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Building Sustainability at the core of Decision Making

The case of Albanian Healthcare Organisations

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"Our biggest challenge in this new century is to take an idea
that seems abstract - sustainable development –
and turn it into a reality for all the world's people".

(Kofi Annan)

Premessa:

Nonostante gli sforzi costanti dei sistemi sanitari per migliorare l'assistenza e la salute della popolazione, diversi paesi, di fronte a molteplici fattori di cambiamento, sono interessati da fenomeni che minano notevolmente la loro stabilità. L'ultimo è stato quello della pandemia COVID-19, che da un lato ha rilevato la fragilità del sistema ad affrontare l'incremento dei pazienti richiedenti assistenza sanitaria, dall'altro ha sfiorato la difficoltà e l'incapacità del sistema stesso di soddisfare le esigenze di tutti. L'emergenza in atto, con conseguenze importanti sulla salute e sull'economia, sottolinea di nuovo l'esigenza indispensabile di riflettere sulla sostenibilità dei sistemi sanitari, al fine di garantire un futuro quantomeno accettabile. Ciò richiede una riformulazione critica dell'approccio attuale di governance, tale da affrontare con certezza le esigenze in continuo cambiamento. Al fine di conformarsi ai principi internazionali, i decisori politici, economici ed organizzativi devono predisporre strategie flessibili e adattabili ad ogni situazione, dando forma ad un sistema tale da superare le barriere.

L'obiettivo dello studio in oggetto è quello di affrontare la sostenibilità del sistema sanitario, con una maggiore focalizzazione sulle strutture ospedaliere in Albania, per una migliore comprensione dei fattori che finora non hanno ricevuto l'adeguata attenzione e su come tale concetto viene interpretato nell'ottica dei *decision makers*. Il primo step necessario per disegnare nuove traiettorie organizzative e di sviluppo è l'analisi degli incentivi creati dai diversi elementi che influenzano il comportamento e la decisione dei vertici sanitari, tale da comprendere le conseguenti interpretazioni nella strutturazione delle strategie sostenibili. Nel contempo, si vogliono esaminare i principali fattori chiave e gli ostacoli più significativi alla generazione di un modello efficace, attraverso riflessioni tali da migliorare l'efficienza e la sostenibilità del sistema sanitario.

Tematiche di Ricerca: *HealthCare Systems, Organisational Sustainability, Sustainable Development, Managerial Attitudes*

ABSTRACT

This research project is inspired by the desire to study the concept of sustainability and sustainable development in complex and specific contexts of reference, prompted by multiple factors of environmental, cultural and demographic change, such as the case of the health sector, by developing a conceptual model that reflects the measures of implementing sustainable strategies in health care.

Although in recent years the concept of health sustainability has been recognized as a major social and economic concern for several countries, in Albania it has only recently become a focal point of government policy. The appreciation of this concern is also reflected in the National Health Strategy (NHS, 2016 - 2020), a document which, although formally limited to five years, projects the fundamental objectives for improving health care by 2025. In accordance with the European policy framework of the World Health Organization (WHO) for health and well-being "Health 2020", and building on the process of European integration as a driving political and development goal, the Republic of Albania has moved towards achieving the Sustainable Development Goals (SDGs). This ambitious move has led to the development of various scoreboards to guide the government to provide higher and improved standards in order to guarantee citizens "Good Health and Wellbeing", in harmony with the SDG3 goal. While these assessment frameworks can be applied to sustainability projects in general, on the other hand, it must be stated the difficulty of successfully achieving the actual realization due to the lack of understanding of the concept itself and its importance from the responsible parties in the implementation phase.

The need to guarantee a sustainable health service, in compliance with international principles, requires the reading of the methods that measure the effects of the necessary interventions. While previous studies have focused on the assessment of sustainability and sustainable development mainly from the environmental perspective, no empirical research has been done for the national health sector able to address with certainty the issues related to the assessment of the other dimensions of sustainability, in coherence with the ***Triple Bottom Line (TBL)*** approach (Elkington, 1997).

This research starts from this gap, intending to broaden the investigation into the effects that sustainability has on the health sector in Albania. Transversely with the qualitative approach that analyzes previous studies relating to this field, the quantitative methodology is also used, which forms the theoretical and empirical basis of this study.

Given the lack of other previous studies, it creates our conviction on the relevance of the research in the field in which the study is conducted, among other things of great value for all those who want to deepen the discourse of sustainability in the health sector, characterized by complexity, dynamism and innovation, strictly connected to organizational developments.

Keywords: *HealthCare Systems, Organisational Sustainability, Sustainable Development, Managerial Attitudes*

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No one who achieves success does so without acknowledging the help of others.
The wise and confident acknowledge this help with gratitude.

Alfred North Whitehead

When I started this journey, I was convinced that it would be a difficult road, full of sacrifices and hard work, but I had never imagined that I could impact the lives of others, to the point of making them part of this experience. Therefore, I feel the obligation to thank all those who in one way or another accompanied me to reach this goal. Aware not to name them all, that I would surely forget someone, a common wish emanates from the heart "A BIG THANKS TO EVERYONE".

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CHAPTER I
INTRODUCTION

The key to growth is the introduction of higher dimensions
of consciousness into our awareness.

Lao Tzu

1.1. Introductory Remarks

Although the continuous effort of different countries to experiment with innovative methods of organizing and delivering health care to better meet the increasingly disparate needs of patients, in the face of major factors, it has been difficult to translate the necessary changes into large-scale sustainable and effective strategies, (Notle, 2018). The COVID-19 pandemic had important consequences on healthcare organizations and the global economy (Fernandes, 2020), transforming the lives of the whole population of the world. The current health emergency requires a radical rethinking of the way of future problem solving in order to avoid to be caught unprepared for new epidemics. On the other hand, it focuses on the importance of transformation and responsible innovation by organizations which is fundamental in responding to new social needs. This is also an appeal to all actors involved in the decision-making and governance process to face complex problems with certainty and to find flexible solutions in challenging contexts so that all can continue to make progress in achieving the sustainable development goals by international organizations.

The need to increase the efficiency of the healthcare system and improve its quality has led to increasing attention to the issues of sustainability and sustainable development placing them within the environmental, economic and social approaches; however, however, there is a lack of empirical research linking their analysis (Gruen et al, 2008). The healthcare system operates in very particular and sensitive sectors on which depend the wellbeing and the future of the human beings. Currently, little attention is paid to the relationship between human health and healthcare organizations as well as their roles and responsibilities related to sustainable development (Ulhoi & Ulhoi, 2009).

This is also true for countries like Albania where, even though the latest reform of the healthcare system, the dominant model is universal health coverage. This model is capable of

guaranteeing essential health services and it provides the population with different benefits which are reimbursed by the healthcare system. The healthcare system in Albania suffers from problems that require specific interventions such as elements of injustice and high social disparity (Luzo et al., 2016); a historically under-financed system, with a very low level of expenditure in per capita terms and an extremely limited fiscal space to increase spending (Bredenkamp & Gragnolati, 2007); out-of-pocket expenses among the highest in the countries of the region (Eurohealth Consumer Index, 2018); lack of infrastructure and human re-sources, following from bureaucracy, corruption and the institutional framework (Magoulios, 2005); the inadequacy of hospital care and the lack of trust of citizens in medical staff, hospitals and stakeholders that are involved in implementing public policies. Another important factor in the Albanian context is phenomenon of "*brain drain*", that is the emigration of medical personnel abroad together with the lack of doctors in rural areas are one of the major problems that faces the healthcare system in Albania in terms of human resources, which requires particular attention from the government (Gjypi, 2018). It is necessary not only to stop the decline of the academic level in Albania but also to improve the quality of health care especially in rural areas (De Soto et al., 2002).

Albania had one of the most severe communist regimes in the world that had very profound consequences in terms of social and economic development. These impacted the transformation of management and leadership systems (Bauer, 2015). After the collapse of the system of planned economy, in the early 90s, the country moved towards market economy which was followed by a period of transition (Nuri, 2002). In order to be aligned with the current development goals, it was needed a critical reformulation of the governance approach and the frameworks of responsibility, while at the same time it was necessary to transform the economic, political, social and cultural system. This has an immediate impact the healthcare system of the country, which had inherited old and obsolete medical infrastructures and equipment. The human resource was unprepared for new procedures and specialized methods and it was unable to meet the diverse needs of patients, often forced to seek relief from their illness outside the country.

Although over the past years the Albanian healthcare system has undergone major changes, able to guarantee quick and effective solutions in terms of health and sustainability, the way

forward is a long and complex journey and "*a public health system is based on choice, and it is as sustainable as public opinion and politicians think it should and can be*" (Health Council of Canada, 2008). Consequently, it is up to political, economic and organizational decision-makers to structure flexible strategies for the rapid and continuous changes that modify the needs and expectations of citizens, reallocating available resources (Fineberg, 2012). In fact, policy makers are responsible for meeting the needs of citizens and solving relational problems that affect the survival of the system in a given context, developing conditions of consonance (in terms of the ability to relate to the outside world) and resonance (as an interactive system capable of generating harmony between the parts) with the other entities involved in the basic dynamics of the system (Golinelli, 2010).

Complex systems, as in the case of healthcare systems, are constantly changing, and in order to cope with changes in the demand for healthcare services by the population they should provide adaptable solutions to social changes must be required, consequently, it can be emphasized that sustainability is linked more to improvement and innovation than to the status quo (Herzlinger, 2006). The need for systematic innovation of services in this perspective is considered as "*a new way in which service systems can improve our economic and social well-being in a sustainable way*" (IfM & IBM, 2008). In order to be successful, and focus on what is relevant and what works in specific contexts (locally, nationally or wider dissemination), it is necessary to build innovative service models with solid foundations of political-decision support, adaptable to different levels of the system, which take into account the complexities involved (Nolte, 2018). These contextual factors, often described as "facilitators" or "barriers", still tend to be overlooked by the analysis.

Through the proposed definition of Sustainable Development (Brundtland Commission, 1987), which includes three pillars of sustainability: environmental, social and economic, and with the support of Triple Bottom Line concept introduced by Elkington (1997), the study aims to explore the integration of sustainable development approaches of organizational sustainability in the Albanian healthcare system. The main goal is to contribute to the respective theoretical field, as well as to provide practical recommendations for healthcare organizations and policy-makers and involved stakeholders.

1.2. Research objectives and relevance of the study

Given the lack of previous studies in the national field, the main research goal is to address the issues of sustainability of the Albanian healthcare system, focusing in particular on public and private hospitals. Theoretical foundations of this study are based on the definition of sustainability of Our Common Future (Brundtland, 1987), the Triple Bottom Line (Elkington, 1997) and United Nation's Sustainable Development Goals (UN SDGs). This research aims to contribute to the development of a sustainable model of institutional management and governance that takes into consideration, on the one hand, the awareness on sustainability by top-managers and stakeholders, and on the other hand it allows to face continuous social, economic and environmental change in order to generate value in the system, while respecting the sustainability itself.

In particular, the main research objectives are:

- Understanding the level of awareness and knowledge of top management on sustainable development principles and approaches within their respective organizations.
- Understanding the most important factors of the three approaches organizational sustainability in Albanian healthcare organizations.
- Evaluate the level of adherence to sustainable principles and identify the interested parties that push to inhibit sustainability in the operational reality.

The data was collected from structured questionnaires which were distributed to managers in Albanian public and private hospitals which had positions of general hospital managers, medical directors, deputy director, technical managers, administrators of integrated management poles, etc. 120 questionnaires were collected from which 89 were complete. EFA and CFA statistical analysis was applied with the software SPSS in order to identify the most relevant factors.

The relevance of this study has its roots in very specific reasons, which intertwine the researcher's life and experience with the importance of the sector under study:

In primis, being one of the most substantial sectors in all countries, with direct effects on people's health and their productivity, and with a very strong impact on the political, economic, social, environmental and development fields, it has always been considered an important

research and innovation engine for many scholars of different disciplines. Its importance will continue to grow and, with it, the relevance of its contribution to the achievement of broader social objectives (WHO, 2012).

Secondly, when we take into consideration sustainability and sustainable development of specific sectors, such as healthcare in Albania, there is a need of deductive reasoning, in order to contextualize the concept itself to the reference context. Although the reality shows that there is difficulty of countries in achieving their goal of green growth that can make possible to decouple economic growth from environmental damage (Parrique et al, 2019), this should not discourage countries from improving their initiatives to follow sustainable development. In order to achieve sustainable development goals, responsible parties should be able understand the differences in action and perception and carefully adapt the underlying processes so that organizations achieve optimal solutions and results. It is not coincidence that this study aims to highlight the integration of the approaches of organisational sustainability on the national system, intending to provide more complete results.

