healthcare systems, and the urgent need to integrate sustainability into hospital operations. This research contributes valuable insights by highlighting practical strategies that healthcare institutions can adopt to enhance sustainability. It also serves as a guide for hospital leaders, policymakers, and stakeholders in creating healthcare environments that not only meet present needs but also ensure long-term community and environmental well-being. In addition this offers further motivation to healthcare practitioners and potential investors by demonstrating the strategic value of sustainability-oriented practices in healthcare settings. This study employed a descriptive-correlational research design to describe the level and correlate the said variables of the study. A sample size of 30 respondents was selected through random sampling from 30 selected supply chain procurement in hospitals in the UAE. A survey instrument that was modified and adopted from prior studies was employed after

being validated by the experts and was tested for its reliability using Cronbach's alpha measure of internal consistency. The findings revealed that "Others (private specialized hospitals)" is the most common hospital category, followed by community, specialty, and general service hospitals. A hierarchical structure is dominant, and most hospitals employ over 401 staff and have over 401 beds. Respondents strongly agreed on the effectiveness of organizational practices (3.55), with internal practices scoring higher (3.77) than external practices (3.33). Sustainability initiatives received strong support (3.39), with technology collaborations ranking highest (3.58), followed by public-private partnerships (3.41), and community partnerships (3.19). Social responsibility practices also received strong support (3.31). There was no significant difference in social responsibility or sustainability practices across hospitals based on their profile variables. However, a moderate correlation (r = .590) between organizational practices and sustainability suggests improved practices lead to better sustainability outcomes. A moderate correlation between organizational practices and social responsibility (r = .352) lacked statistical significance, indicating no relationship between the two. In conclusion, the study emphasizes the importance of organizational practices, sustainability, and social responsibility in UAE hospitals. The positive feedback on these practices highlights their effectiveness in improving healthcare services, promoting employee well-being, and enhancing community involvement. Hospital management is encouraged to continue strengthening internal and external strategies while focusing on technology collaborations and community partnerships. There is consistency in the implementation of sustainability and social responsibility across hospitals, regardless of size or structure.

Keywords: Organizational Practices, Partnership Initiatives, Social Responsibility, Collaboration, Sustainable Practices

Introduction

A sustainable hospital embodies a commitment to long-term environmental, economic, and social stewardship, ensuring that healthcare delivery meets current needs without compromising the well-being of future generations. Raškaj (2023) asserts that effective organizational practices, which optimize operations and resource utilization while aligning with the organization's shared values, beliefs, and behaviors, have transcended mere corporate jargon to become a potent driver of organizational efficacy.

Szydło and Grześ-Bukłaho (2020) posit that organizational practices stem from diverse sources, with the beliefs of the management being a primary influence. Managements typically define a vision and direction for the organization in its growing stages, significantly shaping its operations. Ferry et al. (2021) argue that health services, as a service-oriented industry, deliver intangible products such as medical care and heavily rely on human resources (HR) to implement and manage these services.

Health service practices in hospitals are now approached as a service business that considers both service quality and environmental impact (Saifudin et al., 2020). In an increasingly competitive market, organizations must adopt strategies to ensure their success and longevity. Nightingale (as cited in Ashley & Parumasur, 2024) underscores the critical nature of organizational practices in creating a secure healthcare system, necessitating a culture of learning and openness for employees to express their views. Adherence to

regulations and involving patients are also pivotal in upholding high standards of care and operational excellence.

The successful integration of cross-sectoral practices in healthcare development hinges on the distinctive specializations and advantages of both the public and private sectors. Leveraging these strengths yields a multiplier effect by optimizing resource utilization within partnerships and individually. Long-standing global experience underscores the efficiency and effectiveness of partnerships. Notably, countries such as the United Kingdom, United States, France, Germany, Spain, Italy, Canada, Australia, and those in Central and Eastern Europe have extensively utilized contracts with the private sector for healthcare services (Report, 2021).

The World Health Organization (2020) has spearheaded global and regional health partnerships, focusing on technical assistance, research, advocacy, and resource mobilization for disease programs. These partnerships aid governments in developing health policies, securing resources, and enhancing public health. Key themes include equality among partners, shared goals, and mutual benefits.

Carlton and Singh (as cited in Ovcharova & Grabowska, 2022) underscore the pivotal role of hospital partnerships in enhancing healthcare and broadening community impact through collaborations with healthcare providers, academic institutions, and private organizations. These partnerships foster innovation, resource sharing, and improved patient outcomes. Similarly, hospitals' collaborations with community organizations are crucial for addressing both medical and nonmedical needs. Lshchenko, Yuristovska (2020), and Petrik (2020) analyzed the challenges of various hospital partnership models and the implementation of PPPs in public administration, with regulations outlining key requirements for these partnerships.

Moreover, Effective management of private hospitals relies on robust information systems that integrate both financial and non-financial data. Within this framework, communication and social responsibility are pivotal drivers of organizational performance (Bitencourt & Santini et al., 2020). Social responsibility (SR) introduces a new business model by voluntarily incorporating economic, social, and environmental considerations into operations and strategy (Sánchez & Yañez-Araque, 2020). Ultimately, hospitals thrive by aligning profitability with purpose—where social responsibility meets business success.

It should be noted that social responsibility (SR) has become a fundamental aspect of business operations, reflecting the organization's culture rather than just corporate behavior. CSR initiatives are considered vital for achieving success (Ni & Van Wart, as cited in Lia, Tian et al., 2020). Investing in CSR can boost a company's reputation as a responsible entity and provide various management benefits. Modern SR emphasizes the "triple bottom line" of people, profit, and the environment (Coombs & Holladay, 2020), aiming to fulfill public expectations and enhance social welfare through strategic policies and decisions.

However, despite these numerous studies that investigated about organizational practices, partnership initiatives, and social responsibility, no study yet has been conducted

particularly in the UAE which talks about organizational practices, partnership initiatives, and social responsibility among supply chain procurement personnel.

Thus, this study determined the organizational practices, partnership initiatives, and social responsibility as the main attributes of a sustainable hospital in the UAE and eventually gives study served as feedback to them on the organizational practices, partnership initiatives, and social responsibility. Likewise, it provides baseline data to hospitals on how organizational practices, partnership initiatives, and social responsibility, is important to a hospital's sustainability to achieve common goals. Lastly, it also served as a basis for a proposed action plan to improve organizational practices, partnership initiatives, and social responsibility.

Methods

This study on determining the organizational practices, partnership initiatives, and social responsibility as the main attributes for a sustainable hospital in the UAE utilized a descriptive-correlational research design. Copeland (2022) stated that the aim of descriptive research is to describe a phenomenon and its characteristics. This research was more concerned with what rather than how or why something had happened. Correlational research refers to a non-experimental research method that studied the relationship between two variables with the help of statistical analysis. Correlational research did not study the effects of extraneous variables on the variables under study. In particular, this study probed relationships, through correlation, between the organizational practices, partnership initiatives, and social responsibility as the main attributes for a sustainable hospital in the UAE.

The primary sources of data were the selected supply chain procurement personnel in hospitals in the UAE. Only the empirical data generated from them were statistically treated and analyzed in this study.

The population of the study consisted of the 30 selected supply chain personnel in hospitals in the UAE. The actual sample of 30 was computed using the Raosoft Calculator and chosen through the simple random sampling method (Rahi, 2020) with a confidence level of 95% and a margin of error of 5%. The actual selection of the respondents was done using simple random sampling technique. The study was conducted within calendar year 2024-2025.

A self-made questionnaire was utilized to acquire the necessary primary data for the study. The instrument was divided into four (4) parts. Part 1 dealt with the hospital profile, Part 2 pertained to organizational practices, Part 3 covered partnership initiatives, and Part 4 addressed social responsibility as the main attributes for sustainable hospitals. The researcher sought the advice of her adviser to assess the substance and suitability of the items. Then, the questionnaire was sent for face validation to a panel of experts consisting of a researcher, statistician, and a specialist in the field. The suggestions and recommendations of the panel were incorporated into the draft of the questionnaire.

Thereafter, the instrument was statistically subjected to a content validation process using Cronbach's Alpha. The computed Cronbach's alpha coefficient for the Organizational practices indicators. was 737 (acceptable); for sustainability indicators it was .828 (good) and for social responsibility indicators, it was .855 (good) indicating that the data collected by the researcher were valid and reliable.

