

Traditional vs. interactive technologies for Corporate Social Responsibility communication in health care: A study in Malta and India

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Abstract

This work aims to understand the importance of Corporate Social Responsibility (CSR) in the health care sector and investigates the use of traditional and interactive technologies for health care organizations' CSR communication strategies. Based on a quantitative research methodology, we examine and compare CSR communication between two countries, namely Malta and India, which are characterized by very different contexts. The study shows that in both countries, CSR is perceived to be of medium to high importance and that health care organizations need to be more aware of the importance to communicate CSR activities through the use of interactive technologies.

Keywords: Corporate social responsibility (CSR), interactive technologies, healthcare communication.

Introduction

The rising interest on the social and environmental side of corporations has recently shifted attention towards the communication of Corporate Social Responsibility (CSR) and in particular, has increasingly focused on the tools adopted to communicate these activities to stakeholders (Chaudhri & Wang, 2007).

CSR is a complex subject and is the result of long-existing concepts, consisting of numerous and contrasting theories, as well as individual interpretations (Collins, 2010). However, it is possible to summarize CSR as the responsibilities of corporations of all types and sectors towards society and environment in which they operate, as well as to their stakeholders (Carroll, 1999; Davis, 1992; Hart, 1997; Shamir, 2005).

The health care sector has not received systematic attention to CSR, despite its critical importance worldwide (Collins, 2010). Indeed, there is scant literature in the field of CSR communication in health care, and in particular scarce literature that deals with the use of interactive technologies for CSR communication in the health care context. Despite the fact that CSR should interest organizations across all sectors, CSR is crucial to the health care sector, which is currently facing challenges, namely rapid technological advances as well as financial, economic and sustainability pressures.

Over the last few years, health care organizations have been under severe public scrutiny and this pressure has led them to become more aware of the consciousness and conscientiousness of CSR-related issues (Collins, 2010). So as to achieve this level of awareness, the health care sector is paying increasing attention to the different methods of CSR communication and, particularly, on the use of technologies to communicate on their CSR activities. In this regard, the interactive technologies are being popularly used in the health care sector for communicating CSR activities.

Today health care organizations have different choices and tools to communicate their CSR activities. The use of traditional means of CSR communication (social, sustainability and integrated reports, codes of ethics, certification standards, etc.) is often complemented by the implementation of interactive communication technologies (internet, web sites, social media, social networks, mobile apps, etc.), which have been gaining ground year after year.

Against this background, this study presented aims to: i) understand the importance of CSR for health care organizations; ii) investigate how interactive technologies are being used for CSR communication by health care organizations and compare this with the use of traditional means of CSR communication; and iii) compare CSR communication between two countries with extremely different contexts, Malta and India.

Theoretical framework

Today's health care organizations, being aware of the importance of CSR (Collins, 2010), are paying particular attention to the communication of their CSR activities to their stakeholders. In order to be regarded as socially responsible, organizations have to

make CSR visible and accessible to their different stakeholders (internal, external and interface) (Arvidsson, 2009). Communicating CSR activities is of crucial importance for organizations that want to increase in transparency, adopt ethical behaviors and create value (Dawkins, 2004; Hooghiemstra, 2000).

Health care organizations have different options for the communication of their CSR activities. It is possible to identify two main categories of CSR communication tools: i) traditional technologies; and ii) interactive technologies.

Table 1 lists traditional technologies for CSR communication and summarizes their features.

Table 1- Traditional technologies for CSR communication

Tool	Features
Reporting tools	Reporting tools include social, sustainability and integrated reports. Their aim is to allow organizations to report to different stakeholders about their CSR and sustainability activities. These tools supplement the consolidated financial reports with CSR and sustainability reporting (GRI, 2014).
Codes of ethics	The code of ethics is the document, which contains rights and moral duties that identify the ethical and social responsibilities of organizations. It is the main tool that allows the implementation of ethics within organizations as well as prevents illegal/irresponsible behaviors by their members (Pritchard, 1998; Valentine & Barnett, 2003 ; Serra, 1997; Sacconi, 2002).
Standards of certification	Standards of certification for CSR communication include ISO 9000/9001, 26000 and 14001, AA 1000 and SA 8000. They allow to convert CSR into organizations' practices (Beck & Walgenbach, 2005; Walgenbach, 2001).

