
CORPORATE SOCIAL RESPONSIBILITY: HOSPITAL MANAGEMENT AND HEALTH ADMINISTRATION - PERCEPTION SCALE OF STUDENTS FROM HIGHER EDUCATION INSTITUTIONS

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SUMMARY

The challenges of corporate social responsibility (CSR) in different industrial sectors are multiple and diverse, which has created various challenges. The health organizations are institutions dedicated to the prevention, maintenance, and improvement of people's health. These daily serve various target audiences, among which are university students, who have different expectations, perceptions, and ideals that support their relationship with healthcare centers. In this sense, this research aims to explain the perceptions of undergraduates about CSR in health

institutions. A measurement model and a structural equation model are developed to test theoretical hypotheses. The findings of this research show the influence of the CSR imaginary on ethical discernment and environmental care, as well as the influence of ethical discernment on community engagement, as well as the influence of environmental care on community engagement. This paper provides insights that can be useful for the design of CSR strategies in the field of hospital management and health administration.

Introduction

CSR (Corporate Social Responsibility) constitutes a conceptual corpus and a wide-ranging organizational praxis that contributes to the definition of strategies, policy design, and organizational models (Ventura and Jauregui, 2023). These strategies make clear the company's commitment with society, all of which is embodied in the definition of an institutional task aimed at the good life of organizations and the common good of

society (Fatima and Elbanna, 2023). In the health sector, CSR search for solutions to problems related to the health and well-being of the population (Schwartz and Kay, 2023). This approach raises questions about the corporate role of healthcare organizations in terms of their ability to meet the expectations of various stakeholders, which can become a virtuous tool in the corporation-community relationship (Rispel *et al.*, 2023).

On the other hand, higher education institutions (HEIs)

provide spaces for the training of professional's competencies that can be applied in volatile and diverse scenarios for the resolution of problems and the construction of alternatives according to the context (Alboliteeh *et al.*, 2023). Therefore, it is necessary that health professionals are trained with an integral vision, to value and collaborate in social problems (Severino-González *et al.*, 2022). In this sense, university students have a condition as agents of change and an importance as future

professionals (Saeed *et al.*, 2023). Health management tends to face a set of complex situations such as commoditization, medicalization and dehumanization of professionals and employees (Jewell *et al.*, 2023). In relation to all of the above, the research question posed is: What are university students' perceptions of Corporate Social Responsibility (CSR) in health institutions in the Maule region of Chile, while the research objective is to explain university students' perceptions

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RESPONSABILIDAD SOCIAL CORPORATIVA: GESTIÓN HOSPITALARIA Y ADMINISTRACIÓN DE LA SALUD - ESCALA DE PERCEPCIÓN DE ESTUDIANTES DE INSTITUCIONES DE EDUCACIÓN SUPERIOR

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RESUMEN

Los desafíos de la responsabilidad social corporativa (RSC) en los diferentes sectores industriales son múltiples y diversos, lo que ha generado varios retos. Las organizaciones de salud son instituciones dedicadas a la prevención, mantenimiento y mejora de la salud de las personas. Estas sirven diariamente a diversos públicos objetivos, entre los cuales se encuentran los estudiantes universitarios, quienes tienen diferentes expectativas, percepciones e ideales que sustentan su relación con los centros de salud. En este sentido, esta investigación tiene como objetivo explicar las percepciones de los estudiantes de pregra-

do sobre la RSC en las instituciones de salud. Se desarrolla un modelo de medición y un modelo de ecuaciones estructurales para probar las hipótesis teóricas. Los hallazgos de esta investigación muestran la influencia del imaginario de la RSC en el discernimiento ético y el cuidado ambiental, así como la influencia del discernimiento ético en el compromiso comunitario, y la influencia del cuidado ambiental en el compromiso comunitario. Este artículo proporciona perspectivas que pueden ser útiles para el diseño de estrategias de RSC en el ámbito de la gestión hospitalaria y la administración de salud.