Finally, but not least, as an Albanian citizen, and as part of the academic staff of the Medical University in Tirana since 2012, I had the opportunity to get to know the evolution of the system closely, and to observe criticality all the problems require progress. Consequently, I feel the responsibility and awareness of contributing, in any dimension, in order to improve, reform and positively change the system itself.

1.3. Research questions

In a situation where there are unsolicited outcomes, the research question becomes a way to understand "why it is important to know", both in the case of the practical problem, where doing nothing comes with a cost, and when the problem is conceptual, in which there is an implicit consequence if doing nothing (Booth et al., 2008). In the academic field, the main problems appear to be conceptual, and given the difficulties of the theoretical conditions, it is up to the researcher to clearly explain "what is currently not known or understood about the problem", and what could be "the potential practical application" once the problem is solved. Based on previous research, the difficulty of some countries in achieving the internationally established goals of sustainability in healthcare system is still evident. The reasons for these

problems could be pursued in the incoherent interpretation of suitable tools that integrate sustainability approaches in specific contexts, or in the incorrect reading of the policies and strategies implemented that increase the support of international principles and adopt these measures to future challenging contexts, or even on mechanisms that are not suitable for re-structuring the reference system, in order to satisfy specific contexts. In this perspective, this study intends to investigate the factors different approaches of organisational sustainability in the Albanian healthcare sector, and with the help of the collected results, to answer the following main research questions:

RQ1: What is the level of awareness and knowledge on the pillars of sustainability by managers and decision makers in Albanian healthcare organizations?

RQ2: How are the three dimensions of organisational sustainability implemented in Albanian healthcare organizations and what are the main factors influencing organizational sustainability?

Content Organization

In order to understand the level of integration of sustainability approaches within the national healthcare system, it is required an understanding of the political, social and cultural con-text of the country, as well as the need of comparison with other healthcare systems of countries in the region. The literature review is based on the analysis of secondary data collected from reports, publications, statistics and performance indices published by both international and national institutions, which will allow to understand the theoretical framework organisational sustainability and its integration to the Albanian context.

In **Chapter 2** an analysis of the theoretical background is presented, in order to explain the different useful theoretical foundations, on the issues of sustainability, sustainable development and organisational sustainability. Subsequently, an extensive review of the literature in the healthcare sector was conducted to identify how the different countries are approaching sustainability in the healthcare sector, how it is defined and what how different measures have implemented to support it. This literature review aims to define sustainability and its connected issues related to the national healthcare sector through identifying the critical areas and the

related interactions for each of the three pillars of sustainability: economic, social and environmental.

Chapter 3 focuses on the methodology choice for this research. Data was collected through a questionnaire that aims to understand the integration of the different approaches of sustainable development that push decision-makers to design sustainable strategies, identify which are the main stakeholders and their level of pressure, as well as the internal and external barriers that hinder the implementation of the initiatives put in place. A brief description of the sample and the scope of the research data collection are presented together with a brief description of quantitative data analysis.

Chapter 4 provides a detailed descriptive analysis of the data including the demographic characteristics of the reference sample continuing with frequency analysis with the level of interest, awareness, knowledge and personal involvement of the various managers and decision-makers towards sustainability and sustainable development. The degree of adaptation of sustainability practices at the organizational level is explored as well. A quantitative analysis was conducted using the Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) in order to measure the degree of internal consistency/reliability of the survey (Cronbach's Alpha) and validate the model (Spearman, 1900)).

Finally, in **Chapter 5** final conclusions, limitations, recommendations and future perspective of the research are presented and the future prospects for the country to continue to improve and reduce the gap with other countries are given.

CHAPTER II
THEORETICAL BACKGROUND

Literature is the art of discovering something extraordinary about ordinary people, and saying with ordinary words something extraordinary.

Boris Pasternak

2.1. From sustainable development to organizational sustainability

Although the origins of "sustainability" has been reduced to ecological studies, the issues connected to it are linked to various fields of knowledge: economic, social, and cultural (Jabareen, 2008). The increasing pressure from national and international norms of the society have pushed different organizations to increase the interest towards sustainability (Giovannoni & Fabietti, 2013) through adopting the principles of social and environmental sustainability within the framework of strategies and structures of managerial systems (Werbach, 2009). The current organizational instruments oblige organizations to integrate sustainability as a support of the managerial activities and as a guideline of the redefinition of strategies that determine the significant changes of an organization (Report DNV GL & EY, 2017). The integration of sustainability from these lenses, synonymous for companies with "capacity to endure", it can be interpreted both as a need and opportunity to change organisational practices in response to insistent "outside-in" that are not controlled by organizations as well as for the principal tendencies of creation of social values. (Dyllick & Muff, 2015).

This self-awareness and responsible modification of policies and procedures is named after the Brundtland Report as Sustainable Development (WCED, 1987), and is defined as the right way to make it the model of international law and governance (Bosselman, 2008). Although the term was used for the first time earlier during a UN conference on the human environment (UNEP, 1972), the first definition comes from the Brundtland Commission in 1987 which defined sustainable as the development that "*meets the needs of present generations without compromising the ability of future generations to meet their own needs*" (United Nations General Assembly, 1987). Perceived as a long-term goal for individuals and organizations, this definition not only integrates the environmental dimension into different economic policies but at the same time distinguishes sustainable development from traditional environmental policies, through the

integration of the equity of possibilities for future generations. Consequently, sustainable development can be defined as the possibility of having an unlimited interaction between society and other living systems in order to satisfy human and social needs (Uloi and Madsen, 1999) without destroying natural resources (Marin et al., 2012), while taking into account environmental protection to enable a sustainable environment (Duran et al., 2015).

Considered as a multidisciplinary concept (Mebratu, 1998), sustainable development must integrate economic, social, cultural, political and environmental elements (Kates et al., 2001), to include all the different stakeholders (Guy and Kibert, 1998). The term can be composed of two elements: the first is the sustainability component, i.e., the ability to maintain a certain entity, result and process over time (Jenkins, 2009), while the second is the development component (doing better), composed at the same time of components such as structural trans-formation, human development, the development of democracy and governance and environmental development (Vazquez and Sumner, 2013). While the concept of "sustainability" refers to a state, "sustainable development" is the process necessary to reach that state through the integration of three pillars: environmental, social and economic, (Elkington, 1998 from Ebner, 2008). The theoretical construct of sustainable development implies an interaction between the term of sustainability and that of development, even if at times these two concepts can be contradictory to each other (Sharpley, 2000). Indeed, as Sasch (2010) also suggests, cannot be sustainability without development and there cannot be development without sustainability.

In order to avoid the risk that current decisions have an impact on future generations (Hutchins & Sutherland, 2008), and to maintain the maximum added value in the long term, it is necessary that every type of company balances all three pillars (Dyllick & Hockerts, 2002). The combination of the three fields mentioned above is defined by Elkington (1997, 2008) as "Triple Bottom Line" (TBL), one of the most popular academic approaches to address the topic of sustainability, which goes far beyond “Sustainable Development” and “Corporate Social Responsibility”, as a consolidated method for business performance and success (Goel, 2010). According to the TBL paradigm, the success or health of a company must be measured not only with the traditional financial bottom line but also with its social and environmental performance (Norman & MacDonald, 2004), as interconnected and not separated elements (Strange and Bailey, 2008). The bottom line traditionally in business can refer either to profit or

to loss and it is widely used as reporting method that provides the stakeholders with a clear overview of the environmental, social and economic performance of an organization. Thus, sustainability in organisations can be understood as the activities of the company that promote environmental and social inclusion in the processes of economic and operational decisions through multiple interactions with different stakeholders (Van Marrevijk & Verre, 2003).

The Triple Bottom Line (TBL) is considered to be one of the measures of organizational sustainability as it focuses on the value that is created or is destroyed in the society by business activities. The economic or financial line includes the business practices of a company within an eco-nomic system. This refers to the capacity of an organization to survive and to contribute to the development of future generations (Spangerberg, 2005). The social line of TBL refers to conducting beneficial and fair business practices that take into consideration labour, human activity and community. The environmental line is related to pertains to the efficient use of energy recourses, reducing gas emissions etc. (Goel, 2010). These three dimensions are called as well as three P's (PPP, 3Ps, o 3BL): People, Planet and Profit (Figure 2.1).

Figure 2. 1. Triple Bottom Line (Elkington, 2004, da Sitnikov, 2013)

As illustrated in Figure 2.1, the Triple Bottom Line is aligned with business objectives and focuses on: ***Profit*** (economic variable), which is a company's primary purpose of running the business in accordance with the responsibilities that an organization has towards its financiers, employees, creditors, shareholders, etc.; ***People*** (social action / equity) is in line with the social responsibility of an organization, to give opportunities to all human beings; ***Planet*** (Environment) refers to the physical location of the organization and its responsibility to prevent not only the physical environment in which it operates, but also not to further damage the natural spaces. Actions aimed at the conservation of the planet should be able to contribute to the social development of the environment during their activities.

Although in the context of the Triple Bottom Line the environment is one of the most focused factors, and taking into consideration how the economy is doing right now, and how much of our current society is focused only on profit, the connection between all three of the above-mentioned variables becomes a necessity for it to approach sustainability (Sitnikov, 2013). The interconnections between the variables, and the balance between them, brings out the importance of the investment decisions of companies and how the society can be managed, focus on social and environmental concerns as much as on profits.

Some of the drivers for incorporating sustainable development into business practices are as follows in the Figure 2.2:

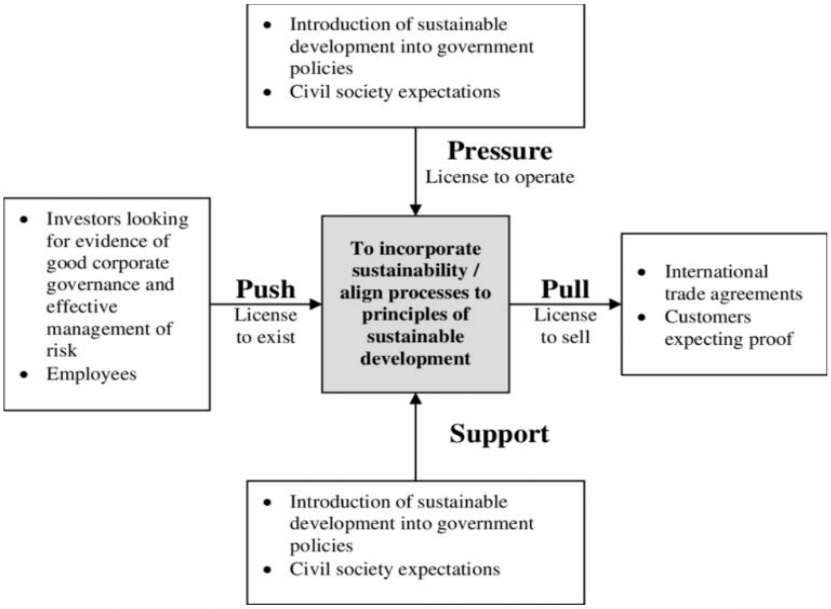


Figure 2. 2. Drivers of the incorporation of sustainable development into business practices (Goede, 2003)

Globally, organizations are taking responsibility for sustainability, since, on the one hand, it affects decision-making processes of organizations, linked to managerial activities and its strategic approach to organizational development, on the other hand, it creates value not only for shareholders but also for stakeholders (Bosworth et al., 2011). At the organizational level, the term of sustainability can be defined as a corporate approach, designed to model the environmental, social and economic approaches of sustainable development (Schalgetter et al., 2003), in the quest of equilibrium between them (Silva and Quehlas, 2006). On the other hand, organizational sustainability is a process that is needed to keep the business going or to keep a future-proofing of organisations (Colbert and Kuruncz, 2007), as the organization should be able to leverage their financial, human and environmental capital in order to contribute to sustainable development.

Historically, there has always been a need to connect the concept of sustainability to organizations, to recognize the importance and necessity, and to incorporate and develop it within it. Bowen (1953) underlined that it is important for organizations and management teams to make decisions that are compatible with the values of the company, choosing their approach to sustainability that may be more compatible with their goals and strategies, aligned with global and national agendas on the Sustainable Development.