Traditional technologies include also tools such as TV, radio, billboards, print, booklets, flyers, brochures, events.

Interactive technologies include the use of other social media, namely videos, blogs and chat (Tomaselli & Melia, 2014). Interactive technologies are not only used to spread and disseminate CSR information, but also to better reach different typologies of stakeholders, maintain their relations, and monitor patients' health more easily (Eysenbach, 2001; Schaar, Calero Valdez & Ziefle, 2012; [Estrin & Sim, 2010](#); [Stone et al., 2007](#)). Table 2 lists traditional technologies for CSR communication and summarizes their features.

Table 2 – Interactive technologies for CSR communication

Tool	Features
eHealth	eHealth identifies health care practices that are supported by electronic processes and communication (Della Mea, 2001). It provides several logistical advantages to health care services including: efficiency, enhancing quality of care, empowerment of customers and patients, enabling information exchange and communication in a standardized

	way between health care establishments, ease-of-use, CSR communication, dialogue and interaction between patients and health professionals, and equity (Eysenbach, 2001).
mHealth	mHealth refers to the use of mobile devices in support of medicine and public health. It deals with applications (apps) for mobile phones. Its features include: time-reducing (since it is easy to use and allows stakeholders to be reached in a faster way); user-friendly (since it is a rapid, learning health system); data-sharing feasibility (since it provides the platform for patients to collect and share relevant data at any time (not just when they visit a clinic); and treatment plan integration (since it allows more rapid convergence to optimal treatments (Estrin & Sim, 2010 ; Stone et al., 2007)).
Web site	The corporate web site is today's main tool used by organizations for CSR communication (Tomaselli & Melia, 2014). Web site features include: easy access, low costs, wider coverage, timeless benefits (information can be updated fast and easily), connection between businesses, consumers and society (Wheeler & Elkington, 2001; Adam & Frost, 2004; Bolivar, 2009; Darus et al., 2013).
Social Network Sites (SNS)	The term SNS refers to a number of different interactive technologies and applications that include social media, social networks, social software and web 2.0. In the health care sector, SNS enables the connection between the participants, although the individual motif and the specific subject may differ (Schaar, Calero Valdez & Ziefle, 2012).

Research setting

The study analyzes best practices within the Maltese and Indian health care sectors that are using interactive technologies to communicate their CSR activities. Within the sample of organizations investigated, key managers were identified and contacted in order to better understand the importance in health care services of CSR communication and the use of interactive technologies.

Research approach

A literature review was first carried out in order to understand the state of the art on the topic of CSR communication in health care. The theoretical framework was then developed. Quantitative methods were used. A total of 72 participants expressed interest in participating in the questionnaire.

Data collection

Data collection consisted of primary data gathered through surveys (questionnaires) with managers of the organizations involved in the study. Although, we initially aimed for a mixed study combining both quantitative and qualitative methodologies, administering semi-structured interviews with hospital managers proved particularly difficult. For this reason, we created a questionnaire that allowed participants to freely express their views on the application and communication of CSR in health care and the use of both traditional and interactive technologies for health care CSR communication.

Data were collected via snail mail as the questionnaires were completed. Emails were used to send out the online questionnaire (first in MS Word format, and subsequently via URL) to all the participants, who agreed to take part in the survey. As a result it was ensured that all responses to the questionnaire were fully voluntary and anonymous, since questionnaires via URL allow respondents to answer questions without giving their names and personal information. The questionnaire focused specifically on the following issues: i) the meaning and importance of CSR for the health care context; ii) the different tools (both traditional and interactive technologies) adopted by health care organizations to communicate their CSR activities; and iii) differences and similarities between the use of traditional and interactive technologies.

In order to ensure that all participants were briefed on the purpose of the questionnaire and that they felt comfortable taking part, a written statement consisting of a detailed description of the academic study together with information related to security and privacy of the data collected, was presented to them prior to starting the questionnaire. We also provided our contact details to ensure that if any information regarding the questionnaire was still unclear, participants could freely contact us directly via email.