RESPONSABILIDADE SOCIAL CORPORATIVA: GESTÃO HOSPITALAR E ADMINISTRAÇÃO DA SAÚDE - ESCALA DE PERCEÇÃO DOS ESTUDANTES DE INSTITUIÇÕES DE ENSINO SUPERIOR

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RESUMO

Os desafios da responsabilidade social corporativa (RSC) em diferentes setores industriais são múltiplos e diversos, o que tem criado vários obstáculos. As organizações de saúde são instituições dedicadas à prevenção, manutenção e melhoria da saúde das pessoas. Estas atendem diariamente a diversos públicos-alvo, entre os quais estão os estudantes universitários, que possuem diferentes expectativas, percepções e ideais que sustentam sua relação com os centros de saúde. Nesse sentido, esta pesquisa tem como objetivo explicar as percepções dos graduandos sobre

a RSC nas instituições de saúde. Foi desenvolvido um modelo de medição e um modelo de equações estruturais para testar as hipóteses teóricas. Os resultados desta pesquisa mostram a influência do imaginário da RSC no discernimento ético e no cuidado ambiental, assim como a influência do discernimento ético no engajamento comunitário e a influência do cuidado ambiental no engajamento comunitário. Este artigo oferece perspectivas que podem ser úteis para o design de estratégias de RSC no campo da gestão hospitalar e da administração da saúde.

of CSR in health institutions in the Maule region of Chile.

Theoretical Framework and Hypothesis Development

The CSR imaginary is a catalyst for strategies based on ethical discernment

CSR has positioned itself as a model, strategy, and tool that contributes searching for guaranteeing the stability of organizations and ensuring the balance of their internal and external community (Khan *et al.*, 2023). The above is a product of disruptive events that modifies the imaginary, expectations and ideals of the various stakeholders; being university students an actor who adjusts

their perceptions more quickly (Raaper *et al.*, 2022). It is at this point that various CSR strategies of health institutions seek to impact the ethical assessment of their target community (Choyke *et al.*, 2022), which can be linked to marketing as well as policies to approach the opinions of patients/users and the implementation of new paradigms of health governance (Brandao *et al.*, 2013).

All this generates specific CSR imaginaries in university students, which motivates a redesign of their belief schema, affecting the subsystems of consciousness (affective, cognitive, and conative) to the point of influencing the paradigms that govern their understanding and

valuation (Ali *et al.*, 2020). This dynamic can contribute to the construction of a positive imaginary about CSR strategies implemented by healthcare institutions, which can be manifested by college students promoting the efficacy and fulfillment of corporate objectives goals.

In line with the above, the following research hypothesis is proposed: H1. The CSR imaginary perceived by HEI students as a CSR strategy exerts a direct and positive influence on their ethical discernment.

The imaginary about CSR as a driver of community participation

The social imaginary is essential to understand individual

perceptions about the ideas and expectations with university students being a widely addressed population (Coveney *et al.*, 2019). Health centers are aware of the importance of the social imaginary and its influence on the perception of CSR. In this sense, the social imaginary allows the integration of shared discourses and practices from the organizations towards the community, which could help to unravel the hidden and ignored interactions in a process as complex as health-disease (Archibald *et al.*, 2020).

Now, health institutions have implemented business innovations such as awareness campaigns, press conferences and health projects to continue their functions in a confusing,

gloomy and volatile scenario. (Jewell *et al.*, 2023). These strategies show a message of commitment and leadership towards the population (Flore *et al.*, 2023).

Consistent with the above, the following research hypothesis is proposed: H2. The CSR imaginary perceived by HEI students as a CSR strategy directly and positively influences community engagement.

The CSR imaginary contributes to the implementation of environmental care strategies

Several studies have shown the growing concern of university students about the role of healthcare institutions in personal well-being and sustainable development (Mosleh *et al.*, 2022). This concern has led to the formation of imaginary categories around the CSR of hospitals and healthcare facilities (Schettino *et al.*, 2022). For example, it could manifest itself in aspects such as the tendency to use some services and the taking of a political position questioning quality in health care (Ting and Wan, 2022). In response, many healthcare institutions deploy several CSR strategies to align with the imaginary of university students so that they can positively value healthcare facilities (Oranges *et al.*, 2022).