In a literature review of the Italian business environment and sustainability, Golinelli and Volpe (2012) proposed that the term sustainability should include the preservation and the re-generation of the public good, the social welfare and the welfare of the future generations and the social legitimization through establishing a link between sustainability and the role of institutions. Organizations are part of economic processes and their activity has an environmental and social impact, playing an important role in achieving sustainability from a holistic point of view. The systemic view of sustainability suggests that to understand the theoretical concept of sustainability, it is necessary to comprehend that there is a fragile equilibrium between competition and consonance; however, the collaborative approach that is issued from the relationship between the environmental, social and economic approach within organisations resonates with consonance which incentives better competitive opportunities (Formisano et. al, 2018). Systemic thinking is a foundation because the integration of the environmental, social

and economic approach provides holistic thinking to sustainability and it allows to further explore and explain the different interrelations between the different parts of the system.

Organizational sustainability should not be confused with corporate social responsibility, even if both concepts are closely related, as organizational sustainability is a broader concept that helps the company to be sustainable for itself, for its stakeholders and for the public. Corporate social responsibility, on the other hand, as Carroll (1999, 2010) defines it is the commitment that a company makes to practice sustainability, caring about the economic, legal, ethical and discretionary expectations, as well as the philanthropic responsibilities that a company has at any given time.

In this chapter, it is necessary to clarify how the different approaches to sustainable development can be intertwined with organizational sustainability. Subsequently, the importance of the strategic approach to organizational sustainability will be explained, focusing on managerial attitudes and the positive pressure of stakeholders. Finally, the chapter concludes with the existing research in the field of sustainability in Albanian healthcare organizations.

2.2. The three approaches of organizational sustainability

As mentioned in the section above, the theoretical concept of sustainability is related to the three pillars which are: *environmental approach* (focused on the preservation of natural resources); *social approach* (focused on preserving equity, human rights, cultural identity), and *economic approach* (focused in guaranteeing the perseveration of the natural capital, social capital and human capital through equal access to resources) (Ebner, 2008). Even if neoclassical theories suggest that it cannot be sustainability without development and regardless of whether this approach is concentrated in the economic pillar of sustainable development (Willis, 2005), it is necessary to take into consideration the three approaches of sustainable development in the organisational context.

2.2.1. The environmental approach of organizational sustainability

The environmental approach of sustainability refers to the relationship between man and nature. Human activity has a major effect on nature and any environmental impact will affect

human activity at the same time, therefore sustainable development provides a model that aims to reduce the long-term impact of human activity in the environment (Sergeladin et al., 1994). At the organizational level, the environmental approach is connected to the management of the use of natural resources by companies, which, in order to be sustainable, must face the additional costs to achieve environmental objectives in order to maximize productivity and minimize negative effects in terms of waste and resources (Das, 2006). As one of the key stakeholders of most companies, linked together with economic, social and political factors, the natural environment is considered a silent stakeholder, since its interests must be represented by environmental NGOs (Jastrzebska, 2016). Generally, it can be said that between the company implementing socially responsible actions and "the silent stakeholder" a kind of feedback exists. The influence of the stakeholder changes the company, and the influence of the company changes the stakeholder. The environmental approach within companies focuses on the incorporation of environmental measures in order to ensure the environmental responsibility of the company.

Environmental protection has pushed many organisations to adopt different measures technologies that improve the ecological efficiency of these organisations (Haanes et al., 2013). Pollution is considered to be one of the major challenges of environmental management, and organizations have engaged continuously in producing green products and in purchasing environmentally friendly products, that aim to reduce pollution (Humpreys et al., 2003). Other different activities can be implemented such as more efficient use of resources, reduced water consumption, lower waste costs, savings from energy consumption (Klimek, 2014).

Lange (2001) developed ten principles of the environmental approach of organisational sustainability which are: the use of renewable energy, elimination of waste from production in the whole life cycle of products, conservation of biodiversity, integration of renewable cycles of production, insurance of fairly paid work and work in decent conditions, contribution to the growth of communities, reduction ecological footprint in urban and rural arrears, incentivization of zero-emission industry, renovation of neglected and unsafe areas and incorporation of restorative economies.

There are different types of barriers while implementing environmental practices within organisations, which as Hillary (2004) also defines, can be: internal barriers that include

resources, understanding and perception, implementation and attitudes connected with company culture; external barriers include certifiers, verifiers, economics, institutional weaknesses that are unable to provide support and guidance.

2.2.2. *Social approach of organizational sustainability*

Social sustainability refers to the infrastructures that support the social and cultural life of the surrounding community, social incentives and citizenship (Woodcraft, 2011), within which include dimensions such as equity, diversity, interconnectedness and quality of life, democracy and governance and their related respective characteristics (Barron and Gauntlet, 2002). In other words, the implementation of a social sustainability strategy is linked both to the in-ternal dimension of the organization, in order to promote the well-being of human resources, capable of achieving a balance between work and private life, and to its external dimension, or rather to the development of the community in which it carries out the activity, taking into consideration environmental constraints (Colazionio and Dixon, 2009).

The Club of Rome (Meadows et al., 1972) suggest that environmental and social systems will be extenuated if sustainable development is ignored, therefore social transformation is needed for the resilience of the society. The social dimension of sustainable development should include the participation of the decision-making processes of the society, the protection of social resources, equal opportunities to education and access to the labour market and information and the preservation of cultural diversity and heritage. The economic theories recall the need for social equity in order to have economic growth. Although is built to such concepts as community, society and inclusiveness which do not have a clear definition and remain still complex concepts (Davidson, 2007), social sustainability has been considered a necessary constraint in order to achieve environmental sustainability and economic sustainability for many scholars. For instance, social sustainability at an organizational level may refer to the organization that contributes to the social development of communities and alleviates poverty, establishing a relationship between social conditions and the environment (Ruttan, 1991). Embedded in organizational vision and values that help to balance in the long-term economic and social needs (Galuppo et al., 2014), the social approach of sustainable development ensures the organisation to promote sustainability for its human and social resources in order to grow and develop (Docherty, 2008).

People in organizations should be able to cope with different challenges in work and in life. Employees and groups of employees should benefit from an organizational environment that promotes work opportunities, adapts to emerging events and changes management towards different situations that they are facing (Folke, 2006). Organizations themselves should provide a working environment that meets the expectations of employees and employers and that promotes individual and collective initiatives and collaborations. Organizational sustainability includes the capability of organisations for constant learning, development and ability to adapt to transformations (Ehnert, 2009). The social approach of sustainable development is supposed as well to influence the human resource management function within organisations creating sustainable workplaces (Docherty et al. 2002). The pillars of sustainable resource management within organisations are sustainable personnel, employment planning scheme, personnel recruitment and selection system, employee training and development system, efficient communication and motivation (Kuz□niarska, 2018). Workplace innovation also promotes innovation to ensure a safe and secure working environment for employees by improving performance and creating good quality jobs (De Sitter, 1995).

Corporate social responsibility has been an important dimension for the social approach of sustainable development in organisations (Flores et al., 2017), including public health issues, community issues, skills and education social justice, working conditions, human rights etc. (Jamali and Neville, 2011). Organizations can have usually three orientations towards the social approach of social responsibility (Bortali, 2010):

- *the shareholder orientation*: in this situation, the company focuses on how to produce profit and create long-term wealth for interested parties, neglecting its social role in the territory in which it operates;

- *stakeholder orientation, from an ex-post perspective*: driven by strong internal motivation and faced with the pressure of stakeholders, the organization believes to recognize part of profit towards the different stakeholders, becoming in this way socially responsible.

- *Stakeholder orientation, from a TBL perspective*: in this case, companies internalize social responsibility in decision-making processes, basing decisions on the contextual optimization of the economic, social and environmental dimensions.

Carroll (1979) suggests that there are four types of corporate social responsibility which are: economic, legal, ethical and discretionary. Economic responsibility is limited to the return of investment of shareholders, creating new jobs for employees, the creation and development of new products and services taking into consideration technological advancement. Legal responsibility refers to compliance with the rules of the game taking into consideration the respect of legislation and rule of law. Ethical responsibility promotes doing the right thing for organisations and distinguishing between what is right and what is wrong. The discretionary approach of corporate social responsibility may refer to the judgement of organisations in the decision-making processes towards philanthropic activities. Wood (1991) developed a model of corporate responsibility performance that was focused on principles of corporate social responsibility (individual principle, organizational principle), processes of corporate social responsibility (environmental assessment, stakeholder management, issues management), outcomes of corporate behaviour (social impacts, social programs and social policies). Corporate behaviour should reflect in the programs and policies that are developed by the companies to deal with social issues and the impact that they have on different stakeholders and the community.

The social approach of sustainable development is connected even to the stakeholder approach. It is important to clarify who are the different stakeholders and how they are related to the social approach of sustainable development in organisations. According to Longo et al. (2005) employees will prioritize health and safety at work as well as development skills, well-being, quality work and social equity. For suppliers, it is important a partnership between the ordering company and supplier and selection and analysis between the different suppliers. For customers, it is important to have safety during product use and protection and transparency. Regarding the community, the added value should be created for environmental safety and production. Other important stakeholders are local entities, civil society, higher education institutions and the private sector. Regardless of their number and diversity, for organizations, it is important to have networks of interrelated stakeholders because this can promote social impact and it can create value (Post et al., 2002).

With regard to the main barriers of social sustainability, they can be distinguished between internal and external ones. The former refers to management leadership barriers, knowledge

awareness barriers, technical barriers and financial barriers. Other internal barriers to be considered are costs, lack of guidelines and strategy, lack of stakeholder communication and lack of training (Alotaibi et al.,2019). The main external barriers to social sustainability are financial, political and socio-cultural barriers (Zhang et al., 2011).

2.2.3. Economic approach of organizational sustainability

Economic sustainability for organisations refers to income generation through generating at the same time a circular effect that stabilizes the economy and the society through the transformation of organisations practices towards reusability, recycling, and renewability (Chelan et al., 2018; Kibert, 2016). In this perspective, economic sustainability may refer to the market allocation of resources, sustained levels of growth and consumption and it takes into consideration the fact that natural resources are limited (Kahn, 1995). Other dimensions are sales, market share and operational efficiency, value addition, resource conservation, ethical investments and waste reduction (Marchi et al.,2013; Manca, 2015) as well as utility costs, purchase costs and profits (Jia et al., 2018). Taking into account the factors listed above, which are very relevant aspects for survival in current and future markets, requires organizations to operate more responsibly and integrate sustainable development into their decision-making processes, which allows them to achieve competitive advantages in an explicit strategic framework. It is no coincidence that organizational sustainability is a concept closely related to the economic approach, based on the premise that the future economic success of an organization will depend on achieving positive returns, both economical, social and environmental (Keller, 2012).

Bonini and Swatz (2014) empathize that companies that have integrated sustainable development in their processes of value creation have included in their business models the following aspects as in innovation and new products, the composition of business portfolios, new markets, green and sales marketing, sustainable value chains, sustainable operations, operational risk management, reputation management and regulatory management. Organizations should be responsible for creating shared value that not only includes the concept of profit but creates added value for the whole company, effectively and efficiently. It is important to underline that when the notion of sustainable development is introduced into the organization, the concept of value creation is modified and becomes a mixed value, within

which the creation of social and financial value and returns for shareholders are integrated and fully evaluated (Emerson, 1983).

Some of the barriers to economic sustainability in organisations are the lack of corporate metrics that determine external costs such as environmental risk or other social aspects of sustainable development in organisations. If the shareholder approach is taken into consideration another barrier that can be identified is the focus on maximizing shareholder value. Other barriers are situated at a more operational level such as invectives focused in the short term and financial and performance metrics (Bocken and Geralds, 2020).

After defining organizational sustainability, and after developing the three approaches of organizational sustainability in the next section the strategic dimension of organizational sustainability will be explained.

2.3. The strategic dimension of organizational sustainability

As responsible parties in economic processes and with an impact on environmental and social processes, organizations play a crucial role in achieving sustainable development for society as a whole. It is not a coincidence that some authors (Carcano, 2003; Radari and Rostamy, 2015) have applied the theoretical concept of sustainable development to the organizational context. Others (Eccles et al., 2011), while defining organizational sustainability, argue that organizations aim to develop an underlying "culture of sustainability", through policies that highlight the importance of environmental and social as well as financial performance. Following this line of thinking, Stead and Stead (1996) have introduced the strategic dimension of sustainable development, which assumes that strategic management ensures a competitive advantage and can help organizations cope with risks and take advantage of the environmental opportunities that can emerge in their activities.

