The relationship between management style and social responsibility at Tehran hospitals

H. Sadat Sajadi [1] A. Barati Marnani [2] H. Asadi [3] B. Mohaghegh [4]

Assisstant Professor Department of Health Services Management [1] , Health Management and Economics Research Center, Isfahan University of Medical Sciences, Isfahan, Iran. Assistant Professor Department of Health services Management [2] , PhD Student in Health Services Management [3] , Health Management and Economics Research Center , PhD in Health Services Management [4] , Center of Management and Development Administrative Reform. Iran University of Medical sciences, Tehran, Iran

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Original Article

Abstract

Introduction: Nowadays, the success of a hospital administration is not only subject to taking care of hospital internal processes but also identifying the hospital concerns about external processes; that is, the social responsibility of hospitals. It seems one of the factors influencing the acceptance of social responsibility is the management style. This study is going to investigate the relationship between management style and social responsibility at Tehran hospitals.

Methods: This cross-sectional study was conducted in 2011. The study population included hospitals and academic medical centers affiliated to Tehran and Shahid Beheshti Universities of Medical Sciences; as well as private hospitals in Tehran (n=94). Census method was employed for collecting data. Tools for collecting data included two questionnaires related to determining the management style and assessing the social responsibility score of hospitals. The collected data were analyzed by descriptive parameters, independent t-test and Chi-square test using SPSS software version 16.

Results: The mean score of social responsibility in the studied hospitals was 3.46. The mean score for marketplace, leadership and internal processes, environmental, workplace, and community policies were 3.69, 3.64, 3.4, 3.38 and 3.22, respectively. There was no significant difference between social responsibility score and type of ownership ($P>0.05$). The mean scores of management styles were not significantly different between public and private hospitals ($P>0.05$).

Conclusion: Social accountability level of the studied hospitals was evaluated as average. To promote the social responsibility level, it is recommended appropriate measures to be taken for the policies of social responsibility, particularly in workplace and society and country policies.

Correspondence:
H. Asadi, PhD Student.
Health Management and Economics Research Center, Iran University of Medical Sciences.
Tehran, Iran
Tel:+98 9373754220
Email:
heshmat.asadi64@gmail.com

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Introduction:

The impact of organizations on society makes it necessary to manage their activities in a way to maximize the positive and minimize the negative results obtained from their activities. Organizations, as the most influential members of society, are expected to concern long term needs and demands of the society and do their best to resolve the problems in the society. In other words, organizations must recognize their social responsibility and accept them. Although the history of dealing with social responsibility in organizations dates back to late 19th century, it turned to be the dominant paradigm in the arena of organizational studies in the recent years (1).

Literature review shows that there are various definitions for the concept of social responsibility in organizations. The definitions focus on two quietly different viewpoints: 1) classical or merely economical in which the responsibility of the management is solely maximizing profit of the organization, and 2) the viewpoint based on socioeconomical status of the organization in which the responsibility of the management goes beyond the profit maximization and encompasses social welfare and supporting the community (2, 3). In a simple definition, social responsibility comprises a group of measures helping the improvement of the social status (2). In this way, social responsibility is a voluntary-based commitment which comprises organization’s measures in labor domains, empowerment of employees, health of employees and safety at work, customer rights, environmental considerations, energy consumption management, human rights, code of conduct and code of ethics, social benevolence activities of organizations (1). They all can be classified into five policies: leadership and internal processes, marketplace, workplace, environment, and community.

Like other society’s organizations, health sector and its organizations must recognize its own social responsibility. Pointing to this necessity, Donohoe – in his article – mentioned that health sector; particularly physicians due to their outstanding socioeconomical position, has a critical role in prevention of environment destruction catastrophe and its social consequences which have the most negative impact on the health of people and the community (4). In another study, Abreu showed that actions related to social responsibilities were urgent needs in health and healthcare section (5). Hospitals are at the center of this complicated sector. Their condition is far more different from other social organizations (6). Whatever happens in a hospital is affected by all the conditions which exist in the world outside the hospital. Therefore, hospitals inevitably recognize the social responsibility. Conducting studies in this field are necessary due to the importance of social responsibility in hospitals as well as the necessity for solutions promoting such responsibilities in hospitals.