In this context, the interrelation between the promotion of sustainable development and environmental care as CSR strategies of healthcare institutions has gained prominence in recent years (Haddiya *et al.*, 2020) promoting new models for hospital management considering aspects such as: regulation of their carbon footprint, implementation of environmental care programs, digitalization, design and construction of green healthcare infrastructures, application of green supply chains, among many others (Thomas *et al.*, 2023).

CSR strategies can be implemented by health institutions through their administration and messages to the community (Archibald *et al.*,

2020). These university students tend to build certain constructs and images around socially responsible practices, relating them to their tendency to care for the environment (Galvao *et al.*, 2019) such assumption is sustained through student attitudes based on virtuous behaviors, ethical decisions and environmental awareness, influenced by sociodemographic factors such as gender, religiosity and volunteering practices (Severino-González *et al.*, 2022).

In line with the above, the following research hypothesis is proposed: H3. The CSR imaginary perceived by HEI students as a CSR strategy directly and positively influences environmental care.

Ethical discernment as an articulator of community engagement

Ethical discernment has emerged as a key component in the implementation of CSR practices in healthcare institutions (Rodger *et al.*, 2023). Organizational culture and ethical scrutiny of the daily actions of employees and healthcare professionals are relevant to business success (Pasricha *et al.*, 2018). It is interesting to highlight the influence of ethical discernment on the subjective well-being of healthcare workers by emphasizing the importance of organizational support and ethical-philanthropic action in consolidating the well-being (Ilyas *et al.*, 2022). In this sense, Deng *et al.*, 2022 demonstrated the importance of fostering the ethical behavior of employees of a health service and its interrelation with the altruistic dimension of CSR.

Within this community dynamic, perceptions of CSR could not only manifest evaluations of certain actions and policies but also express the personal characteristics of the study subjects (Lillo-Viedma *et al.*, 2022). This feedback loop fosters the creation of productive CSR strategies for the internal and external community of hospital centers (Gass *et al.*,

2023). The implementation of CSR should be understood as a policy with medium and long-term effects at the institutional level (Yang *et al.*, 2023).

University students have shown their worth as subjects concerned about justice and the exercise of values (Sarmiento-Peralta G *et al.*, 2021), and ethical discernment and commitment to the community have become socially responsible strategies that contribute to sustainability, health, and good living (Severino-González *et al.*, 2020). Understanding that people assign an ethical value to their actions, and that, based on this subjective evaluation, they decide to manifest certain behaviors and perceptions about their environment (Aruta *et al.*, 2022).

Based on the above argument, we propose the following research hypothesis: H4. Environmental care perceived by HEI students as a CSR strategy directly and positively influences community engagement.

Environmental care strategies and their contributions to community development

In recent years, the scientific discussion about the role of CSR in environmental care as a practice linked to sustainability policies has grown stronger (Jain *et al.*, 2023). Despite the significant economic footprint of healthcare institutions, they are well below the average (Fallah-Shayan *et al.*, 2022). This gap has triggered the search for tools, strategies, and tactics to ensure socially responsible behavior like promoting environmental care in conjunction with stakeholders (Mathras *et al.*, 2022).

To address this challenge, hospital management has begun to establish CSR strategies to favor the development of its community (Lacy-Nichols *et al.*, 2023). This approach has a particularly significant impact on vulnerable populations, such as people with disabilities (Millard D *et al.*, 2022). Likewise, various bodies within hospitals such as ethics

committees, committees for people with special abilities, and volunteer organizations have found it necessary to integrate community members as a mechanism for communication, resilience, and recognition (Gass *et al.*, 2023).