As Bonn and Fisher (2011) also argue, the implementation of sustainability in corporate strategic decisions is more meaningful than ever. Van de Ven and Graafland (2006) estimate that there are two main incentives at the organizational level to incorporate sustainability: one focused directly on profit, and the other on an ethical level, driven by the moral obligation of the organization to contribute positively to societal development. If on the one hand the financial incentives are considered external and contribute to the reputation that the company can have

towards the stakeholders, on the other hand, the social incentives are considered internal because this is connected to the "subjective" reason that the organization is contributing to the common good.

Engert e Baumgartner (2016) identified 6 success factors in the implementation of the corporate sustainability strategy:

1. *The organizational structure* is reflected in the way the structure itself works, whether the organization has designed or has roles for sustainability. Therefore, in the implementation phase of sustainability strategies, the interaction between strategies, organizational structure and organizational processes becomes very essential.
2. *Organization culture* is related with the fact on how the organization promotes awareness on sustainability on its plans and activities.
3. *The leadership dimension*, even if not limited only to top management, is connected to corporate sustainability that can be integrated into the various levels of management of an organization (Rocha et. Al, 2007). Therefore, organizational sustainability can be integrated at the level of operational, regulatory and strategic management. The role of team managers can be explained through the *agency theory* in which the manager is perceived as a moral actor responsible for corporate social performance and the individual dimension in organizational sustainability can have positive implications on it (Fontrodona and Sison, 2006).
4. *Management control* is the process in which managers evaluate performance during and after the implementation of a new strategy. In other words, through correct performance indicators and evaluation and monitoring procedures, it is intended to measure and evaluate the impact of sustainability initiatives[1].

[1] Management control is the relationship with production standards on the performance of sustainability reporting. The UN Global Compact Guide for Corporate Sustainability published in 2015 lies on 4 pillars that should be taken into consideration by organizations which are human rights, labor, the environment and the fight against corruption. Progress reports should be based on sustainability reporting, as a motivating factor in obtaining better information, engaging with stakeholders, managing risks and costs, and achieving better accountability and greater transparency. Global Reporting Initiative promoted by the United Nations aims to ensure ISO 26000 in order to meet requirements with standards. The current legal framework in reporting in different countries is varied: for example, in some European Union countries such as Denmark, Spain or the Netherlands environmental reporting is mandatory; in others, such as France, in addition to environmental reporting, social reporting is also mandatory (Kolk, 2005).

5. *Employee motivation,* influenced by individual attitudes and personalities, is a key factor in successfully implementing sustainability initiatives. The factors that contribute to increasing motivation are twofold. First, employees must be sufficiently qualified to understand the implications of sustainability for their daily operations. Second, reward systems increase employee motivation and help achieve goals.
6. In order to support social and environmental challenges, organizations should promote *internal and external communication of sustainability*. Internal communication means communication between managers, employees and different departments and can take place through meetings, training workshops, webinars. External communication takes place through sustainability reports that cover elements such as vision, mission, strategies, objectives and initiatives.

There are perspectives of strategic sustainable development into organisations, the first is internal where organizational sustainability is perceived as a concern of human resource management (Galuppo et al., 2014), where the board and top managers have an influence on social sustainability (Hyat and Berete, 2017). The external perspective is based on the trust, legitimacy and transparency towards external environment and different stakeholders. There distinguish two strategies: substantive strategy which is proactive and long term, while the symbolic strategy aims just to the requirements to be accomplished. It is necessary to explain the role of the internal and external perspectives of strategic sustainable development into organizations. In the first subsection, the focus will be on the internal perspective analyzed through the explanation of the role of managerial attitudes on organizational sustainability, and in the second subsection the analysis will focus on the external perspective on the explanation of the role of stakeholder pressure.

2.3.1. Managerial attitudes towards organizational sustainability

Managers' perception and attitude on sustainability will influence organizational sustainability strategies (Buysse and Verbeke, 2003). Research on managerial attitudes within organizations is related primarily to research on behaviors, because managerial attitude influences not only the way managers behave within business organizations but as well as how other people behave within organizations (Rix, 2007). The first definitions of the concept of attitude that are used in different fields of research come from the field of social psychology. Attitude may refer to the

preference or the affection that an individual shows towards an object (Thurstone, 1931; Ajzen, 2001). Fishbein (1963) added another important element to the concept of the attitude which the element of belief. According to Katz (1960) attitudes have several functions such as the knowledge function, adjustment function, ego-defensive function and value expressive function.

Several scholars developed different models in order to study attitude such as:

- *The model of the three components* (Haddock and Maio, 2007); which includes the cognitive component (beliefs), the behavioral component and the affective component.
- *The one component model* supposes that the attitudes originate from beliefs (Zanna and Rempel, 1988).
- *The theory of Planned Behaviour* by Ajzen (1991) assumes that individual behaviour is a function of the individual attitude towards that behaviour, the subjective, and behaviour control including personal factors such as skills and contextual factors. Individual attitude may refer to the individual reaction of the individual to an object with a particular context or environment. Subjective norm may refer to the willingness and motivation of individuals to perform or to not perform a certain task that was considered important. Behavioral control refers to the ease of an individual to perform a certain behaviour control that is connected to the self-efficacy of the individuals.
- Another important theory to be taken into consideration in the field of sustainable development is the *Theory of Altruistic Behaviour* that suggests that individual altruistic behaviour is likely to be activated a norm or moral obligation that results from the values of an individual (Nordlund and Gavil, 2012). Taking into consideration the environmental approach of sustainable development, Stern (2000) suggests that managers with strong environmental values will have a positive attitude and orientation towards organizational environmental sustainability.

In the research field of organizational sustainability, most studies on managerial attitudes focus on attitudes towards the environmental approach of sustainability. A study by Sakar and Young (2009) on managerial attitudes towards green IT suggest that the attitudes of managers will be transformed into actions only if costs will be reduced from the implementation of green IT solutions together with the elaboration of long-term awareness programs. Roxas and Coetzer

(2012) suggest that if the institutional environment and the owner of an organization are supportive of managerial sustainable development practices, managers will develop a positive attitude towards environmental sustainability and the organization will have a positive and proactive environmental orientation. A study by Mensah and Ampofo (2021) in the hospitality sector shows that a positive attitude of the managers in environmental issues would reduce waste management in the hospitality sector. This confirms the findings of Park et al. (2012) that conclude that managers environmental attitudes influence organizational environmental activities. **A theoretical gap that has been identified from the analysis of the theoretical background of this study is that there are no studies that focus on the role of managerial attitudes on the social and economic approach of organizational sustainability, especially in the health sector.**

Managerial attitudes towards organizational sustainability influence resource allocation, decision-making, strategy formulation, goals and policies (Berry and Rondinelli, 1998). Another study on the motivation of managers on sustainable development issues within organisations showed that the motivation for sustainability influences their strategic decision making together with short term economic performance (Carballo-Penala and Castroma□n-Diz, 2015).

Whereas Lee and Joo (2020) conclude that management attitudes and especially top management attitudes towards organizational sustainability may influence directly organizational performance. Another recent study in Romanian organizations by Popescu et al. (2020) suggests that managerial skills such as self-awareness, interpersonal skills and emotional intelligence influence managerial attitude on organizational sustainability. Competencies that are necessary for managers in terms of organizational sustainability are technical knowledge and competencies on sustainability, systems thinking and interdisciplinary competencies, social competencies and self-competencies (Lasch and Connaway, 2015), also considered as sustainable competencies. A recent sustainable competencies framework developed by Brundiers et al (2020) includes as well other competencies such as future-thinking, value-thinking, strategic-competencies, implementation and problem-solving competencies. Yilmaz et al (2019) suggest that managerial attitudes on environmental sustainability were determined by personal and professional characteristics. The relationship between knowledge, attitude and behaviours has been previously explored in the literature by Jensen (2002), where high levels of knowledge about sustainability do not necessarily imply sustainability actions. Nevertheless,

Zlota et al., (2013) suggest that sustainability education may result in positive behaviour. Sven et al. (2020) propose 4 types of managerial attitudes organizational sustainability which are:

- *Skeptics* (low commitment, low initiative);
- *Adaptors* (low commitment, high initiative);
- *Posers* (high commitment, low initiative);
- *Enthusiasts* (high commitment, high initiative).

An essential theoretical foundation that explains the integration of sustainable development from managers in organizational development agendas is Agency theory (Eisternhard, 1989). According to this theory, the relationship between the manager (agent) and the board (principal) can be source of possible conflicts due to continuous need for monitoring and related monitoring costs. The board will have monitoring role as well as to protect the interest of the shareholders, if they consider integrating sustainable development in organization, and managers as agents can agree or disagree. Top management involvement in organizational sustainability is considered to be as one the key success factors of the corporate sustainability (Kiesnere and Baumgartner, 2020). Baugmater (2014) integrated the relevance of the corporate social responsibility awareness in the three management levels: *normative management* ensures the integration of sustainability in vision, mission and corporate policy; s*trategic management* ensures the integration of corporate social responsibility in the long-term goals and in the product/service market combinations; i*n the operational level* strategic plans are implemented, and the integration of corporate sustainability can be reduced in different corporate functions such as reducing waste or sustainable purchases.

As it was mentioned already in the beginning of this section, the commitment of managers to environmental issues can be a basis for environmental entrepreneurship within organizations (Keogh and Polonsky, 1998). Other authors such as Fineman (1996) underline the importance of individual emotional commitment in sustainable development especially in terms of environmental commitment. The involvement of top management, able to strengthen the values of organizational responsibility, stimulate innovative thinking, promote the values of sustainability, manage risks and internalize the benefits, can provide resources and incentives to promote organizational sustainability (Keisnere and Baumgartner, 2020). Furthermore, the top manager should promote sustainability among employees, help them promote their ideas

through training sessions, workshops (Liakh and Spigarelli, 2020), create the right knowledge and skills through the co-creation of sustainable practices and encourage a healthy competition between them. An important role in organizations is the role of the sustainability manager, as opposed to the role of the officers which is considered rather a symbolic role with no direct impact on sustainability performance (Peters et al., 2019).

Awareness on sustainability of top managers affects positively competitive advantage as it is shown by a study by Cao et al. (2021) regarding green competitive advantage in China. Top management teams may fail to integrate sustainable development in organization's strategy because of the lack the two-way communication between employees and management; the organization remains focused in the financial profit and neglects sustainability and responsibility issues remain focused just to the top management and they are not delegated to other managerial levels (Accenture, 2021). Top management support has an impact on the attitudes of the individuals outside and inside the organization. When top managers support particular sustainable activities of an organization, this will have a positive impact on internal and external stakeholders (Giola and Chittipeddi, 1991). Many studies on self-awareness of sustainability focus in university's students' awareness taking into consideration the fact that higher education institutions are one of the most important stakeholders in developing sustainability ideas and projects through teaching, capacity building and research (Abubakar et al., 2016). Mesengi et al. (2019) assess personal awareness on sustainability of students based on the dimensions of engagement, sustainable purchases, energy, waste, buildings. **Anyway, there are few studies that focus in the self-awareness of the managers on organizational sustainability**.

Leadership and especially transformative leadership inside organization is considered to be key element that promotes sustainability inside organisations (Elkins and Keller, 2003). Sustainability leadership inside organisations is that kind of leadership that focuses in meeting the values of future generations. Self-awareness on leadership is connected to the behavioral competencies of leaders inside of organisations that want to collaborate with different stakeholders in order to integrate the different approaches of sustainable development on organizational sustainability (Knight and Patterson, 2018). As well as managers' perception on sustainability will influence organisational sustainability strategies (Buysse and Verbeke, 2003).