Data analysis

The data analysis was carried out using quantitative methods. A total of 72 respondents participated in the survey. Participants were further categorized by country, city, the typology of the organization (public or private hospitals; center for research; ICT company involved in the health domain; etc.) and size. This grouping of the data further allowed the authors to analyze patterns related to the use of traditional and interactive technologies for CSR communication in health care in Malta and India. A total of 63 respondents were from India whereas 9 respondents were from Malta. Within the sample of Indian respondents, 63,5 % of organizations surveyed were private hospitals and clinics, 34,9 % public hospitals and 1,6 % research centers. 50,8 % were medium-size organizations, 42,9 % small, 6,3 % large, and 1,6 % were multinational organizations. Organizations investigated in India were from the following cities: Panchkula, Chandigarh, Patiala, Gwalior and Rajkot. Within the sample of Maltese respondents, except for one ICT company involved in the healthcare domain, all were public organizations. First, a separate data analysis was conducted for the two countries, and then results were compared. The results generated were purely quantitative as questions were multiple choices. This allowed us to extrapolate data by using analytical tools that could accurately identify if there was a significant difference between the two countries, Malta and India.

Findings

The first objective of this quantitative study was to understand the importance of CSR for health care organizations. According to 96,8 % of Indian respondents, CSR is perceived as the responsibilities of organizations towards the society, stakeholders and the environment. As regards Maltese respondents, 44,4 % of respondents perceived that

CSR is a responsibility of all types of organizations, and involves being an active part of society, and having to be aware and to respond to the needs (not only products or services) of the communities in which they operate. Furthermore, communicating CSR in the Indian health care sector is perceived as an issue of medium-high importance (47,6 %), while in the Maltese context, it is considered a very important issue (44,4 %). 90,5 % of Indian organizations surveyed affirmed that they mainly communicate CSR to be competitive in the sector, while 33,3 % of Maltese respondents do it because it is the right thing to do.

A second objective of this research was to investigate the different technologies (both traditional and interactive) used by health care organizations for CSR communication. Data revealed that 74,6 % of Indian organizations surveyed use both traditional and interactive technologies at the same level. In the Maltese context, 44,4 % of respondents do not know whether they are using more traditional or interactive technologies for their CSR communication, while 22,2 % confirmed that they are using both at the same level. Figure 1 shows and compares the use of traditional technologies for CSR communication in both Maltese and Indian health context.