The positive effect of CSR activities implemented by health institutions on environmental care has shown equity in access to health services (Dai *et al.*, 2022), and improvement in conditions such as cancer, physical and mental problems (Ravaghi *et al.*, 2023). At this point, university students have stood out as a strategic study population, demonstrating a tendency to positively value CSR actions, the purchase of sustainable products, and care for the environment (Vatamanescu *et al.*, 2021).

In line with the above, the following research hypothesis is proposed: H5. The care for the environment perceived by HEI students as a CSR strategy directly and positively influences the commitment to the community.

Methodology

Measurement models and structural equation models

Measurement models are analytical tools that allow the examination of abstract constructs through observed variables, which constitute the latent dependent and independent variables (Hair J, 2011). This analysis is based on the second-generation multivariate method, which contributes to the subsequent testing of theoretical hypotheses through empirical data (Hair J and Alamer, 2022). To carry out this analysis, the Structural Equation Modeling with Partial Least Squares (SEM-PLS) approach was used. This approach combines statistical tests based on principles of multivariate analysis, employing multiple regression and factor analysis, which facilitates the assessment of theoretical hypotheses (Hair *et al.*, 2011; Ringle *et al.*, 2020). The

present research work used the SEM-PLS statistical technique for the development of a structural equation model, for which the Smart PLS v. 4 software was used.

The use of the SEM-PLS method for the analysis of CSR through SEM-PLS has been widely addressed (Cheng *et al.*, 2022; Eng *et al.*, 2022), the opposite is the case with research that has used SEM-PLS considering CSR from the perspective of hospital management and health administration (Liu *et al.*, 2022). The previous is even more relevant because the research subjects are university students, who in the last 12 months made use of one or more services of health institutions located in the Maule Region. All the above mentioned, gives relevance to this research, because the findings contribute to the design of contextualized CSR strategies that could consider the singularities of young health users from the perspective of university students.

Selection of the population and sample

The population is composed of university students who are users of public or private health centers located in Talca, Chile. A total of 202 students from different undergraduate programs participated (Table I).

Instrument

The instrument used for the data collection has a structure divided into three sections: the first section includes a set of filter questions, which allow the main characteristics of the research subjects to be ascertained; the second section collects the sociodemographic features of the research subjects, such as age, health centers and health insurance; the third section includes the scale of perception of CSR of health institutions: Age, Health Centers and Health Insurance; the third section arranges the scale of perception of CSR of health institutions.

The scale of perception of CSR in health institutions was designed by Severino-González *et al.*, 2019, the proposed scale is based on Brussino and Prósperi (2015), Saturno-Hernández *et al.* (2015). Said research considers the review of the questionnaire through experts and then a pilot test is applied, to finally develop an internal consistency analysis, which fluctuates between 0.89 and 0.92. Then the questionnaire is used by Severino-González *et al.*, 2020, in this research to determine descriptive statistics, dispersion measures, internal consistency coefficients, correlations and statistically significant differences. The Cronbach's alpha coefficients are between 0.7 and 0.91.

Finally, this research considers the development of a measurement model and a structural model, for which it uses the instrument published by Severino-González *et al.*, 2020, which is composed of the dimensions i) CSR Imaginary (Q1), ii) Ethical Discernment (Q2), iii) Commitment to the community (Q3) and iv) Care for the environment (Q4). A five-level Likert-type scale was used to measure the level of perception: (1) strongly disagree, (2)

disagree, (3) neutral, (4) agree and (5) strongly agree.

Analysis procedure and strategy

The data collection was conducted using a questionnaire distributed via social media and email through a Google Forms® link at the end of 2019 and the beginning of 2020. Participation by university students was voluntary, anonymous, and confidential. Participants were also informed that there would be no financial compensation or physical or psychological impacts. Subsequently, the data were exported to Microsoft Excel, systematized, and organized for analysis using Smart PLS v. 4 software. Subsequently, a measurement model was applied considering validity and reliability criteria, such as: loadings (λ), Cronbach's Alpha (α), rho_A and Composite Reliability (CR) (Henseler *et al.*, 2016), in addition to the average variance extracted (AVE) and discriminant validity (Fornell and Larcker, 1981; Henseler *et al.*, 2015). Next, the evaluation of the structural model is carried out for the testing of the theoretical hypotheses, considering: Path Coefficient (β), Standard

Deviation (SD), t-Statistics (Bootstrap), Correlation, p-value, standardized root mean square residual (SRMR), d_ULS and d_G. All of which, allows assessing the causality relationships between the latent variables (Wright *et al.*, 2012).

