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Research article

Motivators of social sustainability in healthcare supply chains in the UAE—Stakeholder perspective

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ABSTRACT

This paper aims to identify the dimensions of motivation for social sustainability in healthcare in the United Arab Emirates (UAE). Further, the impact of these dimensions on the motivation for social sustainability is examined. A comprehensive questionnaire was developed based on interviews with administrators of large healthcare units in the UAE. The responses to this instrument are examined using principal component analysis to identify the five major dimensions of motivation for social sustainability. A measurement model (confirmatory analysis) is developed to examine the relationship among these dimensions. Finally, a structural model is developed to examine the significance of these dimensions regarding the concept of motivation for social sustainability in healthcare. Five major dimensions, namely, *organizational practices, media and reputation, excellence and awards, technology and innovation, and attitudes*, were identified as some of the key motivators of social sustainability in healthcare supply chains in the UAE. Organizational practices and attitudes are found to have the highest and lowest impact, respectively, on the motivation for social sustainability. This paper will enable healthcare units to examine the extent of their motivation for social sustainability. Hospital administrators, medical professionals and governmental departments will be able to use these findings to assess and benchmark their performance against that of other competitive hospitals. This will allow them to remain sustainable not only economically and environmentally but also socially. A comprehensive instrument of motivation for social sustainability is developed, and first and second order (measurement and structural) models for the dimensions that pertain to this motivation are examined.

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1. Introduction

Governments around the world face a challenging mission to sustain their economies, environments, and, more importantly, societies (Epstein, 2008). The divide between their offerings and the needs of community will grow wider everyday if governments do not promptly respond to this daunting challenge. This is why sustainability is no longer a choice but a necessity, and it must be incorporated into the DNA of every activity and business. This has encouraged organizations to take the lead in the emergence of the concept of “sustainable development” (Fontaine et al., 2006).

Following the moralities of stakeholder theory, organizations that pursue social sustainability must ensure that stakeholders are

motivated to commit to social objectives. This is even more important in supply chains such as healthcare, where people’s lives are at stake. Hence, social progress has become a key objective and a concrete imperative within the field of healthcare. While the healing of patients is the primary outcome of healthcare services, providing access and training opportunities for preventative behaviour and wellness are equally important (Siebenaller, 2012). The supply chain includes services that require coordination among the various actors who work together to interact with clients and community and to sustain the services over time (Oslen, 1998). In fact, the human and/or social element is involved at every stage of the healthcare process, which makes it even more necessary to provide every required element for the involved actors, i.e., stakeholders should be motivated to support the social sustainability of the supply chain.

While the available literature has focused on the factors that drive the adoption of environmental practices (Zhu and Sarkis, 2006; Lee and Klassen, 2008; Walker et al., 2008; Large and

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Gimenez Thomsen, 2011), few efforts cast light on the drivers of the adoption and implementation of social sustainability, especially within healthcare. This dimension has largely been emphasized only for legislative issues or human safety instead of the cultural ramifications of organizational decisions. Thus, an organization is required to consider the social impact of its choices and/or decisions throughout the life cycle of a service (Hutchins and Sutherland, 2008).

Therefore, this paper aims to expand upon the literature by exploring those motivators from stakeholders' perspectives. More specifically, based on a public healthcare unit, the paper presents an exploratory and confirmatory analysis of the motivators of social sustainability in the healthcare supply chains of the United Arab Emirates (UAE). Given the country's vision of becoming among the best nations in the world by the year 2021, UAE has given priority to building a sustainable community, in which "social and economic development across the entire nation is balanced, sustainable, rationalized, and efficient" (VISION2021, 2010).

Thus, the purpose of this paper is three-fold:

1. To explore the motivating factors for social sustainability in the UAE's healthcare facilities,
2. To propose a comprehensive framework of social sustainability in healthcare supply chains; and
3. To investigate and validate the relationship among these dominant factors by introducing a First and Second Order Confirmatory Factor Analysis (CFA) model.

The paper is organized as follows. A review of the relevant literature is presented in Section 2 to describe the notion of social sustainability, its theoretical background, key motivating factors, and insights into healthcare supply chains in the UAE. Section 3 presents the methodology of the paper. The analysis and findings are reported and discussed in Section 4, and Section 5 concludes.