One of the study fields in social responsibility is its determinants. A review of literature shows that despite the consequences of avoiding social responsibility which makes organizations inevitably accept the responsibility, there are other motivations and triggers which can play a critical role in formulation and execution of social responsibility policies in organizations. Followings are the determinants whose role and relationship for formulation and execution of plans for social responsibility has previously been investigated: organization type and structure (7), perception of the organization regarding the subject and concept of social responsibility (8,9), expertise and variety of the organization's board of directors (10), religion and religious affiliation of the people (11,12), values and beliefs of the senior managers (13,14).

It seems that organization's management style to be one of the factors playing an important role in taking the social responsibility and implementing its plans. Management style shows world view, ideology and personality of the organization's managers (15). Management literatures state that managers - both due to their role in organization's planning and decision making as well as the impact of their type of personality, beliefs, values and management style on the organizational culture - have a critical role in accepting plans and causing change and evolution in organizations (16,17). Organization’s management style can act as both a driving factor and an inhibiting factor for changing the traditional charter of organizations – in which the concentration of managers was on productivity

and profit-making – to a charter which places environmental and social issues on the agenda. Therefore, identification of the management styles - having driving role in taking the social responsibility and execution of its plans in organizations– is of high importance.

With regard to the importance of social responsibility in hospitals and the necessity for identifying the management styles which play some role in taking and promoting social responsibility in hospitals, we tried to investigate the relationship between management styles and social responsibility in hospitals in our study. Identification of management styles causing highest social responsibility can help to offer solutions for promoting the social responsibility level.

Methods:

This descriptive and analytic study was conducted in a cross-sectional manner in 2011. Study population included all public hospitals affiliated to medical universities and private hospitals in Tehran, Iran during the research period. According to the statistical data obtained from the Ministry of Health and Medical Education of the Islamic Republic of Iran (MOHME), there were 94 hospitals and academic medical centers in Tehran (42 affiliated to Tehran University of Medical Sciences (TUMS) and Shahid Beheshti University of Medical Sciences (SBMU) and 52 private hospitals). It is to say that other governmental non-academic hospitals affiliated to Iranian Social Security Organization and other governmental institutions were excluded from the study. Five academic hospitals and 10 private hospitals were also excluded from the study for not meeting the inclusion criteria of the study – the hospital president had to be in charge for at least one year since appointment. The population reduced to 79 centers. Census method was employed in this study- all the study population was investigated.

Data were collected using two questionnaires to determine 1) the management style, and 2) the hospital social responsibility level. Questionnaires were both prepared and formulated with regard to review of the scientific literature and the expertise of the researchers. The first questionnaire included 45 closed questions in 9 subjects (goal setting, planning, determining the indicators for performance monitoring, motivation, evaluation of results, structuring, staff efficiency, solving problems, presumption of the manager regarding the view of staff about him). Hospital managers filled out the questionnaires in a self-administered manner by ticking their desired choice for each item. To determine the management style, the score was calculated considering the choices provided by the managers.

The social responsibility questionnaire included 26 closed questions covering 5 policies of social responsibility including leadership and internal processes, marketplace, workplace, environment, and community.

Data collection was carried out by observation and interview. The evaluation of the performance of hospitals concerning social responsibility was done by two auditors separately and independently. Each of the auditors reported the result of either observation or interview briefly in a column entitled "comments". They also ticked one of the columns of a five-level option questionnaire to record the realization of questions. At the end, after converting scales to scores, the sum of the mean of scores dedicated by the auditors was calculated, and it was considered as the final score for the social responsibility of the hospital. Observation denotes the investigation of hospital documents evidencing execution of social responsibility questionnaire, and interview denotes accessing and discussing related stakeholders (patients, staff and etc.) for specifying the degree of realization and execution of the items in the questionnaire. To improve the reliability of the data, besides designating two auditors simultaneously, a column entitled "comments" was added to the columns of the questionnaire. This helped the auditors to record a brief of the existing evidence; ultimately, to score more realistically.

For responding the questions in the questionnaire a five-level Likert scale was applied as very low (1), low (2), medium (3), high (4) and very high (5).

The content validity of the style management questionnaire was tested by the use of the opinions

of professors and experts (including 2 professors from School of Management and Information affiliated to TUMS, 2 professors from the Management School affiliated to Allameh Tabataba'i University, 1 hospital president). The reliability of the questionnaire was tested by Cronbach's (alpha) method ($\alpha=0.87$) The content validity of the second questionnaire was tested by the use of the opinions of professors and experts (including 2 professors from School of Management and Information affiliated to TUMS, 3 hospital president, and 2 experts from the MOHME). The reliability of the questionnaire was tested by Cronbach's (alpha) method ($\alpha=0.95$)

The collected data were analyzed based on the research objectives using SPSS software (Version 16). In the analysis of the data, the maximum score mean was considered 5. Moreover, mean <3, $3\leq$ mean>4 and mean≥4 were evaluated weak, moderate and good social responsibility level, respectively.