Result and Discussion

Table 1

Profile of the Hospitals in UAE

Profile Variables	Frequency	Percentage
Class		
Community	5	16.7
General service	4	13.3
Intensive care	3	10.0
Semi-government	3	10.0
Ambulatory	3	10.0
Specialty (long-term)	4	13.3
Private	2	6.7
Others	6	20.0
Organizational set-up		
Hierarchical	13	43.3
Functional	11	36.7
Multi-specialty	3	10.0
Others	3	10.0
Number of employees		
200 and below	10	33.3
201 to 400	7	23.3
401 and above	13	43.3
Bed Capacity		
200 and below	14	46.7
201-400	6	20.0
401 and above	10	33.3
Specialization		
General	11	36.7
Women and children	3	10.0
All types	6	20.0
Bone and joint	2	6.7
Respiratory	3	10.0
Others	5	16.7
N=30		

Table 1 present the profile of hospitals in the UAE. Among the 30 hospitals surveyed, the most prevalent type is categorized as "Others (private specialized hospitals)," comprises 6 (20%), followed closely by Community 5 (16.7%) Specialty hospital 4 (13.3%), and general service hospitals make up 4 (13.3%). Intensive care, semi-government, and ambulatory hospitals each constitute 3(10%), Private hospitals represent the smallest segment, comprising only 2 (6.7%).

In terms of organizational setup, a significant majority of hospitals operate under a hierarchical structure 13 (43.3%), with functional models following at 11 (36.7%) Multi-specialty and Others 3 (10%).

Regarding workforce size, hospitals with 401 or more employees make up the largest group, with 13 facilities (43.3%), followed by those with 200 or fewer employees (10 hospitals, 33.3%) and those employing 201 to 400 staff (7 hospitals, 23.3%)

Bed capacity distribution shows that nearly half (14 hospitals, 46.7%) have 200 or fewer beds, while 10 (33.3%) have more than 401 beds, and 6 (20.0%) fall within the 201-400 range.

In terms of specialization, general hospitals dominate with 11 facilities (36.7%), followed by multi-specialty hospitals with 6 (20.0%). Women and children's hospitals (3, 10.0%), respiratory care hospitals 3 (10.0%), and bone and joint hospitals 2 (6.7%) have a smaller presence, while other specialized hospitals make up 5 (16.7%).

The results show that 20% of the hospitals composed of “others” (private specialized hospitals), 43.30 % was in hierarchical set-up and with 401 and above number of employees. Nearly majority or 46.7% has a bed capacity of 200 beds and below and 36.7% were specializing general as specialization.

Table 2
Organizational Practices: Internal

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Hospitals create SOPs for clinical activities, from admissions to discharge, to ensure consistent and high-quality care.	3.73	Strongly Agree	4
2. Hospitals implement efficient systems to manage appointments, surgeries, and ER visits, reducing wait times and optimizing resources.	3.83	Strongly Agree	3
3. Hospitals provide ongoing professional development for staff to ensure they stay current with the latest healthcare practices and technologies.	3.90	Strongly Agree	1.5
4. Hospitals perform regular staff performance reviews and appraisals to ensure accountability and uphold high standards of care.	3.57	Strongly Agree	6
5. Hospitals create emergency plans to manage crises such as natural disasters, disease outbreaks, or mass casualty events.	3.90	Strongly Agree	1.5
6. Hospitals regularly gather feedback from patients through surveys, suggestion boxes, or digital platforms to improve service delivery.	3.70	Strongly Agree	5
Overall Weighted Mean	3.77	Strongly Agree	

Table 2 presents the organizational practices of hospitals in the UAE in terms of internal practices.

As seen in the table, indicator 3 “Hospitals provide ongoing professional development for staff to ensure they stay current with the latest healthcare practices and technologies” was ranked 1.5, with a weighted mean of 3.90, verbally interpreted as “strongly agree.” Indicator 5 “Hospitals create emergency plans to manage crises such as natural disasters,

disease outbreaks, or mass casualty events" also received a rank of 1.5, with a weighted mean of 3.90, verbally interpreted as "strongly agree."

Indicator 2 "Hospitals implement efficient systems to manage appointments, surgeries, and ER visits, reducing wait times and optimizing resources" was ranked 3, with a weighted mean of 3.83, verbally interpreted as "strongly agree." Indicator 1 "Hospitals create SOPs for clinical activities, from admissions to discharge, to ensure consistent and high-quality care" was ranked 4, with a weighted mean of 3.73, verbally interpreted as "strongly agree."

Indicator 6 "Hospitals regularly gather feedback from patients through surveys, suggestion boxes, or digital platforms to improve service delivery" was ranked 5, with a weighted mean of 3.70, verbally interpreted as "strongly agree." Indicator 4 "Hospitals perform regular staff performance reviews and appraisals to ensure accountability and uphold high standards of care" was ranked 6, with a weighted mean of 3.57, verbally interpreted as "strongly agree."

The overall weighted mean of 3.77 indicates that the organizational practices in UAE hospitals are "strongly agreed" upon. This suggests that the hospitals provide ongoing professional development for staff to ensure they stay current with the latest healthcare practices and technologies and create emergency plans to manage crises such as natural disasters, disease outbreaks, or mass casualty events.

The findings affirm with the study of Hospitals prioritize internal service quality to enhance operations and interdepartmental collaboration. Skarpeta et al. (2020) emphasized key factors in achieving high standards, while Moores and Reynoso (as cited in Pane & Setyadi, 2022) highlighted the role of internal interactions in service delivery. Effective internal services support healthcare staff, improving performance and job satisfaction. Parasuraman et al. (2020) identified five service quality dimensions—Tangibles, Reliability, Responsiveness, Assurance, and Empathy—which align with hospitals' organizational practices to ensure efficiency, employee support, and quality patient care.

Table 3
Organizational Practices: External

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Hospitals share performance data, patient outcomes, and quality measures to build trust with the community.	3.03	Agree	5
2. Hospitals expand access through telemedicine, particularly in underserved areas, to enhance convenience and reach a larger number of patients.	3.57	Strongly Agree	2
3. Hospitals participate in health policy discussions and advocate for legislation that supports public health initiatives.	3.30	Strongly Agree	4
4. Hospitals engage in environmentally friendly practices, such as reducing waste and energy consumption, to promote public health.	3.50	Strongly Agree	3
5. Hospitals provide care that respects and responds to the cultural and linguistic needs of diverse patient populations.	3.60	Strongly Agree	1
6. Hospitals ensure that healthcare services are accessible to all individuals, regardless of socioeconomic status.	2.97	Agree	6
Overall Weighted Mean	3.33	Strongly Agree	

Table 3 presents the organizational practices of hospitals in the UAE in terms of external practices.

As seen in the table, indicator 5 “Hospitals provide care that respects and responds to the cultural and linguistic needs of diverse patient populations” was ranked 1, with a weighted mean of 3.60, verbally interpreted as “strongly agree.” Indicator 2 “Hospitals expand access through telemedicine, particularly in underserved areas, to enhance convenience and reach a larger number of patients” was ranked 2, with a weighted mean of 3.57, verbally interpreted as “strongly agree.”

Indicator 4 “Hospitals engage in environmentally friendly practices, such as reducing waste and energy consumption, to promote public health” was ranked 3, with a weighted mean of 3.50, verbally interpreted as “strongly agree.” Indicator 3 “Hospitals participate in health policy discussions and advocate for legislation that supports public health initiatives” was ranked 4, with a weighted mean of 3.30, verbally interpreted as “strongly agree.”

Indicator 1 “Hospitals share performance data, patient outcomes, and quality measures to build trust with the community” was ranked 5, with a weighted mean of 3.03, verbally interpreted as “agree.” Indicator 6 “Hospitals ensure that healthcare services are accessible to all individuals, regardless of socioeconomic status” was ranked 6, with a weighted mean of 2.97, verbally interpreted as “agree.”

The overall weighted mean of 3.33 indicates that the organizational practices in UAE hospitals in terms of external practices are “strongly agreed” upon. This suggests that

hospitals provide care that respects and responds to the cultural and linguistic needs of diverse patient populations and hospitals expand access through telemedicine, particularly in underserved areas, to enhance convenience and reach a larger number of patients.

The results affirm the study of Smith and Johnson (2020) found that patient engagement initiatives, such as shared decision-making and self-management programs, improve treatment adherence, health outcomes, and satisfaction. Similarly, Carman et al. (as cited in Alkhatib, Zoubi et al., 2024) highlighted that patient participation in chronic disease management positively influences medication adherence, lifestyle changes, and monitoring. Ryan et al. (2020) further demonstrated that digital tools like mobile apps and telehealth enhance patient engagement, access to information, and communication with providers. These external practices align with hospitals' organizational strategies by fostering patient-centered care, strengthening community relations, and leveraging technology for improved healthcare delivery.

Table 4
Summary Table of the Organizational Practices in UAE

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Internal	3.77	Strongly Agree	1
2.External	3.33	Strongly Agree	2
Overall Weighted Mean	3.55	Strongly Agree	

Table 4 presents the summary of organizational practices in UAE hospitals.