2.3.2. *The role of stakeholders' positive pressure*

The concept of stakeholder was used for the first time in 1963 by the Stanford Research Institute and its origin is connected to the concept of *stockholder* or *shareholder*. The term shareholder refers to the interest that have for organization the different groups that are out-side the organization. The concept of stakeholder become popular because of Edward Freeman (1984) that defined stakeholders as an individual and or a group of individuals that affect or can affect the achievement of organisational objectives. Freeman (1984) developed the "stakeholder theory" that is currently one of the main theories in managerial research field. It is existing still a debate if the stakeholders' theory among researchers in the field is just an extension of the theory of the firm, or if it is just a theoretical framework that helps to analyse the stakeholders' dynamics and their role within business organisations. Stakeholder theory refers on how customers, supplier, financiers, employees, managers and larger communities help to create and value to the organization (Harrison et al., 2010). Firstly, it was proposed by Donaldson and Peterson (1995) as the conventional model input output of the corporation as it is illustrated in the figure below (fig. 2.3).

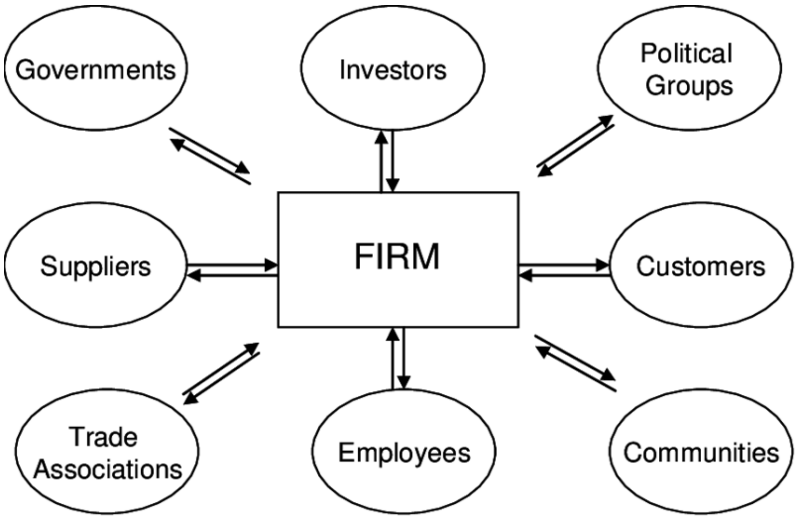


Figure 2. 3. Contrasting Models of corporation: Input-Output Model (Donaldson and Preston, 1995)

Investors, suppliers and employees contribute to the transformation of the inputs in outputs that are provided to customers. Each of the contributors in the transformation of the inputs into outputs expects a financial compensation for the respective contribution in the transformation of the inputs in outputs. This framework does not take into consideration of the stakeholders

that are present into organizations. Whereas the extended stakeholder model integrates the different stakeholders and their interactions with the organization.

When stakeholder interests' conflict there is a need to address and defend the interests of larger groups of stakeholders. The interests of different stakeholders have to be defended and they have to managed in an effective way. Stakeholders' relationships within organisations should be aligned. This theory aims to analyse and relate the organization and the different actors that are concerned directly and indirectly with the different stakeholders. Another main goal of this theory is to translate the concepts in principles, norms and means of action in order to make organisations integrate the stakeholder approach in its activities and decision-making processes (Ballet and Dazin, 2008). The stakeholder theory has been applied to analyse stakeholders' relationships in different organisations but in the particular case of business organisations this theory has another implication to be taken into consideration which is the propriety rights which is aspect that is present only in business organisations.

The managerial approach to the different stakeholders is very important because managers perception towards stakeholders is from a point view of performance and a good management of organisational relationships contributes positively to organisational performance (Post, 2003). Indeed, the stakeholders have the main contribution to organisational performance. Managers should be able to identify and to classify different stakeholders according to their role in organisations. Caroll (1996) estimates that stakeholders can be classified as transactional and institutional. Stakeholders that have a direct rights public or private in the functioning of the organization can be considered as primary stakeholders and the stakeholders that do not have direct rights and interests the functioning of the organization are considered as secondary stakeholders. Clarksion (1995) considers that voluntary stakeholders seek for their own interest through the establishment of contractual relationships with the organization and they accept to share different transactional risks, and non-voluntary stakeholders decide to expose themselves independently from the externalities of the activities of the organization. Fu et al. (2019) took a different perspective in analysing the role of stakeholders and their contribution within organisations, taking into consideration the element of corporate performance which is based in opportunities and risks of stakeholder engagement within organisations. They proposed 6 typologies of corporate performance which are Vanguard, Opportunist, Generalist, Minimalist,

Specialist, and Laggard. Vanguard and Opportunist are more non market opportunities than risk opportunities, Laagard and Specialist respond to social and environmental risks. Generalist and Minimalist operate between the two extremes of the business risk.

The ethical approach considers that stakeholders have a civic role within organisations. Each individual or group of individuals has the power to influence the organisations directly and indirectly, and *vice versa*. They are considered as individuals who have a legitimacy within the organises, and they have different but equivalent rights within organisations. The ethical approach takes into consideration distinctions between the different categories of stakeholders as described in the previous paragraphs (Donaldson and Preston, 1995), and aims to improve the participation of different stakeholders, based on an interactive communication model that establishes a culture of discussion ethics (Darras et al., 1995). All stakeholders have the legitimate right to participate and to raise their voices.

Another important element to be taken into consideration is stakeholders' pressure inside the organization, such as employers, or the pressure that comes from the stakeholders that are outside the organization (Liu et al., 2017). Some studies suggest that different stake-holders can put pressure on implementing environmental practices, for example, employees in collaboration with external stakeholders can put pressure on diversifying environmental strategies (Sarkis et al., 2010). Stakeholder pressures on environmental sustainability can be considered as internal if they include pressure that comes from the shareholders, managers and employees (Delmas and Toffel, 2004). The positive pressure of shareholders will cause the company to introduce sustainable management systems; the understanding of the sustainability of managers will have a positive impact on the elaboration of an organizational sustainable strategy. Sharma and Henriques (2005) empathize that employers represent the human capital of an organization, thus with their self-awareness, they can have a positive impact on organizational sustainability.

External pressure of stakeholders on sustainable organization can be classified as:

- ***Market pressure*** includes pressure from competitors, suppliers and consumers. The integration of different technologies from competitors or different policies can push an organization to elaborate and implement of organizational sustainability (Dowell and

Muthunglingam, 2017). Industry regulators as well can influence organizational sustainability as well suppliers and buys can influence in sustainable strategies in transforming supply chains (Sharfman and Shaft, 2009).

- ***Coercive pressure*** is the pressures that is made by regulators and government and it comes in the form of regulation (Johnstone and Labonne, 2009).
- ***Social pressure*** can come from the public and civil society organisations, especially if the public has awareness on sustainability; civil society organisations can influence through indirect mechanisms organizational sustainabilities, these mechanisms can be protests or litigation (Lee et al., 2018).

2.3.3. Strategic tools for promoting organizational sustainability

Code of ethics and codes of conduct are among the most important tools for organizational sustainability, used to implement norms and rules. Codes of ethics were firstly created for employees, in order to implement standards and approaches that employees should be aware of these standards and improve (Haugh and Talvar, 2010). As sustainability attaches itself to ethics, nowadays codes of ethics have been evolving towards the inclusion of external stakeholders. Gasparski et al. (2002) suggest that codes of ethics can include other programs such as professional standards or education programs on ethical standards. Code of ethics can promote the image of the corporation, it can influence the behaviour of employees and it can be used as a tool in order to avoid legal consequences (Bugdol, 2007). In the end are a way of formalizing organizational sustainability as well when ethical aspects are included in employment contracts (Siltaloppi et al., 2020).

The main elements of sustainability information inside organisations are credibility, social balance, integration with strategy and comparability; these elements should be part of sustainability reports, related to the concept of social report and accounting that refers to the measurement, monitoring and reporting of social and economic reports of an organization (Epstein et al., 1976). Sustainability reports can be used for internal and external purposes, and they are used not only to inform shareholders but as well stakeholders about non-financial issues. Reporting on non-financial issues has started to increase especially during the 80s and the 90s. Legislation requirements on sustainability reporting are different in different countries of the world as an example reporting on environmental and social issues is a legal obligation

since 2002 in France and at the EU level, it exists a recommendation on reporting on environmental and social disclosure (Kolk, 2005). There are different types of sustainability reports, but there does not exist a standardized sustainability report; sometimes environmental reports can include the social and the economic aspects of sustainable development (Frias et al., 2014). Sustainability reports are an element of evaluation and communication for organisations sustainability performance (Lozano et al., 2016).

The integrated management system can be defined as an organizational structure, resources, procedures that organisations use to plan, monitor and control. Organizations have different integrated management systems that can be used to respond to internal or external pressure (Karapetrovic and Casadesús, 2009). Internal management systems can be organizational, financial, focused on employees and external motivators. Organizations can choose to be certified under ISO 19011 for Quality and/or Environmental Management Systems. Many organisations are also certified with ISO 14001 for assessing environmental and social processes. For example, Santos and Barbosa (2011) have studied the integration of management systems for Portuguese organisations and they have concluded that small and medium organisations use quality manuals, environmental manuals and health and safety manuals.

Organizational sustainability can be introduced to the mission, vision, values, principles and personal commitment to sustainability (Bieker and Waxenberger, 2002). The sustainability approach can be integrated into the analysis of stakeholders during the process of strategic planning. It is essential to reflect the sustainability aspect in goals objectives in order to include social and environmental concerns (Figge et al., 2002).

2.4. Health care system and strategic sustainable development approaches

In the healthcare context, organizational sustainability refers to the ability of systems to ensure the long-term health and well-being of communities (Aquino et al, 2018), subsequent from reducing waste, improving quality or implementing better systems. As Jameton and McGuire (2002) also suggest, sustainability in healthcare needs to find a balance between environmental concern, economic concern and patient needs. The healthcare industry has always focused on the social and humanitarian mission of taking care of the patient, but the negative impact on the environment of healthcare organizations has always been neglected. With reference to its main

objective on how to maintain and improve its "health" product, which due to its intangibility nature makes it difficult to measure, it is immediately under-stood that it does not refer only to a service, but to a human right. However, factors such as the increase in chronic diseases, the progressive ageing of populations, the constant increase in the demand for services, the safety, trust and confidence of citizens, the productivity and expectations of society, are some elements that today undermine health sustainability (Conference Board of Canada, 2014). These challenges require, on the one hand, the allocation of enormous financial resources (Russo et al, 2019), and on the other a sustainable system capable to:

1. provide adequate and effective health care, which not only minimizes the impact of disease and improves the health of the community (Mohrman & Shani, 2011), but also controls the costs associated with it (Fruitman, 2004).
2. ensure the reliability and accessibility of healthcare (Prada et al, 2014).
3. ensure the "greening" of the sector while addressing the impact of health care on the environment and resource consumption (UK, NHS, 2009).
4. balance the interests of stakeholders in the long term and have the capacity for improvement, innovation and continuous development from an economic, social and environmental point of view (Lifvergren et al, 2009).
5. address the roles of health care during major physical crises and disasters so that health care does not collapse (WHO).

While operating in a specific environment to offer a service to the population, organizations, including health care ones, establish a business-territory relationship that melts into a socio-economic context, within which dynamic and vital interactions are developed at various levels, and with different roles and purposes (Barile et al., 2012). This means that organizations influence and at the same time are influenced by the same reference environment. Indeed, as Dhillon and Kaur (2015) also conclude, hospitals, being resource-intensive facilities and to meet growing customer expectations and provide high-quality care, consume large amounts of electricity, water, food and building materials, with a direct impact on climate change and human health. As the authors themselves suggest, some health institutions, using simple, intelligent and sustainable measures, can significantly reduce their impact on the environment, through the construction of *Green Hospital*. A Green Hospital can be a response to all these

problems with improved strategic planning and it can provide better conditions for employees and patients (Gerali et al., 2015). Hospitals should as well provide a safe physical environment and in terms of the supply chain, materials and equipment procurement should be made from suppliers known for the quality of their products that respect the environment, the labour law, and human rights.

If, on the one hand, hospitals must respect the environment and the territory in which they operate (*corporate citizenship*), on the other hand, there is an ethical and social obligation that requires hospitals and other organizations to provide quality healthcare to everyone who is entitled to it (Brandao et al., 2013). This social responsibility, as a form of self-regulation to which all participating organizations voluntarily submit, requires the need to define social programs and objectives in compliance with the law, ethical standards and international norms, not only in strategic planning but also in his daily activity. While trying to define social responsibility in the healthcare sector, Brandao et al. (2013) classify it as active and passive. Some forms of passive social responsibility focus on wealth and promotion of employment; protecting the investment of all shareholders; protecting the interests of all stakeholders; respecting human rights; abstention of environmental damage (in particular in the treatment of toxic waste). Some forms of active social responsibility are implementing ethical codes of conduct; promoting reverse discrimination policies (affirmative action); public accountability of management decisions and performance indicators; protecting animal interests; engaging in national or international solidarity programs. Moreover, Haddiya et al. (2020) suggest that the social approach of sustainable development can be applied to quality and relevance of care, accessibility to care, compliance with the law, community support and job creation.