To test the assumptions of the study, with regard to the results obtained from Kolmogorov Smirnov test which proved the data concerning the mean score of social responsibility as normal in the study hospital ($P>0.05$), the independent t-test and Chi-Square (x^2) were also used.

Results:

Out of 79 questionnaires distributed among the population, 50 completed ones were returned to the researchers (response rate: 63.3%). The hospitals under this study were 64% academic and 36% private.

A: Social responsibility of the hospitals

Data analysis showed that the mean score of leadership and internal processes was 3.64. It evaluates the social responsibility in the hospitals for the above aspect as moderate (Table 1). The mean score for this aspect was 3.56 for academic hospitals and 3.77 for private sector. Hypothesis testing proved the difference not to be significant ($P>0.05$). In other words, there was no significant difference between academic and private centers from the view point of ownership type for the aspect of leadership and internal processes.

In the marketplace policy, the mean score was 3.69 which is ranked in the moderate level (Table 1). The mean score for this aspect was 3.68 for academic hospitals and 3.71 for private sector. Hypothesis testing proved the difference not to be significant ($P>0.05$). In other words, there was no significant difference between academic and private centers from the view point of ownership type for the marketplace aspect.

In the workplace aspect, the mean score was 3.38 which is ranked in the moderate level (Table 1). The mean score for workplace aspect was 3.31 for academic hospitals and 3.5 for private sector. Hypothesis testing proved the difference not to be significant ($P>0.05$). In other words, there was no significant difference between academic and private centers from the view point of ownership type for the workplace aspect.

In the environment aspect, the mean score was 3.4 which is ranked in the moderate level (Table 1). The mean score for environment aspect was 3.36 for academic hospitals and 3.4 for private sector. Hypothesis testing proved the difference not to be significant ($P>0.05$). In other words, there was no significant difference between academic and private centers from the view point of ownership type for the environment aspect.

In the aspect of community, the mean score was 3.22 which is ranked in the moderate level (Table 1). The mean score for community aspect was 3.25 for academic hospitals and 3.17 for private sector. Hypothesis testing proved the difference not to be significant ($P>0.05$). In other words, there was no significant difference between academic and private centers from the view point of ownership type for the community aspect.

Overall, data analysis showed that social responsibility score of the hospitals was at moderate level (3.46). Among the different aspects for social responsibility, hospitals paid more attention to marketplace aspect. Attention to leadership and internal processes, environment, workplace, and community were ranked next (Table 1). The mean score for social responsibility was 3.43 for academic hospitals and 3.72 for private sector. Hypothesis testing proved the difference not to be significant ($P>0.05$). In other

words, there was no significant difference between academic and private centers from the view point of ownership type for the social responsibility.