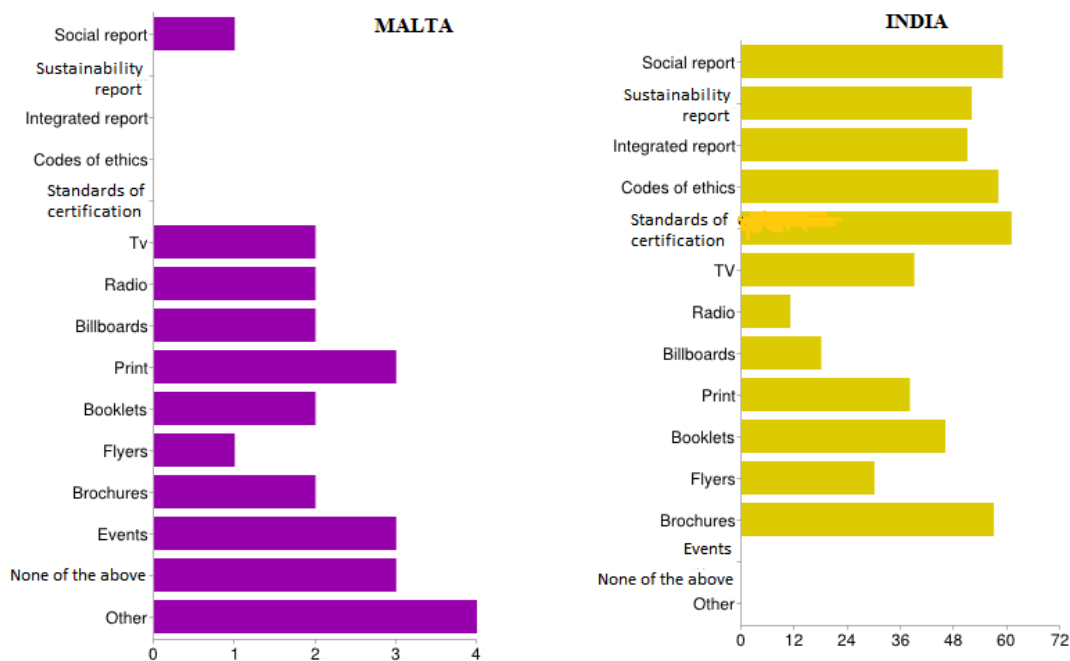


Figure 1 – Traditional technologies for CSR communication in Malta and India

Main traditional technologies used by Maltese health care organizations are print (33,3 %), TV, radio billboards and brochures (22,2 %). 4 respondents (44,4 %) chose the option “other” and specified that they are using a mix of the above technologies, while additional 33,3 % none of the above. Indian health care organizations use mainly standards of certifications (96,8 %) such as ISO 9000/9001; social (93,7 %), sustainability (82,5 %) and integrated (81 %) reports; codes of ethics (92,1 %); TV (61,9 %); print (60,3 %); booklets (73 %); brochures (90,5 %) and flyers (47,6 %). Radio (17,5 %) and billboards (28,6 %) have a lower impact on Indian traditional CSR communication.

Figure 2 shows and compares the use of interactive technologies for CSR communication in both Maltese and Indian health context.

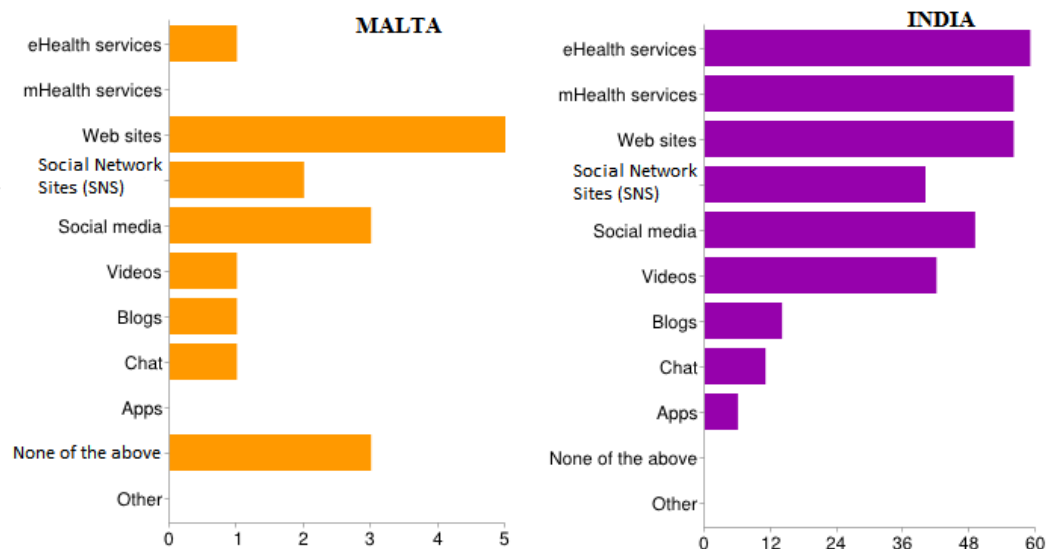


Figure 2 – Interactive technologies for CSR communication in Malta and India

Within the category of interactive technologies for CSR communication, Maltese health care organizations use mainly web sites (55,6 %), followed by social media (33,3 %) and SNS (22,2 %). eHealth, videos, blogs and chat are, respectively, used by 11,1 % of respondents, while 33,3 % use none of the above. Indian health care organizations use mainly eHealth (93,7 %) and mHealth (88,9 %) services, web sites (88,9 %), social media (77,8 %), SNS (63,5 %) and videos (66,7 %). Blogs (22,2 %), chat (17,5 %) and apps (9,5 %) are not widely used in the Indian health care context, however, the percentage of their use is slightly higher if compared to the Maltese context.

Another objective of the study was to underline differences and similarities between the use of traditional and interactive technologies for health care CSR communication. 100 % of Indian organizations surveyed and 44,4 % of Maltese organizations stated that they communicated different content when using interactive and traditional technologies. Table 3 highlights the main differences and similarities between the use of traditional and interactive technologies for health care CSR communication in the two countries.