Economic sustainability implies in general changes in all the industries, although that does not occur immediately. A major problem related to the application of the concepts of economic sustainability within health organizations especially in developing countries like Albania is reflected in investments and economic risk (Lopes et al, 2015). Economic sustainability in healthcare organizations is reflected through Adopting technological innovations that both meet the required quality of care and help reduce the expenses: reducing costs, supporting workforce needs, rationalizing expenses, boosting the local economy by considering local products in the hospital supply chain.

Different barriers can be identified in terms of sustainability in healthcare such as buyer-supplier exchange issues, changing business environment, communication barriers, cost pressure, lack of accountability and social pressure, lack of commitment, lack of training and resources, poor risk management and quality issues (Hussain et al, 2019).

In a study made in the UAE healthcare system by Khan et al. (2017) main barriers to sustainability in the healthcare ecosystem were infrastructural (lack of eco-friendly products, lack of training, lack of experience, lack of standards, safety, financial issues). Another barrier is an organizational culture which includes lack of empowerment, lack of commitment, regulatory framework, lack of management support. Poor coordination is considered as another barrier and it is composed of budgetary issues, contractual problems. Stakeholder disparity includes customer reaction, lack of social audit, sense of competition. Uncertainty is considered as well as a barrier for sustainability and it includes frequency of size and orders, a highly changing environment and lack of exchanging information between stakeholders. The lack of some facilitators such as initial design and delivery, negotiating initiative processes, the people involved, resources, the organizational setting and the external environment can be considered as a barrier (Lennox, 2018). The organizational setting is an internal barrier that includes the lack of tailored policies and programs for sustainability. The resources are considered as an internal barrier and they include lack of financial resources, staff shortages and the lack of time. External factors such as socio-economic-political and legislative factors can be considered as an external barrier for the sustainability in organizations.

Nonetheless, even the political factor influences the sustainability of the system, since political decisions are those that impose fiscal constraints in a country and determine the size, budget allocations and priorities of the national system (Coman & Grigore, 2017; Palumbo, 2017). The main reason because healthcare organisations have not been able to satisfy the needs of the patients are healthcare policies (Wenzl, Naci & Mossialos, 2017).

The role of managers and stakeholders' positive pressure

Managers in healthcare organizations, that maybe can have limited managerial skills and a decision-making style based on economic rationality, ascend in a hierarchy based on political decisions through producing less value for the system (Saviano, Bassano & Calabrese, 2010).

Anyway, there are no previous studies that explore managerial attitudes in the healthcare sector and their role in organizational sustainability.

Wu et al. (2019) mapped the stakeholders in healthcare that include: medical services (tertiary hospitals, physicians and pharmacists), rehabilitations services (secondary hospitals and rehabilitation centres), nursing services (nursing home and nursing staff), pension services (pension centres, family groups and family doctors), third-party services (laboratories, online doctors, physician), supply services (medical equipment pharmacies), medical insurance, payment services (banks), regulatory services (national regulatory agencies, grassroots) and patients and families. Concerning the positive pressure that different stakeholders can have within the healthcare sector Pereno and Erickson (2020) estimate that healthcare providers and NGOs have a strong influence in the provision of the service to the patients that can have a direct impact on social sustainability. Healthcare industries can influence environmental sustainability because they can be for example oriented toward more sustainable production. Regulatory agencies provide a regulatory framework for all the three components of organizational sustainability in the health care system.

2.5. Strategic tools in healthcare organizations: *innovation and value co-creation for promoting organizational sustainability*

While there is a widespread perception of the advantages that the adoption of sustainability standards can create in driving success, on the other hand it must be accepted that different organizations have different strategies and a different perception of reputational issues on sustainability (Hysa et al., 2016). Wales (2013) states that there is no "one" sustainable approach for all different contexts and the real challenge for organizations regarding sustainability lies in determining what their organizational strategy should be, despite the competitive advantage that its integration can bring in the basic policies and objectives of overall performance. The lack of a specific strategy could be sought both in the habits of organizations to measure everything in financial terms and in the difficulty of aligning the other non-financial aspects, indispensable for sustainability (Kielstra, 2008), and in the absence of the "subjective interpretation" of the governing body while planning organizational sustainability in the specific context (Hysa et al., 2016). With reference to this aspect, Barile (2009) underlines that "*management seems to have lost its virtuous dimension that originally legitimized the company-entity as a beneficial tool for the well-*

being of society, showing little foresight in dealing with complex decision-making, fundamental processes for the survival of the system" (Barile, 2009 from Saviano, et al., 2010)[2].

As previously stated, the sustainability of the organization is the mirror of the decisions, choices and actions of its governing body which, through a "subjective" interpretation, identifies in the environment in which it operates some vital systems that must be taken into account rather than others (reference supersystems), and by reason of this choice it organizes its resources, skills and competences in order to obtain a satisfactory result and establish the conditions of consonance for itself and for the selected supra-systems (e.g. *stakeholders*). The different ways in which an individual interprets and understands a particular phenomenon can be found in the non-dualistic view of the subject-reality relationship, according to which the only existing reality is that perceived subjectively (Marton & Booth, 1997), as well as in the constructivist principles according to which the experience of each individual is filtered by belief systems, constructs and interpretative models (Kelly, 1955), which in terms of Viable System Approach (VSA) is defined as an *information variety* (Barile, 2009), composed of: information unit, interpretative schemes and categorical values. If the former refers to the knowledge of the governing body (i.e., the technical dimension of *know-what* and *know-how*) in order to understand, interpret and simplify the variety of the context, the categorical values represent the (relatively) immutable part that indicates the true nature of the decision maker (Hysa et al., 2016). Since changing the environment is more difficult than changing one's system, it is possible to improve one's perceptions and activities by increasing one's variety of information (Sanguigni and Bilotta, 2011).

From the point of view of Viable System Approach (VSA)[3] (Golinelli, Barile, 2000), the actors in the vital system must interact with each other, and the functionality of this system depends on

[2] The authors suggest that the emerging synergies from Viable Systems Approach (VSA) and Service Science (SS) disciplines represent a good starting point in the observation and interpretation of complex service systems such as healthcare organizations. This is a multidisciplinary research field that can connect different research field in the service system and justify their orientation towards corporate sustainability.

[3] One of the most interesting aspects of the theoretical construction of the VSA is the ability that the proposed conceptual scheme has to provide both a functional and operational description of the organizations in the widest generality of cases. Thus, for example, it is possible to take advantage of vital systemic models not only to represent business organizations, but also to illustrate the behavioral dynamics of entities, institutions and organizations such as territorial systems, business districts, supply chain systems, but also political parties, cultural, religious, lobbying movements, etc.

both the ability it has to increase its possibility of survival in the environment in which it lives (Barile and Gatti, 2007) and from the interaction with the supra-systems that surround it, capacity understood as the *value co-creation* (Barile, 2011). It is a dynamic process, created within a network of dense relationships (Frow et al., 2016) or as Gummesson (2008) defines it of multiple relationships, in which several actors are involved simultaneously, sharing and integrating their resources, proposing a value within the network and co-creating value with other valid systems as part of a guaranteed relational network (Hysa et al., 2016). In summary, if the ultimate goal of every organization, part of a vital system, is to create value, the underlying processes, in order to be sustainable, must enhance and consolidate relationships with the different stakeholders (Perrini, 2013), where all the actors do basically the same things: integrate resources and engage in the exchange of services (Vargo & Lusch, 2016), all guided by norms, rules and roles played in the co-creation and evaluation of value (Edvardsson & Tronvoll, 2013).

In organizations that have service orientation, different stakeholders participate in the process of value co-creation based on the shared resources and following the lenses of *service dominant logic* (Polese, 2008; Vargo, Lusch 2004, 2006)[4]. Services is the main basis of exchange; the value is co-created by different actors including the beneficiaries and taking into consideration the resources of everyone. Value co-creation depends as well from the context where this value is created and it can be concluded that co-creation of value is a contextualized process (Payne et al., 2008; Vargo et al., 2008). The value co-created in a social context is adapted to service-based organisations such as healthcare, tourism and technology (Ciasullo et al., 2017; Edvardsson et al., 2011).

In the healthcare organization context, the critical role of value creation has been influenced by the shift from a purely disease-centered approach to a patient-centered approach (Porter & Lee, 2013), guiding the organization to review its efforts so far in the perspective of the patient's needs (Hernandez et al. 2013), and considering the patient as an active partner able to contribute in the planning and providing assistance (Farmer et al., 2017). The co-creation of value should be understood not only as value of the offered services but as well as it should include the quality of assistance, the psychophysical wellbeing of patients and their experiences,

[4] The theoretical basis of Service Science, considered as a multidisciplinary and transversal science (Maglio & Spohrer, 2008). For a scientific itinerary within the labyrinths of Service Science, see also: Maglio, Kieliszewski & Spohrer, 2012.

as well as professional competence (McColl-Kennedy et al., 2012). If the main function of a system based on services is to make possible value creation and influence innovation processes in the service sector, innovation processes will imply collaboration between different stakeholders (Edvardsson and Tronvoll, 2013; Lusch and Vargo, 2014; Schumpeter, 1934).

In sustainable healthcare organisations it is possible to integrate innovative approach even when it acts on already existing elements (services, work activities, technologies), in order to produce more performing results (Sansone, 2002). It is possible to identify three types of innovation: the first type of innovation is from the lenses of the consumer (it influences the consumer behavior in purchasing and using healthcare services), the second refers to the impact of the technology in improving services, and the third reflects the new models of integration between organizations and activities (Herzlinger, 2006; Lansisalmi et al, 2006). Another particularly relevant perspective is Nolte's (2018) position of defining health services innovation as: "*a new set of behaviors, routines and ways of working, which are inconsistent with previous practice, and aims to improve results in terms of health, administrative efficiency, efficacy of costs or the experience of users acting with planned and coordinated actions*". However, the success of introducing innovation in healthcare organisations depends from the dynamics of change and contextual factors (Pfadenhauer et al., 2017).

2.6. An overview of Sustainable Development Goals (SDGs) in Albania

2.6.1. From Western Balkans to Albanian context

The COVID-19 pandemic, together with other global threats such as climate change and air pollution, have had an unprecedented impact with devastating effects in the economic and social sphere, in particular on the healthcare industry (Galimberti et al., 2021). These phenomena have highlighted the fragilities of healthcare systems and putting into evidence the necessity of coordinated actions in order to face the problems of public health (OECD, 2020). While the current emergency has been challenging healthcare systems of developed countries that have been advancing in implementing sustainable development goals, at the other hand it is accentuating as well the difficult implementation of sustainable development goals in developing countries that do not have the resources and the capacity to tackle with COVID-19 pandemic consequences (Alibegovic et al., 2020, Leal Filho et al., 2020). In terms of Sustainable

development goals, Western Balkans countries are experiencing difficulties in accomplishing these goals at the same time the region's economic and social convergence gap with the EU (RCC, 2020) is increasing. Indeed, a report of the World Bank Group (WBG, 2020) showed that even if there is awareness in terms of sustainability of the healthcare system, the COVID-19 pandemic is limiting the process of accomplishing objectives and it is modifying development and national strategies. Regional organisations should contribute to the adaptation of priorities and initiation concerning future strategical planning to achieve an equilibrium between the environmental approach, social approach and economic approach of sustainability (Uvalić & Cvijanović, 2018).

As the report of Regional Cooperation Council (RCC/EU, 2020) underlines, Western Balkan countries - Albania, Bosnia-Erzegovina, Kosovo[5], Montenegro, Macedonia del Nord e Serbia have not made a lot of progress in terms of sustainable developments goals, due to some problems of particular relevance: an insufficiently developed framework of indicators and system of objectives; an underdeveloped monitoring system in all regional economies; discretion and unwillingness for some countries to present their National Reviews on the implementation of the 2030 Agenda; setbacks from the EU in terms of socio-economic convergence, as well as a weak genuine commitment by political elites on the issue of the SDGs. Taking into consideration that all the aforementioned countries aspire to join the EU, and the process of EU integration requires significant efforts to determine their short and long term commitments for the implementation of the SDGs in their respective economies, the same report highlights suggestions in terms of monitoring, evaluation and recondition of the actualization of sustainable development goal; the definition of the adequate strategic approach especially in the period post-2020; the capacity to develop administrative mechanisms and the voluntary engagement of countries to prepare National Review Reports as well as a consolidate collaboration with civil society and raising public awareness on sustainability.