Table 1. Mean score of social responsibility aspects in the studied centers

Items	Academic		Private		Total	
Formulating mission statement, vision and ethical values of the hospital	3.97	0.87	3.61	0.91	3.82	0.89
Clear information concerning mission statement, vision and ethical values of the hospital	3.40	1.04	3.44	1.19	3.42	1.08
Awareness of the customers concerning the hospitals' values, rules and code of ethics	3.31	1.09	3.88	0.90	3.52	1.05
Awareness of the staff concerning the hospitals' values, rules and code of ethics	3.81	0.73	4.16	0.61	3.94	0.71
Providing specific trainings to the staff concerning the importance of values	3.37	0.87	3.77	0.87	3.52	0.88
Leadership and internal processes Aspect	3.56	0.68	3.77	0.67	3.64	0.68
Formulation definitive policy for ensuring compliance with the principles of business ethics	3.56	1.04	3.33	0.84	3.48	0.97
Accurate and comprehensive information concerning the offered services	3.59	0.61	4.05	1.16	3.76	0.87
Ensuring timely payment of the suppliers' bills	3.43	1.07	3.83	0.92	3.58	1.03
Formulating and implementing a process for receiving feedback concerning activities of the hospital	3.65	0.78	3.66	0.84	3.66	0.79
A system for recording and responding customers' complaints	4.25	0.5	4.11	0.9	4.2	0.67
Cooperation and interaction with other organizations and hospital which are more active concerning social issues	3.59	0.91	3.27	1.01	3.48	0.95
Marketplace Aspect	3.68	0.5	3.71	0.64	3.69	0.55
Organizing educational courses for the staff, development of capabilities and or retraining	3.93	0.84	3.94	0.99	3.94	0.89
Planning and implementation of a mechanism ensuring measures against discriminations	3.15	0.91	3.27	0.89	3.2	0.90
Consulting with the staff or involving the staff in organizational decisions	3.68	0.78	3.55	0.98	3.64	0.85
Taking measures for health, safety and welfare of the staff	3.71	0.81	3.66	0.76	3.7	0.78
Implementation of workplace attendance programs	2.06	0.94	3.05	1.05	2.42	1.08
Workplace Aspect	3.31	0.58	3.5	0.69	3.38	0.62
Adoption and implementation of Energy consumption management	3.75	0.76	3.83	1.04	3.78	0.86
Taking profit and financial saving in result of implementation of environment protection policies	2.71	0.94	3.27	1.22	2.96	1.06
Considering the potential environmental impacts when establishing new sections	3.65	0.9	3.55	0.85	3.62	0.87
Clear and transparent information concerning the environmental impacts of hospital services	3.31	0.85	3.33	0.84	3.32	0.84
Creativity in providing services	3.31	0.89	3.44	0.98	3.36	0.92
Environment aspect	3.36	0.58	3.4	0.86	3.4	0.69
Organizing appropriate educational courses and opportunities for the public	2.9	1.02	3	1.08	2.94	1.03
Discussion and change of views with concerned authorities regarding critical community issues	3.18	1.06	3.11	1.07	3.16	1.05
Providing hospital services proportionate to the characteristics of the community	3.84	0.76	3.61	1.03	3.76	0.87
Encouraging staff to participate in social activities	3.4	0.75	3.33	1.32	3.38	0.98
Regular financial support by hospital for social plans and activities	2.9	1.17	2.83	1.29	2.88	1.20
Community and Country	3.25	0.63	3.17	0.93	3.22	0.74

B: Management Style

To determine the management style, data analysis showed that the coaching/supporting obtained maximum score (34.38) while autocratic/bureaucratic got 30.28as the minimum score (Table 2).

Table 2. Mean score of management styles at studied centers by ownership

Leadership styles	Ownership	Mean
	Academic	29.62
Autocratic/bureaucratic	Private	31.44
	Total	30.28
	Academic	33.90
Autocratic/participative	Private	31.94
	Total	33.20
	Academic	33.96
Democratic/participate	Private	31.22
	Total	32.98
	Academic	34.46
Laissez-faire	Private	32.61
	Total	33.80
	Academic	35.21
Coaching/supproting	Private	32.88
	Total	34.38

Based on the analyzed data 14 hospitals (28%) had coaching/supporting management style. In this group, 2 hospitals had weak, 9 hospitals moderate and 3 hospitals good level for social responsibility. Out of the total hospitals with autocratic/bureaucratic management style, 2 hospitals had weak, 7 hospitals moderate and 2 hospitals had good level for social responsibility. In hospitals with "Laissez-faire" management style, 4 hospitals scored as weak social responsibility and 6 ones as moderate. In hospitals with democratic/participate style, 2 centers had weak, 6 ones moderate and 1 hospital was scored as good from the view point of social responsibility. All the hospitals with "autocratic/participative" style were scored as moderate.

The management style in academic hospitals was specified as "coaching/supporting" (9 hospitals), "autocratic/bureaucratic" (7 hospitals, 21.9%), "Laissez-faire"(7 hospitals, 21.9%), "democratic/participative" (5 hospitals, 12.5%). In private sector the management style was determined as "coaching/supporting" (5 hospitals), "autocratic/bureaucratic" (4 hospitals, 22.2%), "democratic/participative" (4 hospitals, 22.2%), "Laissez-faire" (3 hospitals, 16.7%), and "autocratic/participative" (2 hospitals, 11.1%). Hypothesis testing was not significant for the type of ownership with regard to the management style of the hospitals.

C: The relationship between social responsibility and management style in the study centers

To test the hypothesis of the study – there is a significant relationship between the management style and social responsibility score in hospitals – the results from Chi-Square proved no significant relationship between the management style and social responsibility score in hospitals – neither in total nor in the aspects of the social responsibility (Table 3).