Results

Assessment of the measurement model

First, multicollinearity for the Factor Inflation Variance (FIV) was determined for each variable whose values have to be less than 0.3 (Hair J *et al.*, 2019), in this case the variable Q1.3 was eliminated because it does not meet the maximum acceptable value (Table II). Then, the loadings of each variable (λ), Cronbach's Alpha (α), rho_A, composite reliability (CR) and average variance extracted (AVE) were examined. Table III shows that all variables are acceptable due to each loading being higher than the minimum acceptable 0.7 (Hair *et al.*, 2014), with the exception of variables Q2.1, Q2.2, Q2.5, Q2.7, Q2.8, Q3.2, Q3.3, Q3.6, Q3.9, Q4.1, Q4.2, Q4.6, Q4.8 and Q4.9, which were eliminated for not meeting the acceptability criterion.

TABLE I
SAMPLE CHARACTERISTICS

Variable	Category	Gender	
		Male (%)	Female (%)
Age	18-24	24	17
	25-35	16	6
	36-45	5	6
	46-55	8	5
	56-65	2	4
	65 or more	2	3
Health institution	FHC	15	10
	Hospital	14	4
	Clinic	16	22
	FHC and Hospital	9	6
	Hospital and clinic	3	0
Health insurance	NHF	41	21
	PHI	16	22

FHC: Family Health Center, NHF: National Health Fund (public), PHI: Previsional Health Institutions (private).

TABLE II
SCALE OF PERCEPTION OF CSR OF HEALTH INSTITUTIONS FROM THE PERCEPTIVE OF HEI STUDENTS

Dimensions	Variables	Assertion/Items
CSR imaginary (Q1)	Q1.1	Social responsibility is a voluntary commitment.
	Q1.2	Social responsibility can be applied to any type of organization.
	Q1.4	Social responsibility is linked to the environment.
	Q1.5	Economic growth and environmental sustainability are linked.
Ethical discernment (Q2)	Q2.3	They encourage coherence between the organization's values and ethical principles and the individual attitudes of its employees.
	Q2.4	They promote the health center's stated ethical principles and values.
	Q2.6	They consider the application of a survey or an instrument that asks about ethical values.
Commitment to the community (Q3)	Q3.1	Preventive actions are taken in processes that could cause potential harm to the health and safety of personnel.
	Q3.4	They acquire recyclable products, minimizing the use of non-degradable materials.
	Q3.5	They have an environmental emergency plan for all activities or services involving risk situations.
	Q3.7	They have invested in technology to reduce and substitute inputs whose extraction or use generates environmental damage.
	Q3.8	They donate disused furniture and equipment, promoting its reuse and recovery.
Care for the environment (Q4)	Q4.3	They participate actively with other hospitals in the discussion and search for solutions to community problems.
	Q4.4	They participate in commissions and working groups related to issues of public interest.
	Q4.5	They sponsor or carry out communication campaigns exclusively related to aspects of public interest (Examples: Campaigns against drugs, HIV, healthy living, cancer prevention, etc.).
	Q4.7	They hold working groups, including local leaders, to assess community needs.

Finally, the model has 16 variables expressed in statements/items.

Regarding Table III, Cronbach's Alpha (α), it is observed that all are higher than the minimum suggested which is 0.7 (Cronbach and Shavelson, 2004). For their

part, in relation to composite reliability (CR), all values are higher than the recommended minimum which is 0.8 (Henseler *et al.*, 2016; Chin, 1998). Therefore, it can be assured that there is internal consistency in each of the constructs. As for the average variance extracted (AVE), all considered satisfactory for being higher than 0.5 (Hair *et al.*, 2011) (see Table III). Therefore, it can be assured that, on the one hand, there is internal consistency in each of the constructs and, at the same time, it can be pointed out that there is convergent validity in each of the dimensions.