[5] What the report also intends to clarify is that "*Kosovo remains a unique example in the region, as it is not a signatory to 2030 Agenda and the SDGs at the UN General Assembly due to its unresolved status of statehood. Nevertheless, since 2015 it has joined the rest of the region to achieve the SDGs. In 2016, the National Development Strategy 2016-21 (NDS) was adopted and has undergone the SDG compliance check, while the verification process for sectorial strategies is still ongoing. Furthermore, in 2018, Kosovo*'s Assembly adopted a parliamentary resolution endorsing the 2030 Agenda and the SDGs. Finally, as it is not a member of the UN, it has not sent the Voluntary National Review to the UN, which makes it more difficult to follow the progress over time*".

While established methodologies exist for a significant group of SDGs, others are not yet clearly established and many SDGs objectives leave plenty of room for subjective interpretation (specific contexts / specific circumstances) (UN, 2018). Therefore, to ensure that all the established frameworks and measures adopted by the governments of these countries are implemented adequately and correctly, the attitudes, awareness and perceptions of sustainability practices by decision-makers must be taken into consideration, as potentially influencing factors towards a sustainable future (Melovic et al., 2019). Furthermore, in most cases, the implementation of sustainability and sustainable development standards is still perceived as voluntary for the countries mentioned above (Ozuem et al., 2014), neglecting the importance and opportunities for better implementation of socially responsible and sustainable practices and initiatives. This can also be countered by the commitments of these countries to fully and effectively support the European perspective so that they become an integral part of the EU once the established criteria are met. Therefore, as Giorgio Fuà defines in his work "Problems of late development in Europe" (1980): "... *each country must adapt its development model to its own characteristics, without necessarily following the path followed by the more advanced countries with the aim to join them in a pursuit race that can be unrealistic or counterproductive ...* "

2.6.2. Albania: a path between past, present and future

Brief history of the national health system

The origins of established structure in the healthcare sector can be found after the proclamation of Independence in 1912 and especially during the reign of King Zogu I, in 1921, in which for the first time a healthcare system organized between the public and private was established, acquiring for the first time a state character. Characterized by scarce opportunities to meet the needs of the population, access and infrastructure limitations, as well as a severe shortage of professionalism, ongoing reforms[6] and the national strategies of the following years have

[6] On the subject, it can be further examined that the historical development of public health care policy can be summarized in 4 main reforms undertaken:

1. Legal act of July 16, 1927 "On the Organization of Public Health Services", with "*Establishment of the General Directorate of Public Health (GDPH) as the highest institution in the country, responsible for organising, regulating, and drafting the public health care services budget*".
2. Law no. 3766 of December 7, 1963, "On Health Care in the People's Socialist Republic of Albania", which aimed at "*the full involvement of the state in health provision and financing, and transformed the Albanian health care system into a Soviet Semashko model*".

reflected progress towards achieving the near-full functioning of the hospitals and healthcare centres in the country. This guaranteed the stability of the system for a long time. However, the consequences of the Second World War were reflected in Albanian healthcare system. In 1944, as a supporter of the socialist camp, the country had to adapt the healthcare system to the new political conditions and to the communist political ideology. It was precisely in this period that the Soviet "Semashko" model was introduced. One of the main issues was certainly the nationalisation of healthcare sector. With the advent of the communist regime, the healthcare system was centralised and financed by general taxation. The government was responsible for financing and providing mainly specialised and hospital health care, through the spread of health centres that guaranteed coverage in the whole territory. The death of Enver Hoxha in 1985 also marked the regression of political stability and the socio-economic situation, which in the early 90s, due to an inadequate financial system and amid extreme difficulties, gradually brought the health system into crisis, to then collapse soon after (Beci et al., 2015).

The end of the communist regime and the violence that accompanied it marked the beginning of a long period of transition, which involved Albania in a series of serious structural problems, with poorly managed policies, and with a lack of political will to undertake the necessary reforms. Even though healthcare continued to be declared free, the healthcare system was suffering the consequences of the past, inheriting dilapidated institutions, outdated equipment, unequipped medical staff and poor quality of services. If that were not enough, during the political changes of 1991 and 1992, some district hospitals and health centres were destroyed both in the main cities and in the various villages (Nuri, 2002). Under these conditions, a reorganisation of the healthcare system was indispensable, which took into account not only the efficient administration of the structures in charge but also the financial means necessary for the provision of the health service in the country, up to the changes in the needs of the services

3. Law No. 7870 of October 13, 1994, "On Health Insurance in the Republic of Albania", with "*Introduction of a social health insurance scheme to finance a list of reimbursement drugs and the payment of family doctors in the public system*.
4. Law no 10833 of February 24, 2011, implementation January 01, 2013, "On Compulsory Health Insurance", "*entitlement to the Compulsory Health Insurance Fund benefits for economically active and inactive people*". Druga, E. (2021), The Health Care System in Albania, in *CRC 1342 Social Policy Country Briefs, no. 8.*

provided, in accordance with the political, social and economic changes that Albania was experiencing at that time.

In addition to the decentralization of primary care management, and the privatization of some of the most important sectors of the health system such as pharmaceuticals and dentistry (Marku, 2010), democratic changes have introduced further important reforms that have been mainly focused on: the rationalization of public health services and facilities; improving the quality of services; the increase in financial resources; Human Resources Development; and strengthen the health information system (Bali et al., 2016). Another important step was the decision to establish an insurance scheme based on the direct contributions of the economically active population to finance health care, therefore the Health Insurance Institute (Instituti i Sigurimeve të Kujdesit Shëndetësor (ISKSH) is created, as a state institution, not financial and unprofitable, regulated by Law No. 7870 of 13.10.1994[7], giving it greater autonomy and increasing compliance (Beci et al., 2015). The creation and development of the health insurance scheme, as an integral part of the security contributions not only did it increase the system's opportunity to have more financial resources and strengthen its economic stability, but it was also a response to political transition and fiscal collapse, due to the inability of state institutions to collect taxes. This reform allowed at the same time a more efficient management of financial resources and a more distribution equitable of them in health services.

However, the country's civil unrest in 1997 coupled with the Kosovo refugee crisis in 1998 again exposed the weaknesses of the system to address the health emergency with certainty[8], causing further damage and setting a slowdown in the reforms undertaken. Added to this are the problems that have already emerged in terms of coverage of the population with health services or abuse of the regime in reimbursing expenses. With a now fragmented scheme, and in the effort for continuity and further progress, a series of reforms and changes to the existing

[7] In this regard, it should be noted that after the entry into force of the regime pursuant to law no. 7870 of 13.10.1994 "*On Health Insurance in Albania*", the health insurance at the beginning was limited to cover and reimburse the basic list of medicines and the costs of the services of the family doctor in the public system, and then extended into other medical services and care as a result of changes in the years to come.

[8] Significant support from international humanitarian agencies was of particular importance not only in responding to the crisis, but also in facilitating the health system to resume its difficult path to its normal functionality.

legislation have been launched since 2000, which would allow not only to stem the negative phenomena, but also to extend the range of covered services, and then gradually move to the financing of health service packages (Memia, 2015). From year to year, the national health system was gradually changing its development trajectory, abandoning the typically Semashko model and moving towards the Bismarck model (Marku, 2010). The successful implementation of such a system, characterized by its complex nature and expensive to manage, depends not only on the actual availability and infrastructure to provide the health services included in the package of benefits, but also on the administrative capacity of the system to manage insurance funds and adequate monitoring mechanisms to avoid abuse and increase efficiency (Hysa & Gjana, 2011). In this context, to ensure the efficient management of public financial resources, and through the drafting of the new law n.10383 of 24.02.2011[9], Health Insurance Institute was transformed into The Compulsory Health Insurance Fund, starting to carry out its activity in 2013 (fsdksh.gov.al). As the only strategic taxpayer, the law gave the Fund the possibility of contracting certain packages of health services even with non-public hospitals as well as using appropriate mechanisms for the introduction of new payment methods, introducing for the first-time economic elements of market in healthcare. Furthermore, the fact that the state contributes to the rest of the inactive population has ensured greater financial stability (Beci et al., 2015). The coming to power of the socialist government in 2013 will mark another culmination of the health system, where one of the most important challenges to be faced has been the implementation of the government's program for universal coverage of the entire population with health services, a reform that it extends its effects to this day.

The current situation and prospects for a sustainable future

Albania has a mainly public health system[10], which is financed both by a compulsory health insurance scheme based on contributions paid by the economically active population (3.4% imposed on salaries, divided equally between 1.7% by the employer and 1.7% from the worker), and from funding from the state budget that covers the inactive population and the needy

[9] Law no. 10383, dated 24.02.2011 "On compulsory health care insurance in the Republic of Albania"

[10] The Albanian health system can be described as a mixed model, structurally based on a Bismarck approach, but with objectives such as universality and equal access, which are leading towards an increasingly Beveridge-type system. Law 10383 "*On compulsory health insurance*" of 24 February 2011, which entered into force in 2013, grants the Compulsory Health Insurance Found (CHIF) the right to combine and use the fund, financed through a mix of payroll taxes and tax revenues general, to purchase services from public and private contracted suppliers for economically active and inactive people.

categories (Tomini & Tomini, 2020). The health insurance scheme is administered by the Compulsory Health Insurance Fund, as the only paying body, which manages the Fund in compliance with national health policies (Memia, 2015), to guarantee an offer of services on 3 levels: primary health services, secondary and tertiary, through public and private affiliated providers. The law also clearly establishes the relationship between the national payer (the Fund, or FSDKSH) and health facilities, which in turn are structured on three levels: primary health care centers (mainly public providers), hospitals (public and private providers) and pharmaceutical / dental (mainly private providers)[11]. The scheme aims at universal coverage of the population, with particular reference to the guarantee of the principles of: solidarity, equal access, efficiency and quality in the financing of health care, partnership relations between buyer-supplier-beneficiary, free choice of family doctor (Degjoni, 2017). The right to equal access and health insurance of citizens is enshrined in the Albanian Constitution, according to Article 55 (Constitution of the Republic of Albania, 1998)[12].

In the public health sector, the state is the leading provider of health services, led by the Ministry of Health and Social Protection as responsible for planning health policies and strategies at the national level. The Compulsory Health Insurance Fund (FSDKSH), is responsible for the reimbursement of drugs, public health services, as well as certain hospital services provided by licensed and accredited private individuals affiliated with the Fund, for all insured at national level. In 2020, ISKSH's overall budget was $ 434 million, of which $ 110 million was earmarked for reimbursement of prescription drugs, $ 74 million for funding for primary health care services, $ 236 million for the financing of hospital care services, and the rest for administrative expenses and investments (www.fsdksh.go.al).

Other stakeholders, with different autonomy depending on the role and under the direct control of the Ministry of Health, have been set up in order to provide specific services within the sector, such as the Public Health Institute (PHI) for the coordination and monitoring of public

[11] From 2019, there are over 420 public healthcare centers nationwide offering primary and secondary healthcare services, over 40 public hospitals (5 University Hospitals) offering tertiary healthcare services, more than 10 private hospitals and dozens of clinics and labs offering a full range of healthcare services.

[12] Constitution of the Republic of Albania, Article 55 states that "*Citizens enjoy in an equal manner the right to health care from the state*" and "*everyone has the right to health insurance in accordance with the procedure provided by law.".* English version approved by referendum on 22 November 1998 and amended on 13 January 2007 Available at https://www.osce.org/files/f/documents/3/2/41888.pdf. Last accessed: November 03, 2021.

health and prevention, followed by the National Blood Bank Center (NBBC); National Drug Control Center (NDCC); National Center of Quality Safety and Accreditation of Health Institutions; Directories of Public Health; Primary Care Centers, University Hospital; Regional and District Hospitals etc. (Figure 2.4).