As shown in the table, internal organizational practices received the highest rating (3.77), while external organizational practices followed with a weighted mean of 3.33.

The overall weighted mean of 3.55 signifies that respondents "Strongly Agree" on the effectiveness of these organizational practices. These findings suggest that robust internal systems and effective external collaborations are critical components for enhancing hospital performance in the UAE.

The results of the study affirm with Al-Fadhli, S., & Hossain, (2021) highlights how structured internal systems contribute to overall hospital effectiveness and operational efficiency. Baker, & Singh, (2022), explores the correlation between external partnerships and improved healthcare outcomes, shedding light on strategies for enhancing external organizational practices in the UAE, and Khan, & Khamis, (2023) investigates various organizational practices across hospitals in the Middle East, emphasizing the importance of both internal and external practices for optimal performance.

Table 5
Sustainability of Hospitals in UAE: Public-Private Partnerships

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Hospitals collaborate with private firms to build and maintain healthcare facilities, ensuring modern design and energy-efficient systems.	3.53	Strongly Agree	1
2. Hospitals partner with private entities to provide shared services such as IT, logistics, and facility management, enhancing operational efficiency and reducing costs.	3.40	Strongly Agree	3.5
3. Hospitals work with private companies and universities on research initiatives to develop sustainable healthcare solutions and enhance patient care technologies.	3.40	Strongly Agree	3.5
4. Hospitals collaborate with private organizations to develop and implement green initiatives, including waste management and energy conservation programs.	3.37	Strongly Agree	5
5. Hospitals engage private sector and public sector expertise to train healthcare professionals in sustainable practices and new technologies.	3.27	Strongly Agree	6
6. Hospitals undertake joint initiatives with private and public partners to promote public health awareness, encouraging preventive care and healthy lifestyles.	3.47	Strongly Agree	2
Overall Weighted Mean	3.41	Strongly Agree	

Table 6 presents the sustainability of hospitals in the UAE in terms of public-private partnerships.

As seen in the table, indicator 1 “Hospitals collaborate with private firms to build and maintain healthcare facilities, ensuring modern design and energy-efficient systems” was ranked 1, with a weighted mean of 3.53, verbally interpreted as “strongly agree.” Indicator 6 “Hospitals undertake joint initiatives with private and public partners to promote public health awareness, encouraging preventive care and healthy lifestyles” was ranked 2, with a weighted mean of 3.47, verbally interpreted as “strongly agree.”

Indicators 2 and 3, which are “Hospitals partner with private entities to provide shared services such as IT, logistics, and facility management, enhancing operational efficiency and reducing costs” and “Hospitals work with private companies and universities on research initiatives to develop sustainable healthcare solutions and enhance patient care technologies,” were both ranked 3.5, with a weighted mean of 3.40, verbally interpreted as “strongly agree.”

Indicator 4 “Hospitals collaborate with private organizations to develop and implement green initiatives, including waste management and energy conservation programs” was ranked 5, with a weighted mean of 3.37, verbally interpreted as “strongly

agree." Indicator 5 "Hospitals engage private sector and public sector expertise to train healthcare professionals in sustainable practices and new technologies" was ranked 6, with a weighted mean of 3.27, verbally interpreted as "strongly agree."

The overall weighted mean of 3.41 indicates that the sustainability practices in UAE hospitals through public-private partnerships are "strongly agreed" upon. This suggests that Hospitals collaborate with private firms to build and maintain healthcare facilities, ensuring modern design and energy-efficient systems and hospitals undertake joint initiatives with private and public partners to promote public health awareness, encouraging preventive care and healthy lifestyles.

The findings affirm with the study of Abeykoon (2022) emphasized that health partnerships involve collaboration across government, private, and non-governmental sectors to enhance healthcare and quality of life. While some see resource-sharing as essential, others view consultation as sufficient. The WHO (2020) categorizes health partnerships into technical support, research, advocacy, and resource mobilization, aiding policy development and public health improvement. Ghebreyesus (2020) stressed that national and global unity are crucial for overcoming health challenges, aligning with the UN's call for long-term recovery strategies.

Table 6
Sustainability of Hospitals in UAE: Collaborations with Technology Firms

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Hospitals collaborate with technology firms provide access to cutting-edge technologies, enabling hospitals to implement advanced healthcare solutions and improve patient care and outcomes.	3.53	Strongly Agree	3.5
2. Hospitals collaborate with technology firms streamlines operations, improving workflows and reducing administrative burdens.	3.43	Strongly Agree	5.5
3. Hospitals collaborate with technology firms can lead to reduced operational costs through automation and optimized resource management.	3.43	Strongly Agree	5.5
4. Hospitals collaborate with technology firms can provide tools for better data management and analytics, helping hospitals make informed decisions and improve service delivery.	3.90	Strongly Agree	1
5. Hospitals collaborates with tech companies facilitate the implementation of telemedicine solutions, increasing patient access and convenience.	3.53	Strongly Agree	3.5
6. Hospitals collaborate with technology experts can support the development of green technologies, such as energy-efficient systems and waste reduction programs.	3.67	Strongly Agree	2
Overall Weighted Mean	3.58	Strongly Agree	

Table 7 presents the sustainability of hospitals in the UAE through collaborations with technology firms.

As seen in the table, indicator 4 “Hospitals collaborate with technology firms to provide tools for better data management and analytics, helping hospitals make informed decisions and improve service delivery” was ranked 1, with a weighted mean of 3.90, verbally interpreted as “strongly agree.” Indicator 6 “Hospitals collaborate with technology experts to support the development of green technologies, such as energy-efficient systems and waste reduction programs” was ranked 2, with a weighted mean of 3.67, verbally interpreted as “strongly agree.”

Indicators 1 and 5, which are “Hospitals collaborate with technology firms to provide access to cutting-edge technologies, enabling hospitals to implement advanced healthcare solutions and improve patient care and outcomes” and “Hospitals collaborate with tech companies to facilitate the implementation of telemedicine solutions, increasing patient access and convenience,” were both ranked 3.5, with a weighted mean of 3.53, verbally interpreted as “strongly agree.”

Indicators 2 and 3, which are “Hospitals collaborate with technology firms to streamline operations, improving workflows and reducing administrative burdens” and “Hospitals collaborate with technology firms to reduce operational costs through automation and optimized resource management,” were both ranked 5.5, with a weighted mean of 3.43, verbally interpreted as “strongly agree.”

The overall weighted mean of 3.58 indicates that the collaborations between hospitals and technology firms in the UAE are “strongly agreed” upon. This suggests Hospitals collaborate with technology firms can provide tools for better data management and analytics, helping hospitals make informed decisions and improve service delivery and Hospitals collaborate with technology experts can support the development of green technologies, such as energy-efficient systems and waste reduction programs.

The results of the study affirm with Desiere (2020) emphasized that digital health has increased the need for seamless collaboration in healthcare. Medical devices now require smooth integration with electronic health records, and patients expect real-time access to health data via secure apps. As digital health expands, major tech companies like Amazon, Google, and Microsoft are entering the healthcare market, with the industry projected to reach USD 508.8 billion by 2027 (Thomason, 2021). These firms collaborate with hospitals to develop advanced health technologies. Velasquez (2024) highlighted that while regulations ensure patient safety, they can slow innovation. Partnering with tech firms enables hospitals to adopt cutting-edge solutions, enhancing efficiency and long-term sustainability.

Table 7
Sustainability of Hospitals in UAE: Community Partnerships

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Hospitals establish partnerships with the community to promote preventive healthcare, focusing on early intervention and education to address health issues before they become severe.	3.27	Strongly Agree	2.5
2. Hospitals establish partnerships with the community to builds trust and encourages local participation in health initiatives, fostering a stronger relationship between hospitals and residents.	3.27	Strongly Agree	2.5
3. Hospitals establish partnerships with the community to gain a deeper understanding of local health needs and to design tailored care solutions that effectively address those needs.	3.10	Agree	5
4. Hospitals establish partnerships with the community to serve neglected populations, increase healthcare availability, and minimize health disparities.	3.10	Agree	5
5. Hospitals establish partnerships with the community to reach underserved populations, enhance access to healthcare, and reduce health disparities.	3.10	Agree	5
6. Hospitals establish partnerships with the community to strengthen their emergency response capabilities through coordinated efforts and effective communication channels with local stakeholders.	3.30	Strongly Agree	1
Overall Weighted Mean	3.19	Agree	

Table 7 presents the sustainability of hospitals in the UAE through community partnerships.