Regarding discriminant validity, the criteria proposed by Fornell and Larcker (Fornell and Larcker, 1981), Roldán and Sánchez-Franco (Roldán and Sánchez-Franco, 2012) and Henseler *et al.* (Henseler *et al.*, 2015) are applied. Those criteria apply for their analysis the results of the square root of the AVE and, on the other hand, evaluate the values in terms of the heterotrait-monotrait (HTMT) estimators.

In Table IV, it is observed that the square root of AVE, located on the diagonal, compared to the values of each vertical and horizontal AVE

TABLE III
RELIABILITY AND CONVERGENT VALIDITY ANALYSES

Dimensions	Variables	Loadings (λ)	Cronbach's alpha (α)	rho_A	CR	AVE
CSR Imaginary (Q1)	Q1.1	0.809	0.816	0.818	0.862	0.610
	Q1.2	0.709				
	Q1.4	0.783				
	Q1.5	0.818				
Ethical discernment (Q2)	Q2.3	0.889	0.812	0.822	0.890	0.730
	Q2.4	0.898				
	Q2.6	0.769				
Commitment to the community (Q3)	Q3.1	0.637	0.836	0.795	0.874	0.583
	Q3.4	0.695				
	Q3.5	0.824				
	Q3.7	0.830				
	Q3.8	0.811				
Care for the environment (Q4)	Q4.3	0.831	0.862	0.871	0.906	0.707
	Q4.4	0.886				
	Q4.5	0.807				
	Q4.7	0.836				

AVE: Average variance extracted, CR: Composite reliability.

TABLE IV
DISCRIMINANT VALIDITY ACCORDING TO THE CRITERIA OF FORNELL AND LARCKER, 1981

Dimensions	Commitment to the community (Q3)	Care for the environment (Q4)	Ethical discernment (Q2)	CSR imaginary (Q1)
Commitment to the community (Q3)	0.764			
Care for the environment (Q4)	0.698	0.841		
Ethical discernment (Q2)	0.587	0.562	0.854	
CSR Imaginary (Q1)	0.476	0.519	0.447	0.781

are below the correlations between constructs (0.764 > 0.698, 0.587 and 0.476; 0.841 > 0.698, 0.562 and 0.519; 0.854 > 0.587, 0.562 and 0.447; and 0.781 > 0.476, 0.519 and 0.447) (Fornell and Larcker, 1981). Therefore, it meets the discriminant validity criterion.

Regarding the heterotrait-monotrait ratio (HTMT), which establishes that the highest threshold should not exceed 0.90 (Henseler *et al.*, 2015), Table V shows that all values are below this maximum acceptable level. This indicates that the criterion for discriminant validity is met. Therefore, the CSR perception scale of health institutions from the perception of HEI students has sufficient discriminant and convergent validity. This finally allows the development of structural models for the testing of theoretical hypotheses through empirical data.

Structural model assessment

The analysis of structural models makes it possible to evaluate theoretical hypotheses through empirical data, for

which it is necessary to have a valid and reliable measurement model. In this sense, the values associated with the path coefficients (β) are analyzed, supported by indicators such as standard deviations, t-statistics (Bootstrap), correlation, and p-value. Then, the percentile confidence intervals (CI) and bias-corrected percentile CI are determined. All of which allows us to evaluate the validity and significance of the structural model in terms of its explanatory capacity of the relationships between latent variables (Wright *et al.*, 2012).

Table VI shows the path coefficients (β), standard deviation (SD), t-statistics, correlations, and p-value, all of which allow us to evaluate the theoretical hypotheses. As for the path coefficients (β), specific cases are greater than the minimum required, which is 0.3, although in some cases they can be acceptable when they are greater than 0.2 (Chin, 1998).