Table 3. Frequency distribution of the level of social responsibility by management styles

Ownership type	Management / Feeling responsibility	Autocratic/Bureascratic	Autocratic/Participation	Domocratic / Participation	No intervention	Coaching/Supporting
Academic	Weak	1	0	1	3	1
	Moderate	4	4	3	4	8
	Good	2	0	1	0	0
	$X^2=9.8$ P=0.28		Cramer's V=0.554	P=0.28		
Private	Weak	1	0	1	1	1
	Moderate	3	2	3	2	1
	Good	0	0	0	0	3
	$X^2=10.6$ P=0.23		Cramer's V=0.767	P=0.23		
Total	Weak	2	0	2	4	2
	Moderate	7	6	6	6	9
	Good	2	0	1	0	3
	$X^2=7.8$ P=0.45		Cramer's V=0.28	P=0.45		

Conclusion:

Although organizations aim at improving efficiency and profit-making, they are to react reasonably to social expectations and ethical rules. They must incorporate such expectations with organization's economic objectives in an appropriate way to enhance achievement of higher and premier goals. In this direction, the following measures can be taken: commitment of organization's leaders and managers to ethical principles, attention to the legitimacy of the organization's measures from the view point of the staff, attention and emphasis on universal ethical principles, setting ethical charter of the organization, proportionate and compatible measures considering the society's need and sensitivities, teaching ethics programs for managers and staff. To evaluate the effectiveness of such programs, it is necessary to study the awareness regarding organization' social responsibility in different periods.

The findings from this study showed that social responsibility in the study hospital was at a moderate level. Inappropriateness of social responsibility score in organizations (2, 18-20) and healthcare centers (4,21) has been previously reported. Results have also shown an increase the attention of public opinion to organizations social responsibilities (12,19,22), supporting social responsible organizations actively (13), favorable effect of social responsibility on organizational success (23), and the attention of customers for purchasing goods and services from social responsible organizations(7,17). They all reveal that the managers are caring more to the subject of social responsibility. There has been more emphasis on attention and participation of managers to social responsibility in health sector (24).

Another finding from this study showed that the hospitals paid most of their attention to the marketplace aspect of social responsibility, although being at the moderate level makes it necessary to try more. The importance of caring to this group of measures has been emphasized in previous studies (25-27). Givel showed that organizations must not only consider the needs of shareholders, but also the needs of stakeholders like society, customers, suppliers and staff (25). Another study showed that although shareholder theory was able to meet the needs, this theory is not applicable for current period, and should be updated (16). The importance of considering the key stakeholders in fulfilling organization's mission statement is to the extent that positive interaction with market has been introduced as one of the conditions of performance success in organizations. Hence, the role of key stakeholders has been concentrated on for setting the pattern of social responsibility in hospitals (26).

Findings of the study concerning management styles in the study centers revealed that most of the managers had "coaching/supporting" style. It seems this style - emphasizing on self-controlling

empowerment, attempting for sustainable development, encouraging evolution and progress of staff – is the most appropriate management style for today's hospitals. By changing the role of hospital management towards coaching, the evolution and progress of human sources will enhance; accordingly, movement towards quality improvement is facilitated. Importance of such styles focusing on hospital manpower has also been reported before (27).

The findings showed no significant relation between the score of social responsibility and management styles in the studied centers. Considering the importance and the role of management styles at the centers, this finding was somehow unexpected. This may be due to this point that social responsibility has a voluntary nature. Based on this, all stakeholders themselves can be more influential than the hospital top management for taking the social responsibility and taking measures for improving it. It is hereby restated that the results obtained from this study should be generalized very cautiously due to not being able to access similar studies in this field, the limitations of the research (conservatism and little cooperation by some managers, and low response rate). The research limitation makes it necessary for similar studies. Moreover, to design and offer appropriate solutions for promoting social responsibility score in hospitals, it is also recommended to identify determinants and obstacles of social responsibility and their relationship with social responsibility score.

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رابطه سبک مدیریت و میزان مسئولیت‌پذیری اجتماعی در بیمارستان‌های شهر تهران

حانیه سادات سجادی [۱] احمد براتی مارنانی [۲] حشمت‌اله اسدی [۳] بهرام محقق [۴]

[۱] استادیار، گروه مدیریت خدمات بهداشتی درمانی، مرکز تحقیقات مدیریت و اقتصاد سلامت، دانشگاه علوم پزشکی اصفهان [۲] استادیار، گروه مدیریت خدمات بهداشتی درمانی، [۳] دانشجوی دکترا، مدیریت خدمات بهداشتی درمانی، مرکز تحقیقات علوم مدیریت و اقتصاد سلامت، [۴] دکترای تخصصی، مدیریت و خدمات بهداشتی درمانی، مرکز توسعه مدیریت و تحول اداری، دانشگاه علوم پزشکی ایران