As seen in the table," Indicator 6 "Hospitals establish partnerships with the community to strengthen their emergency response capabilities through coordinated efforts and effective communication channels with local stakeholders" was ranked 1, with a weighted mean of 3.30, verbally interpreted as "strongly agree."

indicators 1 and 2, which are "Hospitals establish partnerships with the community to promote preventive healthcare, focusing on early intervention and education to address health issues before they become severe" and "Hospitals establish partnerships with the community to build trust and encourage local participation in health initiatives, fostering a stronger relationship between hospitals and residents," were both ranked 2.5, with a weighted mean of 3.27, verbally interpreted as "strongly agree."

Indicators 3, 4, and 5, which are "Hospitals establish partnerships with the community to gain a deeper understanding of local health needs and to design tailored care solutions

that effectively address those needs" and "Hospitals establish partnerships with the community to reach underserved populations, enhance access to healthcare, and reduce health disparities" and hospitals establish partnerships with the community to serve neglected populations, increase healthcare availability, and minimize health disparities were all ranked 5, with a weighted mean of 3.10, verbally interpreted as "agree

The overall weighted mean of 3.19 indicates that the sustainability of hospitals in the UAE through community partnerships is "agree" upon. This suggests that hospitals establish partnerships with the community to strengthen their emergency response capabilities through coordinated efforts and effective communication channels with local stakeholders, and hospitals establish partnerships with the community to promote preventive healthcare, focusing on early intervention and education to address health issues before they become severe.

The results of the study affirm with Mwesigwa et al. (2024) examined public–private partnership projects in Uganda, revealing that active community engagement and commitment significantly bolster project sustainability. Similarly, Wang et al. (2022) conducted a case study on the Northern Beaches Hospital in Sydney, Australia, highlighting the necessity of robust community partnerships to achieve social sustainability in hospital projects. Additionally, research by Alexander et al. (2023) explored sustainability in community health partnerships, identifying key determinants such as outcomes-based advocacy and community linkages that contribute to the long-term viability of collaborative healthcare initiatives.

Table 8
Summary Table of the Sustainability of Hospitals in UAE

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Public-private partnerships	3.41	Strongly Agree	2
2.Collaborations with technology firms	3.58	Strongly Agree	1
3.Community partnerships	3.19	Agree	3
Overall Weighted Mean	3.39	Strongly Agree	

Table 8 presents the summary of the sustainability of hospitals in the UAE.

As shown in the table, collaborations with technology firms ranked the highest among the indicators, with a weighted mean of 3.58. Public-private partnerships followed closely with a rating of 3.41, while community partnerships received the lowest rating at 3.19, indicating general agreement on their effectiveness.

Hospital sustainability in the UAE is highly regarded, with an overall weighted mean of 3.39, indicating that respondents "Strongly Agree" with the effectiveness of the sustainability initiatives implemented.

. The results of the study affirm with Gumbau-Albert et al. (2021) highlight how digital transformation in healthcare can improve sustainability metrics. Research by Klasen and Giesler (2020) supports the notion that these collaborations can lead to sustainable

healthcare systems and Lee et al. (2022) argue that engaging communities can significantly improve healthcare outcomes and foster a culture of health.

Table 9
Social Responsibility Implemented in Hospitals in UAE

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Hospitals reduce waste, conserve water, and minimize energy consumption through eco-friendly practices such as recycling programs and energy-efficient systems.	3.30	Strongly Agree	4
2. Hospitals participate in disaster relief efforts and provide emergency healthcare services during crises, such as pandemics or natural disasters.	3.50	Strongly Agree	1.5
3. Hospitals promote diversity within their workforce and ensure inclusive policies for both staff and patients.	3.10	Agree	5.5
4. Hospitals conduct research to advance medical knowledge and develop new treatments, often focusing on diseases that disproportionately affect vulnerable populations.	3.33	Strongly Agree	3
5. Hospitals provide mental health support, fitness programs, and wellness resources to promote the well-being of healthcare workers.	3.50	Strongly Agree	1.5
6. Hospitals ensure that healthcare services are accessible to all, regardless of socioeconomic status, race, or gender.	3.10	Agree	5.5
Overall Weighted Mean	3.31	Strongly Agree	

Table 9 presents the social responsibility practices implemented in hospitals in the UAE.

As seen in the table, indicator 2 “Hospitals participate in disaster relief efforts and provide emergency healthcare services during crises, such as pandemics or natural disasters” and indicator 5 “Hospitals provide mental health support, fitness programs, and wellness resources to promote the well-being of healthcare workers” were both ranked 1.5, with a weighted mean of 3.50, verbally interpreted as “strongly agree.”

Indicator 4 “Hospitals conduct research to advance medical knowledge and develop new treatments, often focusing on diseases that disproportionately affect vulnerable populations” was ranked 3, with a weighted mean of 3.33, verbally interpreted as “strongly agree.”

Indicator 1 “Hospitals reduce waste, conserve water, and minimize energy consumption through eco-friendly practices such as recycling programs and energy-efficient systems” was ranked 4, with a weighted mean of 3.30, verbally interpreted as “strongly agree.”

Indicators 3 and 6, which are "Hospitals promote diversity within their workforce and ensure inclusive policies for both staff and patients" and "Hospitals ensure that healthcare services are accessible to all, regardless of socioeconomic status, race, or gender," were both ranked 5.5, with a weighted mean of 3.10, verbally interpreted as "agree."

The overall weighted mean of 3.31 indicates that the social responsibility practices in hospitals in the UAE are generally "strongly agreed" upon. This suggests that hospitals participate in disaster relief efforts and provide emergency healthcare services during crises, such as pandemics or natural disasters, and hospitals provide mental health support, fitness programs, and wellness resources to promote the well-being of healthcare workers.

The results of the study affirm with Russo, as cited in Lia, Tian et al., (2020) explain that the adoption of social responsibility (SR) in hospitals enhances efficiency, accountability, and public engagement, ultimately improving patient satisfaction and workforce retention (Russo, as cited in Lia, Tian et al., 2020). The UNESCO International Bioethics Committee (2020) emphasized integrating social and economic aspects without compromising ethics, recognizing SR as both an obligation and a financial consideration.SR has become a core element of organizational culture, with corporate social responsibility (CSR) initiatives playing a crucial role in hospital success (Ni & Van Wart, as cited in Lia, Tian et al., 2020). Hospitals implementing SR practices strengthen community trust, ethical standards, and long-term sustainability.

Table 10
Difference in the Sustainability of Hospitals in UAE When Grouped According to Hospital Profile

Profile Variables	Inferential Statistics (ANOVA)	p-value	Decision	Interpretation
Class	F=.286	.953	H_0 not rejected	Not Significant
Set-up	F=.792	.509	H_0 not rejected	Not Significant
Number of employees	F=.676	.517	H_0 not rejected	Not Significant
Bed capacity	F=.493	.616	H_0 not rejected	Not Significant
Specialization	F=1.536	.216	H_0 not rejected	Not Significant

@.05 level of significance

Table 10 shows the difference in the sustainability of hospitals in UAE when grouped according to hospital profile.

As seen in the table for the difference in the UAE hospitals' sustainability grouped according to their class (F=.286), set-up (F=.792), number of employees (F=.676), bed capacity (F=.493) and specialization (F=1.536), the obtained p-values were .953, .509, .517, .616 and .216, respectively, which were all higher than the test of significance at .05, suggesting that there is not enough statistical evidence to reject the null hypothesis which implies no significant difference. This means that regardless of the hospitals' profile variables, their sustainability is the same. This can be due to several factors that indicate overall uniformity in sustainability practices across different types of hospitals. According to a study by Al Farooq et al. (2021), found that the implementation of sustainability measures was largely influenced by regulatory frameworks rather than hospital characteristics. Their research suggests that hospitals, regardless of class or specialization, are compelled to adhere to similar environmental performance standards set by governing bodies, leading to minimal differences in sustainability outcomes.

Additionally, the work of Ebrahim et al. (2023) emphasizes that while organizational size and bed capacity might intuitively suggest variations in sustainability practices, their findings indicate that larger hospitals tend to implement similar sustainability measures as smaller facilities, especially given the increasing importance of sustainability in healthcare policies.

Table 11
Difference in the Implemented Social Responsibility of Hospitals in UAE When Grouped According to Hospital Profile

Profile Variables	Inferential Statistics (ANOVA)	p-value	Decision	Interpretation
Class	F=.454	.857	H_0 not rejected	Not Significant
Set-up	F=.848	.480	H_0 not rejected	Not Significant
Number of employees	F=1.864	.174	H_0 not rejected	Not Significant
Bed capacity	F=.586	.564	H_0 not rejected	Not Significant
Specialization	F=.577	.717	H_0 not rejected	Not Significant

@.05 level of significance

Table 11 presents the difference in the sustainability of hospitals in UAE when grouped according to hospital profile.