Consequently, as for H1, it can be indicated that the CSR Imaginary perception positively influences the perception of Ethical Discernment (β

=0.447; SD =0.072; t =6.163; correlation =0.447; p-value =0.000), therefore, H1 is supported. As for H2, it can be noted that the perception of CSR Imaginary does not influence the perception of Community Engagement (β =0.100; SD =0.074; t =1.339; correlation =0.476; p-value=0.090), therefore, H2 is not supported. As for H3, it can be indicated that CSR Imaginary perception positively influences the perception of Environmental Care (β =0.519; SD =0.071; t =7.335; correlation =0.519; p-value =0.000), therefore, H3 is supported. As for H4, it can be indicated that the perception of Ethical Discernment positively influences the perception of Community Engagement (β =0.262; SD =0.081; t =3.243; correlation = 0.587; p-value=0.001), therefore, H4 is supported. Finally, it can be noted regarding H5 that the perception of Environmental Care positively influences the perception of Community Engagement (β =0.499; SD = 0.070; t =7.082; correlation =0.698; p-value =0.000), therefore, H5 is supported.

Finally, the overall model fit was analyzed considering PLS (Henseler *et al.*, 2016). In this sense, Table VI shows the values of SRMR, d_UL and d_G. The maximum value suggested for SRMR is fulfilled in the present investigation since it is lower than 0.08, granting overall fit to the model. As for the fitness tests, based on bootstrap, values of 0.698 and 0.270 were obtained, respectively, which admits indicating that any existing discrepancy is not significant.

Conclusions

The study of CSR in health-care is challenging, latent and controversial due to the various challenges posed by healthcare administration and hospital management. This is due to the different requirements of the interested actors and, in particular, of health users who are students of a professional career. Students are the future professionals who will make decisions in increasingly changing, dynamic and uncertain scenarios. This makes it essential to design teaching and learning strategies that

TABLE V
DISCRIMINANT VALIDITY ACCORDING TO THE CRITERIA OF HENSELER *et al.*, 2015

Dimensions	Commitment to the community (Q3)	Care for the environment (Q4)	Ethical discernment (Q2)	CSR imaginary (Q1)
Commitment to the community (Q3)				
Care for the environment (Q4)	0.812			
Ethical discernment (Q2)	0.694	0.677		
CSR Imaginary (Q1)	0.521	0.591	0.549	

TABLE VI
SIGNIFICANT RESULTS OF THE STRUCTURAL MODEL

Hypotheses	Coefficient path (β)	SD	t-Statistics (Bootstrap)	Correlation	p values	Support	SRMR	d_ ULS	d_ G
H1: CSR Imaginary (Q1) -> Ethical Discernment (Q2)	0.447	0.072	6.163	0.447	0.000	Yes			
H2: CSR imaginary (Q1) -> Community engagement (Q3)	0.100	0.074	1.339	0.476	0.090	No			
H3: CSR imaginary (Q1) -> Environmental care (Q4)	0.519	0.071	7.335	0.519	0.000	Yes	0.068	0.627	0.280
H4: Ethical discernment (Q2) -> Commitment to the community (Q3)	0.262	0.081	3.243	0.587	0.001	Yes			
H5: Care for the environment (Q4) -> Community engagement (Q3)	0.499	0.070	7.082	0.698	0.000	Yes			

SD: Standard deviation, SRMR: standardized root mean square residual, d_ ULS: squared euclidean distance, d_ G: geodesic distance.

allow the early incorporation of skills that contribute to society and respond to the needs and requirements of interest groups to provide society with competent and socially responsible professionals. On the other hand, health institutions are organizations that improve, maintain or prevent diseases with the purpose of improving the health of the population. In this sense, it is necessary to have professionals committed to their users and responsible for their own health. It is important that future research consider a multidisciplinary approach and expand the participants and define inclusion and exclusion criteria where the corresponding techniques can be applied to a probabilistic sample.

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