2. Literature review

2.1. Social sustainability

Sustainability has become a predominant part of business today. The goal of sustainability is grounded in the concept of a triple bottom line, which implies the necessity of balancing the objectives that are related to profits, the planet, and people for corporations as they grow and compete in a global economy (Kleindorfer et al., 2005). True sustainability occurs at the intersection of the three areas – the environment, society, and the economy, where an organization explicitly and comprehensively incorporates its goals in developing a strategic vision as well as a long-term strategic mission (Carter and Rogers, 2008). However, there has been an extensive focus on the economic and environmental pillars of sustainability compared to the social one (Shrivastava, 1995; Starik and Rands, 1995; Seuring and Muller, 2008). This pillar has been described as the most elusive and conceptually vague in the sustainable development discourse (Thin, 2002; Dempsey et al., 2011; Casula Vifell and Soneryd, 2012). As a result, the concept of social sustainability has been under-theorized or oversimplified in the existing theoretical constructs (Littig and Griesler, 2005).

In response to that, there has been increasing interest in the social pillar of sustainability, driven by the political agenda and business objectives that aim to develop communities. This drive has led to a variety of articles on the topic from a range of perspectives (Sachs, 1999; Polèse and Stren, 2000; Biart, 2002; Littig and Griesler, 2005; Colantonio, 2009).

While a generalized definition of social sustainability is unachievable, this pillar has been commonly incorporated with the human side of sustainability, which includes human rights, health

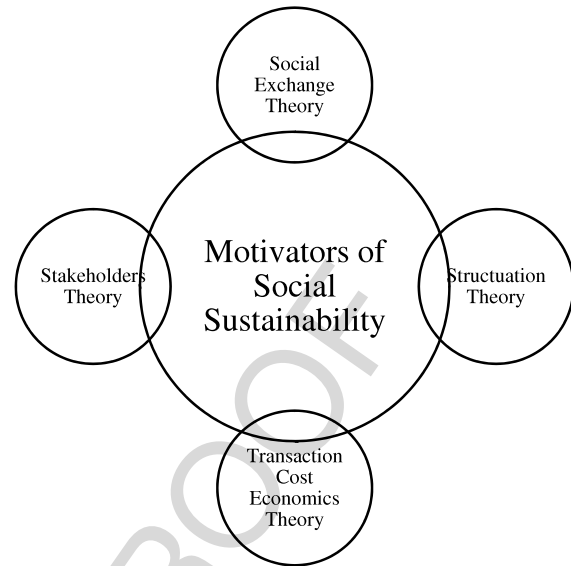


Fig. 1. Theory-based literature on motivators of social sustainability.

and safety, and community (Huq et al., 2014). Accordingly, in response to their urge to keep pace with global transformations, communities and business organizations are increasingly interested in the adoption of social sustainability (Fontaine et al., 2006).

2.2. Key motivators of social sustainability: theoretical development

This section presents a review of theory-based social sustainability studies and explores the motivators of sustainability within each theoretical construct in the broader scope of stakeholders' perspectives. These theories are: Stakeholder theory, Transaction cost economics (TCE), Structuration theory, and Social exchange theory (Fig. 1).

Belal (2002) was among the first to use stakeholder theory to elaborate the difference between stakeholder management and stakeholder accountability. He found that engaging stakeholders is driven by a positive impact on profit. This theory was also applied by Liu et al. (2011) to emphasize corporate values as determinants of the committed effort towards sustainable construction. Similarly, Park-Poaps and Rees (2010) found that responsible actions in an organization are driven by consumers, industry peers, media pressure. They highlighted that normative changes and trends within the supply chain are related to the level of proactive, value-based labour management. This paper explores the motivators of social sustainability that involve various stakeholders in healthcare supply chains.

The supplier is an important tier and stakeholder in healthcare supply chains. Transaction Costs Economics (TCE) theory examines the relationship between transaction characteristics (contract duration, cost pressure, and production complexity) and supplier commitment to maintaining a code of conduct (Jiang, 2009). Jiang (2009) highlighted open and honest communication at different levels of a supply chain as being essential to ensure compliance with a code of conduct. TCE was also used by Huq et al. (2014) to highlight a number of motivators of social sustainability, including external stakeholder pressure (e.g., media and consumer expectations), owner's attitudes, and competition amongst suppliers for skilled labour as well as economic benefits. This paper uses TCE to investigate the motivators of social sustainability from the supplier's perspective.

In line with Liu et al. (2011), Pullman and Dillard (2010) found that social values are an important driver of sustainability.

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