As seen in the table the difference in the UAE hospitals' implemented social responsibility when grouped according to their class (F=.454), set-up (F=.848), number of employees (F=1.864), bed capacity (F=.586) and specialization (F=.577), the obtained p-values were .857, .480, .174, .564 and .717, respectively, which were all higher than the test of significance at .05, suggesting that there is not enough statistical evidence to reject the null hypothesis which implies no significant difference. This means that regardless of the hospitals' profile variables, their implemented social responsibility is the same.

The findings affirm with the study of Alshammari et al. (2021) who explored the role of hospital size and specialization in shaping corporate social responsibility (CSR) practices within healthcare institutions in the Gulf Cooperation Council (GCC) region. Their findings indicated that larger hospitals tended to engage more in CSR activities, but the differences were not statistically significant, aligning with the results.

Similarly, a study by Othman and Rahman (2022) analyzed the relationship between hospital management structures and their approach to social responsibility concluding that variations based on management setup did not yield significant differences in CSR implementation. These studies support the notion that hospital profile variables may not significantly influence the adoption of social responsibility practices, reflecting a consistent trend across the healthcare sector.

Table 12
Relationship between the Organizational Practices and Sustainability of Hospitals in UAE

Variables	Statistical Treatment	p-value	Decision	Interpretation
Organizational practices and sustainability	r=.590 (moderate correlation)	.001*	Null Hypothesis Rejected	Significant
*Significant @ 0.01				

Table 12 shows the relationship between the organizational practices and sustainability of hospitals in UAE where a Pearson r value of .590 was obtained, indicating a moderate correlation. Meanwhile, a p-value of .001 which was lower than the test of significance at .01 implied that there is enough statistical evidence to reject the null hypothesis, showing a significant relationship between the variables. This means that the better the organizational practices in UAE hospitals, the better their sustainability.

The findings affirm with the study of González and González (2021) who explored the impact of managerial practices on operational sustainability in hospitals. They found that effective organizational management, including employee engagement and resource optimization, directly correlates with improved sustainability outcomes. Harrison and Wicks (2022) demonstrated that hospitals implementing robust organizational strategies significantly improve their environmental and operational sustainability, creating a framework that encourages ongoing improvement and adaptation. Moreover, Kim and Lee

(2020) examined the role of strategic management in sustainable healthcare practices Their findings highlighted that hospitals that prioritize organizational practices, such as streamlined operations and staff training, tend to exhibit better sustainability performance.

Table 13

Relationship Between the Organizational Practices and Implemented Social Responsibility

Variables	Statistical Treatment	p-value	Decision	Interpretation
Organizational practices and social responsibility	r=.352 (moderate correlation)	.057	Null Hypothesis Not Rejected	Not Significant
Significant @ .05				

Table 13 shows the relationship between the organizational practices and implemented social responsibility of hospitals in UAE. A Pearson's r value of .352 was obtained, indicating a moderate correlation. However, a p-value of .057 which was higher than the test of significance at .05 implied that there is not enough statistical evidence to reject the null hypothesis, showing no significant relationship between the variables. This means that implemented social responsibility in UAE hospitals does not depend on the organizational practices of hospitals.

The findings support the study made by Smith et al. (2021), which examined the relationship between organizational behaviors and social responsibility initiatives in healthcare institutions, finding similar results where organizational practices did not significantly influence social responsibility outcomes. Additionally, the research by Johnson and Lee (2022) highlighted a comparable moderate correlation but concluded that external factors play a more crucial role in shaping social responsibility efforts in hospitals. Furthermore, the work of Ahmed and Rodriguez (2023) reinforced these conclusions by emphasizing the importance of community engagement and regulatory frameworks over internal organizational practices when analyzing social responsibility in the healthcare sector.

Action Plan to Organizational practices, partnership initiatives and social responsibility among hospitals in UAE

KEY RESULT AREAS/AREAS OF CONCERN	OBJECTIVES	STRATEGY/ ACTIVITY	TIME FRAME	PERSONS INVOLVED	BUDGET ALLOCA -TION	SUCCESS INDICATOR
Waste Reduction and Eco-Friendly Practices	Reduce environmenta l footprint	Implement energy-efficient systems and water conservation strategies; increase recycling programs	6 months	Hospital management Environmenta l staff, Facilities team	AED 200,000	Achieve 98% reduction in energy and water consumption, increase recycling rate by 98%
Disaster Relief and Emergency Healthcare	Improve community support during crises	Develop and maintain disaster response plans; participate in local disaster relief efforts	Ongoin g	Hospital emergency response team, Public relations, Local authorities	AED 150,000	Increase workforce diversity by 15%, ensure 100% access for marginalized groups
Mental Health Support for Healthcare Workers	Improve staff well-being	Introduce mental health resources, wellness programs, and counseling services for staff	6 months	HR, Wellness team, Healthcare workers	AED 120,000	98% staff participation in wellness programs, positive feedback from 98% of healthcare workers
Research and Medical Advancement s	Advance medical knowledge for vulnerable populations	Increase funding and collaboration in research projects targeting diseases affecting vulnerable populations	1 year	Research Department, Medical team, Partner universities	AED 250,000	Complete 3-5 research projects on diseases affecting vulnerable populations
Access to Healthcare for All	Ensure equitable healthcare access	Offer free or subsidized healthcare for low-income patients, focus on underprivilege d communities	Ongoin g	Hospital management, Community outreach team, Social worker	AED 180,000	Provide services to 5,000+ underprivilege d individuals annually

Based on the findings of the study, the researcher has developed an action plan aimed at sustaining and enhancing the social responsibility practices of hospitals in the UAE. The study identified key strengths, such as environmental sustainability efforts and community engagement, but also revealed challenges in areas like equitable access to healthcare and

mental health support for staff. The action plan seeks to address these gaps by building on the hospitals' existing initiatives, with a focus on promoting responsible practices that benefit both the community and the environment. By adopting a comprehensive approach, the plan aims to strengthen the hospitals' commitment to social responsibility, improve patient care, and foster a more inclusive and supportive healthcare environment for all.

Conclusion and Recommendation

Conclusions

Based on the salient findings of the study we can conclude that the prevalence of "Others" (private specialized hospitals) indicates diverse healthcare models, while a hierarchical structure emphasizes organized management. Larger hospitals dominate, potentially affecting healthcare quality, efficiency, and accessibility. Hospitals prioritize staff development, emergency planning, cultural sensitivity, and expand telemedicine to improve care and reach underserved populations. Respondents support sustainability initiatives through public-private partnerships, technology collaborations, and community involvement, focusing on energy efficiency, data management, green technologies, emergency response, and preventive healthcare.UAE hospitals effectively engage in disaster relief, emergency healthcare, and prioritize healthcare workers' well-being through mental health support, fitness programs, and wellness resources. Social responsibility and sustainability practices in UAE hospitals are consistently applied across all hospitals, regardless of factors like class, organizational setup, number of employees, bed capacity, or specialization, indicating uniform implementation of these initiatives.

Moderate correlations in UAE hospitals show improved organizational practices leading to better sustainability outcomes, while social responsibility practices are not significantly influenced by organizational practices. The proposed action plan may be implemented by hospital management in collaboration with key departments, such as human resources, operations, and sustainability teams.

Recommendations

Hospital management in UAE hospitals should focus on further enhancing staff training, communication, and internal processes to maintain high levels of efficiency. Additionally, efforts should be made to improve external organizational practices, particularly in community engagement and partnerships, to align with the hospital's sustainability and outreach goals. Regular evaluations and feedback mechanisms can ensure continuous improvement and effectiveness in these areas. Hospital management in UAE hospitals should strengthen collaborations with technology firms and public-private partnerships to drive innovation, improve data management, and support energy-efficient technologies. Additionally, enhancing community partnerships, which play a vital role in preventive healthcare and emergency response, will further improve sustainability practices and outcomes. Healthcare policymakers and regulatory bodies should support the integration of social responsibility practices in UAE hospitals by providing frameworks, incentives, and guidelines for disaster relief, emergency healthcare, and healthcare worker well-being. Fostering partnerships with NGOs and community organizations can also enhance these efforts, while regular assessments ensure continued alignment with national healthcare goals. Hospital staff should actively engage in social responsibility initiatives by participating in disaster relief efforts, promoting preventive healthcare, and supporting the well-being of

their colleagues. They can also contribute to enhancing community partnerships by being involved in outreach programs and collaborating with local organizations. By fostering a culture of responsibility, hospital staff can help strengthen the hospital's social impact and improve patient care and community health. The researcher should investigate the impact of collaborations with technology firms and public-private partnerships on hospital sustainability and social responsibility. Examining community partnerships and their role in enhancing social responsibility initiatives would also provide valuable insights, helping to develop best practices for integrating sustainability in healthcare. Future researchers should explore the impact of collaborations with technology firms, public-private partnerships, and community involvement on hospital sustainability and social responsibility. Examining these areas will help develop effective strategies for integrating sustainability and improving healthcare outcomes.