Table 3 – Differences and similarities between traditional and interactive technologies

Features	Malta (%)	India (%)
Interactive technologies enable to communicate more and include additional information.	22,2	90,0
Traditional technologies enable to communicate more and include additional information.	11,1	88,9
Traditional technologies are used only for reporting reasons, while interactive technologies are used to enhance dialogue and interaction with stakeholders	22,2	98,4
The information communicated is basically the same, but the	0,0	82,5

languages used are different.		
Interactive technologies allow sponsorship of CSR activities, while traditional technologies do not since they remain internal to the organization.	0,0	61,9

A final set of differences observed between traditional and interactive technologies, was related to the advantages of implementing the use of interactive technologies in health care. 100 % of Indian and 66,7 % of Maltese respondents affirmed that the use of interactive technologies brings advantages (as speed, low costs, easy-to-use, easy access to information, etc.) to organizations in the health sector.

Discussion and implications

This research was conducted in two countries with very different contexts regarding the health care systems and the type of economies. Maltese health care system has universal coverage and is free at the point of use. It is primarily financed through taxation. The private sector is small compared to the public sector. This makes competition less of a problem in Malta. India, in contrast, shows that competition is important. The Indian health system includes both public and private hospitals as well as specialized hospitals offering traditional Indian system of alternative medicine. All major cities and medium-sized urban centers have private hospitals that provide an excellent standard of care. Health insurance only covers hospitalization and emergency costs. Other care must be paid for upfront, but even privately it is extremely reasonable compared to other countries, so medical costs should not be a significant expense. The quality of treatment and care is likely to be better than a state hospital. Publicly funded government hospitals provide basic care only and often lack adequate infrastructure. Though the cost of care is less at these government hospitals, the standard is inferior compared to private hospitals, and in general western expats opt for private healthcare. The differences between the two contexts are, consequently, present in the application of CSR in the relative health care systems.

This study emphasized that health care organizations need to be more aware of the importance of CSR, and specifically, through the use of interactive technologies, they may be better able to communicate their CSR activities to their stakeholders. In both Malta and India, CSR is perceived as an issue of medium to high importance by, respectively, 44,4 % and 47,6 % of respondents. However, health care organizations of both countries deserve growing interest on how to communicate their CSR activities. Their reasons to communicate CSR are different: while Indian organisations do this mainly to be competitive in the sector (and hence for business/marketing reasons), the main reason that Maltese organizations do this is because it is simply the right thing to do.

Health care organizations of both countries use both traditional (social, sustainability and integrated reports, codes of ethics, standards of certification, etc.) and interactive technologies (internet, web sites, social media, social networks, mobile apps, etc.) to communicate their CSR activities. In addition, interactive technologies have a strong potential for health care organizations, since they enable to communicate more and

include additional information than traditional technologies, allow ongoing dialogue and interaction with stakeholders at different levels, to use different languages and to sponsor CSR activities.

The use of interactive technologies for CSR communication is growing year by year in the health context of both countries. However, while in the Indian healthcare context there is a more consistent use of eHealth and mHealth services, SNS and websites, in the Maltese context these technologies have a lower impact (except for the web site, which is used by a higher percentage in this country). Furthermore, the awareness of interactive technologies' potential for health care CSR communication looks higher in India than in Malta, since 100 % of Indian respondents affirmed that the use of interactive technologies brings advantages (as speed, low costs, easy-to-use, easy access to information, etc.) to organizations in the health sector and only 66,7 % of Maltese respondents has the same perception.

It is possible to conclude that CSR is a highly relevant topic for today's organizations, which have to answer for their actions to different stakeholders and to society. Health care organizations are particularly careful to communicate CSR to their stakeholders in order to respond to ethical standards, build corporate image and reputation, strengthen stakeholders' relations, and create value.

Limitations and Further research

There are limitations in this study that suggest opportunities for further research. Main limits identified are two: i) the number of participants (63 respondents from India and 9 from Malta); and ii) the focus on two specific geographical areas (Malta and India) does not allow the application of the findings to the global health care context. This study reports first results of ongoing research, the progress of which is directed towards expanding the sample of organizations analyzed and the geographic context.

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