مجله پزشکی هرمزگان سال هجدهم شماره پنجم ۹۳ صفحات ۴۲۰-۴۱۱

چکیده

مقدمه: *امروزه موفقیت مدیران در اداره امور بیمارستانها، نه تنها منوط به توجه آنها به محیط داخل بیمارستان، که مستلزم در نظر داشتن محیط بیرونی آن می‌باشد و این همان پذیرش مسئولیت‌پذیری اجتماعی بیمارستان است. به نظر می‌رسد یکی از عواملی که می‌تواند در میزان پذیرش مسئولیت‌پذیری اجتماعی بیمارستان نقش داشته باشد، سبک مدیریت است. این مطالعه به بررسی رابطه سبک مدیریت و میزان مسئولیت‌پذیری اجتماعی در بیمارستانهای شهر تهران پرداخته است.*

روش کار: *مطالعه توصیفی تحلیلی حاضر به صورت مقطعی در سال ۱۳۹۰ انجام گرفت. بیمارستانها و مراکز آموزشی درمانی تحت پوشش دانشگاههای علوم پزشکی تهران و شهید بهشتی و بیمارستانهای خصوصی شهر تهران در مقطع پژوهش، جامعه آماری این بررسی را تشکیل دادند ($n \approx 94$) و نمونه‌گیری به روش سرشماری انجام شد. ابزار جمع‌آوری داده‌ها، شامل دو پرسشنامه مربوط به تعیین سبک مدیریت بیمارستان و سنجش میزان مسئولیت‌پذیری بیمارستان بود که با توجه به مرور متون علمی مربوط و نظر کارشناسی مجریان طرح تهیه و روایی محتوایی و پایایی آنها ارزیابی شد. داده‌های جمع‌آوری شده با استفاده از بسته آماری SPSS 16 و با استفاده از پارامترهای توصیفی و آزمون‌های آماری t مستقل و کای اسکوئر تحلیل شد.*

نتایج: *میانگین امتیاز مسئولیت‌پذیری اجتماعی بیمارستانهای مورد مطالعه ۳/۴۶ بدست آمد. میانگین امتیاز بعد بازار ۳/۶۹، بعد رهبری و فرآیندهای درونی ۳/۶۴، بعد محیط زیست ۳/۴۰، بعد محیط کار ۳/۳۸، جامعه و کشور ۳/۲۲ بود. بین میزان مسئولیت‌پذیری اجتماعی و نوع مالکیت و فعالیت بیمارستان رابطه معنی‌داری وجود نداشت. در مورد امتیاز سبک‌های ۵ گانه مدیریت نیز امتیاز سبک مربیگری - حمایتی ۳۴/۳۸، سبک عدم مداخله ۳۳/۸۰، سبک استبدادی - مشارکتی ۳۳/۲۰، سبک دموکراتیک - مشارکتی ۳۲/۹۸ و سبک استبدادی - بوروکراتیک ۳۰/۲۸ بود. نتایج آزمون t مستقل هم نشان داد تفاوت معنی‌داری بین میانگین امتیاز سبک مدیریت در دو بخش دانشگاهی و خصوصی وجود نداشت. همچنین با توجه به نتایج آزمون کای دو شواهدی دال بر ارتباط بین سبک مدیریت و میزان مسئولیت‌پذیری اجتماعی بیمارستانها بدست نیامد.*

نتیجه‌گیری: *میزان مسئولیت‌پذیری اجتماعی بیمارستانهای مورد بررسی متوسط ارزیابی شد. توصیه می‌شود برای بهبود وضعیت میزان مسئولیت‌پذیری اجتماعی اقداماتی در رابطه با ۵ بعد مسئولیت‌پذیری اجتماعی و خصوصاً بعد محیط کار و جامعه و کشور صورت گیرد. همچنین انجام مطالعات مشابه با حجم نمونه بیشتر توصیه می‌گردد.*

کلیدواژه‌ها: *مسئولیت پذیری اجتماعی – بیمارستان – مدیریت*

نویسنده مسئول:
حشمت‌اله اسدی
مرکز تحقیقات علوم مدیریت و اقتصاد سلامت دانشگاه علوم پزشکی ایران
تهران - ایران
تلفن: ۰۹۳۷۳۷۵۴۲۲۰+۹۸
پست الکترونیکی:
heshmat.asadi64@gmail.com

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