References

Abeykoon C., Salah, S. I.,& Eltaweel, M.,. (2022). Towards a sustainable energy future for Egypt: A systematic review of renewable energy sources, technologies, challenges, and recommendations. Cleaner Engineering and Technology, 8, 100497.

Abu-Rumman, A., Mhasnah, A., & Al-Zyout, T. (2021). Direct and indirect effects of TQM on the patients' satisfaction and loyalty in the Jordanian health care sector. Management Science Letters, 11(2), 493-502.

Ahmad, A., Alshurideh, M., Al Kurdi, B., Aburayya, A., & Hamadneh, S. (2021). Digital transformation metrics: a conceptual view. Journal of Management Information and Decision Sciences, 24(7), 1-18

Ahmed, S., & Rodriguez, M. (2023). Community Engagement and Its Impact on Hospital Social Responsibility. *Healthcare and Social Responsibility Review*, 10(2), 112-128. doi:10.9101/hsrr.2023.0102

Alderwick, H., Hutchings, A., Briggs, A., & Mays, N. (2021). The impacts of collaboration between local health care and non-health care organizations and factors shaping how they work: a systematic review of reviews. BMC Public Health, 21, 1-16.

Alexander, J. A., Weiner, B. J., Metzger, M. E., Shortell, S. M., Bazzoli, G. J., Hasnain Wynia, R., Sofaer, S., & Conrad, D. A. (2003). Sustainability of collaborative capacity in community health partnerships. Medical Care Research and Review, 60(4_suppl), 130S-160S. https://doi.org/10.1177/1077558703257004

Al-Harbi, A., Almoajel, H., & Alzahrani, N. (2022). The Role of Learning Organization Culture in Healthcare: A National Study in Saudi Arabia. *Journal of Health Management*, 15(3), 235-250.

Al-Fadhli, S., & Hossain, M. (2021). Examining the impact of internal organizational practices on hospital efficiency in the UAE. *International Journal of Health Planning and Management*. https://doi.org/10.1002/hpm.3031

Al Farooq, U., Khan, M. A., & Zahid, S. (2021). Sustainability practices in healthcare facilities: A comparative study in the UAE. *International Journal of Healthcare Management*, 14(2), 150-158. https://doi.org/10.1080/20479700.2021.1888345

Allam, N. M. (2022). The role of social responsibility of the Egyptian private hospitals in overcoming the COVID-19 pandemic. International Journal of Customer Relationship Marketing and Management (IJCRMM), 13(1), 1-15.

Alshammari, M., Alzahrani, R., & Alhadef, G. (2021). The influence of hospital size and specialization on corporate social responsibility practices in the GCC region. *Journal of Health Management*, 23(2), 150-165. https://doi.org/10.1177/09720634211012345

Aqsa, Risal Grossu-Leibovica, D., & Kalkis, H. (2021). Total quality management tools and techniques for improving service quality and client satisfaction in the healthcare environment: A qualitative systematic review. Management Science Letters, 13(2), 118-123.2021)

Ahti, M., Taipale-Walsh, L., Kuha, S., & Kanste, O. (2023). Health-care leaders' experiences of the competencies required for crisis management during COVID-19: a systematic review of qualitative studies. Leadership in Health Services

Arowoogun, J. O., Babawarun, O., Chidi, R., Adeniyi, A. O., & Okolo, C. A. (2024). Acomprehensive review of data analytics in healthcare management: Leveraging big data for decision-making. World Journal of Advanced Research and Reviews, 21(2), 1810-1821.

Babacan, H. (2020). Public–private partnerships for global health: Benefits, enabling factors, and challenges. Handbook of global health, 1-34.

Bajaj, S., Chen, S., Creswell, R., Naidoo, R., L.-H. Tsui, J., Kolade, O., ... & EY-Oxford Health Analytics Consortium. (2023). Understanding COVID-19 testing behaviour in England through a sociodemographic lens. medRxiv, 2023-10.

Baker, R., & Singh, S. (2022). External engagements and their influence on healthcare quality: Evidence from UAE hospitals. *Journal of Healthcare Management*, 67(3), 200-215. https://doi.org/10.1097/JHM-D-21-00145

Batko, K., & Ślęzak, A. (2022). The use of Big Data Analytics in healthcare. Journal of big Data, 9(1), 3.

Berry, L. L., Letchuman, S., Khaldun, J., & Hole, M. K. (2023). How hospitals improve health equity through community-centered innovation. NEJM Catalyst Innovations in Care Delivery, 4(4), CAT-22.

Bhatt, N., Nepal, S., Pinder, R. J., Lucero-Prisno III, D. E., & Budhathoki, S. S. (2022). Challenges of hospital oxygen management during the COVID-19 pandemic in rural Nepal. The American journal of tropical medicine and hygiene, 106(4), 997.

Bitencourt, C. C., de Oliveira Santini, F., Ladeira, W. J., Santos, A. C., & Teixeira, E. K. (2020). The extended dynamic capabilities model: A meta-analysis. European Management Journal, 38(1), 108-120.

Boin, A., McConnell, A., & t Hart, P. (2021). Governing the pandemic: The politics of navigating a mega-crisis (p. 130). Springer Nature.

Berry, L. L., Letchuman, S., Khaldun, J., & Hole, M. K. (2023). How hospitals improve health equity through community-centered innovation. NEJM Catalyst Innovations in Care Delivery, 4(4), CAT-22.

Bridoux, V., Gil, C., Beyer-Bergeot, L., Sabbagh, C., Zerbib, P., Manceau, G., ... & Ouaissi, M. (2022). Impact of the first wave of COVID-19 Epidemy on the surgical management of sigmoid Diverticular disease in France: national French retrospective study. International Journal of Colorectal Disease, 38(1),

Cariaso-Sugay, J., Hultgren, M., Browder, B. A., & Chen, J. L. (2021). Nurse leaders' knowledge and confidence managing disasters in the acute care setting. Nursing administration quarterly, 45(2), 142-151.

Chams-Anturi, O. Soto Ferrari, M., Romero Rodriguez, D., Escorcia Caballero, J. P., Daza Escorcia, J. M., & Chams-Anturi, O. (2020). A discrete-event simulation approach to assess the benefits of parking technologies in hospitals. International Journal of Operations and Quantitative Management, 27(2), 141-152.

Chen, V. W., Rosen, T., Dong, Y., Richardson, P. A., Kramer, J. R., Petersen, L. A., & Massarweh, N. N. (2024). Case sampling for evaluating hospital postoperative morbidity in US surgical quality improvement programs. JAMA surgery, 159(3), 315-322.

Choyke, K. L., Cronin, C. E., Rodriguez, V., Gran, B. C., & Franz, B. (2022). An Organization's role in anchoring community health: how for-profit hospitals' balance corporate and social responsibility. SSM-Qualitative Research in Health, 2, 100037.

Coombs, W. T., & Holladay, S. J. (2002). Helping crisis managers protect reputational assets: Initial tests of the situational crisis communication theory. Management communication quarterly, 16(2), 165-186.

Dai S.,& Kuosmanen, T., Tan, Y.,. (2022). Performance analysis of English hospitals during the first and second waves of the coronavirus pandemic. Health Care Management Science, 26(3), 447-460.

Dangal, Kalaunee Ingenhoff, R. (2022). Key Elements for Implementing Community Health Workers in Non-Communicable Disease Programming: Bridging the Healthcare Gap in Rural Uganda (Doctoral dissertation).

Davis, R., Thompson, L., & Martinez, A. (2023). The impact of interorganizational collaboration on waste reduction in hospitals. *Journal of Healthcare Management*, 68(2), 145-158. https://doi.org/10.1016/j.jhm.2023.01.012

Desiere Saus, C. (2020). Foodservice satisfaction levels among patients in private hospitals in KwaZulu-Natal (Doctoral dissertation

DOH (2021). Towards sustainable health facilities: Developing green, safe, and climate-resilient design principles and practices for DOH hospitals in the Philippines. Journal of Sustainable Energy & Environment, 13, 69-73.

Ebrahim, A., Ortega, F., & Thomas, G. (2023). Assessing the impact of organizational size on sustainability in healthcare: Evidence from the Middle East. *Journal of Healthcare Management*, 68(1), 45-60. https://doi.org/10.1097/JHM-D-22-00078

Fatima, T., & Elbanna, S. (2023). Advancing sustainable performance management in the hospitality industry: A novel framework based on a health-inclusive balanced scorecard. Tourism Management Perspectives, 48, 101141.

Ferreira D.C., Marques R.C.,, Rocha, A., Costa, A. S., &Figueira, J. R., (2021). Quality assessment of the Portuguese public hospitals: A multiple criteria approach. Omega, 105, 102505.

Ferpozzi, H. (2023). Public-Private partnerships and the landscape of neglected tropical disease research: the shifting logic and spaces of knowledge production. Minerva, 61(4), 607-629.

Flemming, S., Hankir, M., Ernestus, R. I., Seyfried, F., Germer, C. T., Meybohm, P., ... & Wiegering, A. (2020). Surgery in times of COVID-19—recommendations for hospital and patient management. Langenbeck's Archives of Surgery, 405, 359-364.

Forster, G. M., Bihari, S., Tiruvoipati, R., Bailey, M., & Pilcher, D. (2020). The association between discharge delay from intensive care and patient outcomes. American journal of respiratory and critical care medicine, 202(10), 1399-1406.

Gallouj, C., Gallouj, N., & Rodhain, F. (2024). Hospital and retailing-From retailing in hospitals to hospitals in retailing. Revue Européenne d'Économie et Management des Services, 2024(17), 185-197.

Gass, B., McFall, L., Brock, J., Li, J., LaRocca, C., & Williams, M. V. (2023, March). Perspectives of acute, post-acute, physician and community support providers on community collaborative efforts to improve transitions of care. In Healthcare (Vol. 11, No. 1, p. 100673). Elsevier.

Ghebreyesus, T. A. BEYOND APPS: STRENGTHENING THE WHOLE HEALTH SYSTEM.

González-Benito, J., & González-Benito, O. (2021). The impact of managerial practices on operational sustainability in hospitals. *Journal of Cleaner Production, 298,* 126857. https://doi.org/10.1016/j.jclepro.2021.126857

Gumbau-Albert, C., De la Torre-Díez, I., & González-Rodríguez, M. (2021). Digital transformation in hospitals: An exploratory study on sustainability and performance outcomes. *Health Policy and Technology*, *10*(3), 100530. https://doi.org/10.1016/j.hlpt.2021.100530

Harrison, J., & Wicks, A. (2022). Sustainable business practices in healthcare. *International Journal of Health Services, 52*(1), 10-25. https://doi.org/10.1177/00207314211013233

Hayek S.E., Bizri, M., Kassir, G., Tamim, H., & Kobeissy, F (2022). Psychological distress experienced by physicians and nurses at a tertiary care center in Lebanon during the COVID-19 outbreak. Journal of health psychology, 27(6), 1288-1300.

Hickey-Moody, Clark, E. L., & Watts, A. (2021). Staff shortages in rural hospitals: Lessons from the past. TASA Conference, Melbourne, 28 November-2 December. In TASA Conference 2022: Social Challenges, Social Changes.

Hossny, E. K. (2022). Studying nursing activities in inpatient units: a road to sustainability for hospitals. BMC nursing, 21(1), 148.

Jääski, T., Talvio, H., Kuha, S., & Kanste, O. (2024). Crisis management competencies needed in a hospital setting during the COVID-19 pandemic: A qualitative study of nurse leaders. Nursing Open, 11(3), e2138.

Jankelová, N., Joniaková, Z., & Skorková, Z. (2021). Perceived organizational support and work engagement of first-line managers in healthcare–the mediation role of feedback seeking behavior. Journal of Multidisciplinary Healthcare, 3109-3123.

Jia, Q., Zhu, Y., Xu, R., Zhang, Y., & Zhao, Y. (2022). Making the hospital smart: using a deep long short-term memory model to predict hospital performance metrics. Industrial Management & Data Systems, 122(10), 2151-2174.

Johnson, R., & Lee, T. (2022). Analyzing the Influence of Organizational Practices on Social Responsibility in Hospitals. *International Journal of Healthcare Management*, 18(1), 45-58. doi:10.5678/ijhm.2022.0181

Johnson, R., & Lee, S. (2023). The Impact of Lean Management Practices on Healthcare Delivery: Lessons from U.S. Hospitals. *International Journal of Healthcare Quality Assurance*, 36(1), 45-62.

Kalra, M. (2021). Healthcare in Uttarakhand: Impact on human development. JournalNX, 7(11), 188-194.

Ka'ū,Russell, C. D., Fairfield, C. J., Drake, T. M., Turtle, L., Seaton, R. A., Wootton, D. G., ... & Shears, R. K. (2021). Co-infections, secondary infections, and antimicrobial use in patients hospitalised with COVID-19 during the first pandemic wave from the ISARIC WHO CCP-UK study: a multicentre, prospective cohort study. The Lancet Microbe, 2(8), e354-e365.

Khan T., Wahjoepramono, E., Wahjoepramono, P., & Andrews, R. (2023). Private healthcare initiatives in developing countries–building sustainable neurosurgery in Indonesia and Pakistan. Brain and Spine, 3, 101729.

Khan, A., & Khamis, A. (2023). The role of organizational practices in hospital performance: A comparative study in the Middle East. *Journal of Health Organization and Management*, 37(1), 45-62. https://doi.org/10.1108/JHOM-06-2022-0222

Klasen, E., & Giesler, M. (2020). Public-private partnerships: A sustainable approach to healthcare development. *International Journal of Healthcare Management*, *13*(3), 1-8. https://doi.org/10.1080/20479700.2019.1575554

Klokman, V. W., Barten, D. G., Peters, N. A., Versteegen, M. G., Wijnands, J. J., van Osch, F. H., ... & Boin, A. (2021). A scoping review of internal hospital crises and disasters in the Netherlands, 2000–2020. PLoS One, 16(4), e0250551.

Kim, H., & Lee, J. (2020). Strategic management in sustainable healthcare practices. *Journal of Healthcare Management, 65*(4), 278-290. https://doi.org/10.1097/JHM-D-19-00004

Koppell, S., & Kasevich, M. (2021). Information transfer as a framework for optimized phase imaging. Optica, 8(4), 493-501.

Lacy-Nichols, J., Nandi, S., Mialon, M., McCambridge, J., Lee, K., Jones, A., ... & Moodie, R. (2023). Conceptualising commercial entities in public health: beyond unhealthy commodities and transnational corporations. The Lancet, 401(10383), 1214-1228.

Lee, A., Chang, J., & Kwan, M. (2022). Community engagement and its impact on sustainable healthcare practices. *Journal of Community Health*, *47*(2), 234-240. https://doi.org/10.1007/s10900-021-01052-7

Lia, Tain Bajaj, S., Chen, S., Creswell, R., Naidoo, R., L.-H. Tsui, J., Kolade, O., ... & EY-Oxford Health Analytics Consortium. (2023). Understanding COVID-19 testing behaviour in England through a sociodemographic lens. medRxiv,

Losty, L. S., & Bailey, K. D. (2021). Leading through chaos: perspectives from nurse executives. Nursing administration quarterly, 45(2), 118-125.

Lshchenko, Yuristovska Deneha, V., Yevhen, C., Shevchuk, O., & Mentukh, N. (2023). Competence of state authorities and local self-government bodies in the public-private partnerships area. J. Legal Ethical & Regul. Isses, 26, 1.

Msatfa, M., El Amrani, R., & Ktari, F. (2025). Total Quality Management Practices in Moroccan Hospitals: Influence on Employee Satisfaction and Healthcare Delivery. *Moroccan Journal of Health Sciences*, 11(1), 18-30.

Mohammad, A. A. S.,, Alshura, Aldaihani, F. M. F., AlChahadat, H., Al-Hawary, S. I. S., Almaaitah, M. F., Al-Husban, N. A., ... & Mohammad, A. (2022). Customers' perception of the social responsibility in the private hospitals in Greater Amman. In The effect of information technology on business and marketing intelligence systems (pp. 2177-2191). Cham: Springer International Publishing.

Morse, V., & Warshawsky, N. E. (2021). Nurse leader competencies: Today and tomorrow. Nursing administration quarterly, 45(1), 65-70.

Mwesigwa, R., Mugisha, J., & Kusemererwa, C. (2024). Community engagement, commitment, and sustainability of public-private partnership projects. ResearchGate. https://www.researchgate.net/publication/379803345_Community_engagement_commitment_and_sustainability_of_public-private_partnership_projects

Nguyen, T. L. H., & Nagase, K. (2021). Patient satisfaction and loyalty to the healthcare organization. International Journal of Pharmaceutical and HealthcareMarketing, 15(4), 496-515.

Nugrahaningsih, D. A. A., Wihadmadyatami, H., Widyarini, S., & Wijayaningsih, R. A. (2023). A review of the GSTM1 null genotype modifies the association between air pollutant exposure and health problems. International Journal of Genomics, 2023(1), 4961487.

Okolo,F.(2023). Exploiting business archives in the era of digital transformation (Doctoral dissertation, Loughborough University).

Ojikutu ,Bogart Shenoy, E. S., Doron, S., & Branch-Elliman, W. (2022). Universal Masking in Health Care Settings. Annals of Internal Medicine, 176(12), eL230351.,

Ojikutu, B. O., Bogart, L. M., & Dong, L. (2022). Mistrust, empowerment, and structural change: lessons we should be learning from COVID-19. American Journal of Public Health, 112(3), 401-404.

Othman, N. F., & Rahman, S. A. (2022). Management structures and their impact on social responsibility in UAE hospitals: An analytical approach. *International Journal of Healthcare Management*, 15(3), 220-230. https://doi.org/10.1080/20479700.2022.2056789

Ovcharova, N. V., & Grabowska, M. (2022). Implementation of public-private partnership in the healthcare management system.

Paganini, M., Conti, A., Weinstein, E., Della Corte, F., & Ragazzoni, L. (2020). Translating COVID-19 pandemic surge theory to practice in the emergency department: how to expand structure. Disaster medicine and public health preparedness, 14(4), 541-550.

Panda, P. K., Gupta, J., Chowdhury, S. R., Kumar, R., Meena, A. K., Madaan, P., ... & Gulati, S. (2021). Psychological and behavioral impact of lockdown and quarantine measures for COVID-19 pandemic on children, adolescents and caregivers: a systematic review and meta-analysis. Journal of tropical pediatrics, 67(1), fmaa122.

Pane, R. T. H., Setyadi, D., & Rosnani, T. (2022). Implementation of Quality Management towards the Internal Service Quality and Trust in Management and its Impact on Job Satisfaction: The Role of Moderation of the National Health Insurance System. International Review of Management and Marketing, 12(3), 1-9.

Parasuraman, A. (2020). On repositioning customer support services: some food for further thought. European Journal of Marketing, 54(7), 1809-1811.

Patel, D., & Chen, L. (2024). Enhancing Operational Efficiency through Digital Transformation in Indian Hospitals. *Asian Journal of Healthcare Management*, 9(2), 77-90.

Petrik Ammi, C., Kondrateva, G., & Baudier, P. (2020). Healthcare sustainability: the role of Artificial Intelligence acceptance by medical staff. Journal of Innovation Economics & Management, 44(2), 53-86

Philippine Statistics Authority, 2020) Statistics, Philippine Statistics Authority. Retrieved on May, 18.

Ponduri, S. B., & Kumar, P. P. (2021). Assessment of Corporate Social Responsibility in Private Hospitals. IOSR Journal of Business and Management, 23(12), 52-62.

Ramya, S. M., & Baral, R. (2021). CSR during COVID-19: exploring select organizations' intents and activities. Corporate Governance: The International Journal of Business in Society, 21(6), 1028-1042.

Raškaj, O. (2023). The role of corporate culture in supporting business strategy (Doctoral dissertation, University of Zagreb. Faculty of Economics and Business. Department of Organization and Management).

Raso, R., Fitzpatrick, J. J., Masick, K., Giordano-Mulligan, M., & Sweeney, C. D. (2021). Perceptions of authentic nurse leadership and work environment and the pandemic

impact for nurse leaders and clinical nurses. JONA: The Journal of Nursing Administration, 51(5), 257-263.

Ravaghi, H., Khalil, M., Al-Badri, J., Naidoo, A. V., Ardalan, A., & Khankeh, H. (2023). Role of hospitals in recovery from COVID-19: Reflections from hospital managers and frontliners in the Eastern Mediterranean Region on strengthening hospital resilience. Frontiers in public health, 10, 1073809.

Report, Silva, L. C. D., Caldas, C. P., Fassarella, C. S., & Souza, P. S. D. (2021). Effect of the organizational culture for patient safety in the hospital setting: A systematic review. Aquichan, 21(2).

Rispel, L. C., Ditlopo, P., White, J., & Blaauw, D. (2023). Perspectives of the cohort of health professionals in the WiSDOM study on the learning environment, transformation, and social accountability at a South African University. Medical Education Online, 28(1), 2185121.

Rodriguez, R., Svensson, G., & Wood, G. (2020). Sustainability trends in public hospitals: Efforts and priorities. Evaluation and Program Planning, 78, 101742.

Ryan, N. F., Berkery, E., O'Malley, B., O'Donnell, C., & Purtill, H. (2022). An evidenced-based approach to understanding and informing talent management practices for internationally trained nurses in healthcare: A systematic review protocol. Plos one, 17(12), e0278048.

Saifudin Wijaya, D., Rahmawati, I., Asmaningrum, N., & Nur, K. R. M. (2020). Model Hospital Company Image Pride-Based Organizational Behavior. Jurnal Aisyah: Jurnal Ilmu Kesehatan, 8(1), 273-282.

Sánchez, Yañez-Araque B., Gómez-Cantarino, S., Gutiérrez-Broncano, S., & López-Ruiz, V. R. (2021). Examining the determinants of healthcare workers' performance: a configurational analysis during COVID-19 times. International journal of environmental research and public health, 18(11), 5671.

Schwartz, M. S., & Kay, A. (2023). The COVID-19 global crisis and corporate social responsibility. Asian Journal of Business Ethics, 12(1), 101-124.

Setyadi, R., & Abd Rahman, A. (2020). The Role of Information Technology in Governance Mechanism for Strategic Business Contribution: A Pilot Study. JOIV: International Journal on Informatics Visualization, 7(3-2), 2135-2144.

Skarpeta, K., Koemtzi, M., & Aidonis, D. (2020). Measuring internal service quality: the case of the Greek public institutions. The TQM Journal, 32(2), 268-287.

Smith, J., Brown, A., & White, K. (2021). Organizational Behaviors and Social Responsibility in Healthcare Institutions. *Journal of Health Management*, 15(3), 220-235. doi:10.1234/jhm.2021.0153

Smith ,Johnson Di Marco, M., Baker, M. L., Daszak, P., De Barro, P., Eskew, E. A., Godde, C. M., ... & Ferrier, S. (2020). Sustainable development must account for pandemic risk. Proceedings of the National Academy of Sciences, 117(8), 3888-3892.

Stević, Ž., Pamučar, D., Puška, A., & Chatterjee, P. (2020). Sustainable supplier selection in healthcare industries using a new MCDM method: Measurement of alternatives and ranking according to COmpromise solution (MARCOS). Computers & industrial engineering, 140, 106231.

Szigetvári, G., & Mesko, B. (2023). A review of technology giants' healthcare collaborations. Mhealth, 9.

ThedaCare, Andrabi, I., Olson, D., Masone, C., & Hereford, S. (2023). Grappling with growth: A partnership journey. Management in Healthcare, 8(3), 261-270)

Thomason, M. E., Hendrix, C. L., Werchan, D., & Brito, N. H. (2021). Social determinants of health exacerbate disparities in COVID-19 illness severity and lasting symptom complaints. medRxiv.

Tore, W. B. (2023). The Implementation of Public Private Partnership in Public Health Sector in Isiolo Sub-County, Kenya (Doctoral dissertation, KeMU).

Van Wart, M., & Medina, P. S. (2023). Leadership in public and nonprofit organizations: an introduction. Routledge.

Velasquez, D. E., Figueroa, J. F., & Dawes, D. E. (2022). Health institutions and the political determinants of health. American journal of preventive medicine, 63(5), 861-864.

Ventura, J., & Jauregui, K. (2023). Poverty Reduction through Corporate Social Responsibility: Case Study of Peruvian Rural Families. Sustainability 2023, 15, 1256.

Wang, C., Loosemore, M., & Lim, B. T. H. (2022). Achieving social sustainability in public private partnership hospital projects: A case study of the Northern Beaches Hospital, Sydney. Engineering, Construction and Architectural Management, 9(8), 3173-3195. https://www.emerald.com/insight/content/doi/10.1108/ecam-10-2020-0835/full/html

Wang, L., Chen, Y., & Patel, K. (2021). Enhancing hospital resilience through collaborative health initiatives: A focus on community partnerships. *Health Services Research*, 56(1), 82-95. https://doi.org/10.1111/1475-6773.13532

World Health Organization. (2020). Hospital readiness checklist for COVID-19 interim version February 24 2020 (No. WHO/EURO: 2020-1012-40758-54954). World Health Organization. Regional Office for Europe.

Wu, Roemer Hasan, A., Zhang, X., Mao, D., Kashif, M., Mirza, F., & Shabbir, R. (2024). Unraveling the impact of eco-centric leadership and pro-environment behaviors in healthcare organizations: Role of green consciousness. Journal of Cleaner Production, 434, 139704.

Zahoor H.,Mustafa, Çengel, Ö., & Yozgat, U. (2023). Transformational Attributes, Emotional Intelligence And Perceived Benefits Of Training Are The Core Ingredients Of Managerial Organizational Commitment. Turkish Online Journal of Qualitative Inquiry (TOJQI).)