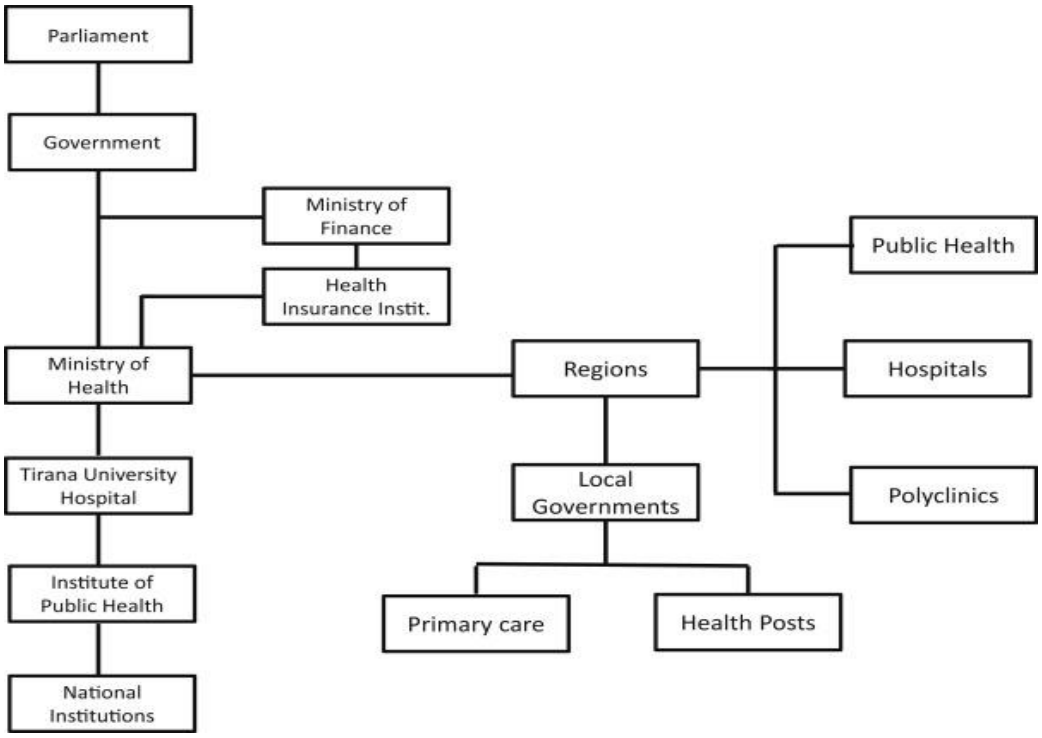


Figure 2. 4. Structure of public health services in Albania (Bali et. al, 2016).

Contributions for health insurance have grown exponentially, reaching 31% in 2017, while public funding for health care aims to reach no less than 70% of total health expenditure by 2025 (Statistical Institute, INSTAT). Despite the efforts of successive reforms, public expenditure on health continues to remain among the lowest in the region, not exceeding 3% of GDP in 2018 (WHO, 2020a), together with public health expenditure per capita reaching the level of $275, while out-of-pocket expenses are among the highest in the countries of the region and make up almost 45% of total healthcare spending (Table 2.1).

Key Indicators	**2018**
Domestic Public Health Expenditure as a % of GDP	2,8 %
Domestic Public Health Expenditure as a % of total government expenditure	9,7 %

Health expenditure as a share of GDP	5,23 %
Health expenditure per capita	275 US $
Health expenditure per capita based on PPP	697 international $
General government expenditure on health as a share of current health expenditure	54 %
Out of pocket expenditure as a share of current health expenditure	44,6 %
Expenditure on health	793 million US $
Real expenditure on health	793 million US $
Social health insurance as a share of current health expenditure	48,2 %
Government expenditure on health per capita	148 US $
Government expenditure on health per capita based on PPP	377 US $
Private expenditure on health as a share of total health expenditure	44,7 %

Table 2. 1. Albanian Health Expenditure Profile: Key Statistics (WHO, 2020a).

The drastic political and economic changes, together with the rapid change of factors such as: urbanization, population growth and the increase in user demand in terms of service quality, directly affect the environmental, social and economic problems of the health sector, with a direct impact on sustainability and sustainable development. Therefore, in order to report the main sustainability issues in the national context, the subsequent analysis will focus on the current state of the 3 dimensions of sustainability, although the lack of significant data in the literature and the difficulty of having a clear and correct picture of the sector in general.

2.6.3. *Related Studies on Sustainability and SDGs*

The collapse of the communist regime in 1991 and the opening towards modernisation and the free market economy, allowed Albania to develop rapidly which influenced many processes in all sectors. If for the countries of Western Europe this transition period lasted for more than a century, the changes that took place in Albania in a short time reflected the transformations of economic, social and cultural progress. The crux of the transition is the country's priority of being able to integrate into the EU, and all the commitments and objectives necessary to achieve this goal. Becoming a point of reflection not only for all national political forces, but also a "dream" for the majority of citizens (Abazi, 2008), this process is of vital importance in the

stabilisation and reconstruction of the country, as a path that promises sustainable development and economic and social compatibility with the EU. While it is important to carry out incisive justice reforms[13] to bring the country to be part of the common home of the EU ((Biraci et al., 2011), and as Albania's future appears to be tied to its integration into the EU, on the other hand, it is essential to pay attention to the global movement of sustainability and sustainable development, as indispensable keys to deliver the desirable result (Jerneck et al., 2011).

The concept of "development" and "sustainable development" are finding a very frequent use nowadays, due to the importance and the need to integrate them in all the main policies and strategies at national level. However, during the early years of the transition, there was very little knowledge and awareness of the approaches associated with them (Yujnovsky and Mece, 2006), except for some reforms by the Albanian government to advance the legislative framework and strengthen its institutional and governance capacity (Papajorgji and Dumi, 2012), as well as on the development of international organizations (NGOs) that have helped to balance the role of the state in managing many social problems (Amy and Gjermeni, 2013). Indeed, the commitment of non-governmental organizations (NGOs) has long been recognized as they address policies of particular relevance, such as environmental problems (Betsill and Corell, 2007), which in collaboration with local governments act as crucial actors in the promotion of sustainable development (Nasiritousi, 2019).

Despite the voluntary implementation of the 2030 Agenda, in which countries are free to set their own goals in accordance with a specific context and incorporate them into national planning systems and strategies, many countries including Albania, consider SDGs framework as an important vision towards the country's development (UN, 2018), as well as an opportunity for the private sector to model and communicate their strategies, objectives and activities (UNDG, 2017). In Albania, the appreciation of this ambitious move sees its roots in the National Strategy for Development and Integration 2015 - 2020 (NSDI II), as the main strategic document that sees the government undertaking the commitment not only towards sustainable

[13] In the matter of justice "*we must take into consideration the criticisms made at the end of May 2020 by the European Commission, which explicitly said that it was not satisfied with the current situation in the Balkan country, despite the multiple requests coming from Brussels*". Donninelli, A (2020): Evoluzione del Processo d'Integrazione dell'Albania nella UE. In *Quotidiano Notizie Geopolitiche*, 29 Giugno 2020, available at https://www.notiziegeopolitiche.net/evoluzione-del-processo-dintegrazione-dellalbania-nella-ue/. Last access 02 october 2021.

development but also in accordance with the EU integration agenda. Officially entered into force on 1 January 2016, this document aligns a set of 21 governance indicators along with objectives, baselines and data sources, integrated into the NSDI II pillars (Lahi, 2019). Following this path, in 2017, the development of a National Action Plan for the pursuit of the SDGs was started, as well as a resolution was approved by the Albanian Parliament confirming the commitment of the economy to the 2030 Agenda. In 2018 the Reference Report on the SDGs is prepared and adopted by the Interministerial Committee and in the same year, Albania adopted the Voluntary National Review, highlighting the progress made in the implementation of the SDGs in the period from 2015 to 2017 (the Republic of Albania, 2018). However, defining the priorities of the SDGs in Albania together with the initiatives and actions aimed at achieving the established objectives is a very demanding and complex task (Ciko, 2018), especially when the healthcare sector is at the center of the discussion.

In order for the country to carry forward the challenges towards sustainable development, it becomes appropriate to face with certainty the main threats to future development and to define regulatory frameworks, implementing strategies and action plans directly associated with environmental, social and economic sustainability. This requires at the same time the maximum participation of the surrounding community both locally and nationally (Qarri et al., 2012).

Environmental Approach

In the Albanian path towards modernisation and a free-market economy, the environment has been an aspect of the nation's development that has not received due attention, especially after the collapse of the communist regime, when the state and its control were absent, and all the resources were available for appropriation and usurpation, errors for which citizens are paying a very high price even today (Musabelliu, 2021). Added to this are the consequences of the 1997 civil war where, in addition to the interruption of disease surveillance, another very important environmental aspect was the interruption of water purification and the disposal of human waste (WHO, 1997). Although the 2000s brought important challenges of institutional and economic reform, with changes in the mechanisms of environmental policies, many problems remained unsolved and even became more intense (Abazi, 2008). The intense construction and the growing demand for private mobility in the years to come, together with the change in

climate variability on a global level, have caused a sharp increase in air pollution, worsening the country's environmental problems (Dudi et al., 2021).

Efforts in the years to come to adopt new environmental measures, especially after Albania was granted the EU candidate in 2014, are also followed by the lack of some subsidiary acts which could not define a comprehensive political framework for environmental protection, or because the legislation is at the forefront of the administrative, institutional and financial capacities in place (UNECE, 2018). Underdeveloped land use planning, the uncontrolled development of illegal construction, the deterioration of environmental quality due to persistent challenges in solid waste management, as well as the serious consequences for the environment and water resources from the continuous use of hydroelectricity, are just some of the environmental concerns that require essential legislative reforms to pave the way for the prospect of EU membership (OECD, 2021). Among other things, the achievement of environmental sustainability constitutes a substantial part of the 2030 Agenda, strongly interrelated between the Sustainable Development Goals (SDGs) (Gjermeni and Lika, 2021). This translates into the government's commitment to support socio-economic progress and improve the well-being and quality of life of citizens while respecting the ecosystems and conserving the country's resources, in full harmony with the National Strategy for Development and Integration. 2015-2020 (Republic of Albania Council of Ministers, 2016). There are 4 objectives directly related to environmental policies:

- SDG 11 focuses attention on an industry that uses renewable and efficient energy, to achieve economic growth that suit with environmental objectives.
- SDG 12 promotes sustainable consumption and production model, the efficient use of natural resources, the need to promote the use of renewable energy sources to meet energy demand and keep GHG emission rates low, as well as improving air quality and reducing pollution.
- SDG 13 calls, as a whole, urgent action to combat climate change and its impacts.
- SDG 15 stresses a more direct call to protect, restore and promote the sustainable use of ecosystems so as to halt the loss of biodiversity.

The comprehension of the links between the objectives listed above leads to an interaction between productive activity and the natural ecosystem, in which every industrial organism does not have to consume energy and materials in addition to those that can be reproduced, and among other things it must not emit emissions beyond those that can be absorbed by the environment (Dyllick & Hockerts, 2002). However, the reality seems particularly different from the equilibrium thus expressed. For example, the collection, management and recycling of waste at the national level remain worrying problems. Although these services are carried out by private companies, there are problems of abuse and negligence of not strictly respecting the contractual conditions, in order not to neglect the social problems when these companies employ poor people to carry out the process of separate waste collection. The situation seems even more chaotic when it comes to hospital waste, waste that sometimes is mixed with urban waste, or thrown into lakes and rivers, becoming a serious problem for community life and biodiversity (Meçaj & Llano, 2021). So, for example, in 2014 alone, about 440,000 kg of medical waste were reported, of which almost 15-20% are classified as hazardous waste which, once in contact with other materials, transform them equally in danger (Ministry of Health, 2017). Hydroclaves distributed to hospitals across the country in 2013 were insufficient to cover all medical waste generated in public health institutions (UNECE, 2018). From a survey conducted in the 5 main cities of Albania (Shkodër, Fushë-Krujë, Elbasan, Berat, Vlorë), a general lack of law enforcement at the national level emerged, which is further transmitted at the local level (Bakiu & Dyrmishaj, 2018). The study highlights that most of the medical waste facilities under review (64%) have an inappropriate way of handling hazardous waste or never deal with medical waste management, where at least 22% of this waste is collected in normal public waste containers. Even the management process by the companies authorized by the National Environmental Agency, commissioned by state and private hospitals to treat waste in incinerators, can sometimes be considered backwards and accompanied by continuous violations of the obligations established by law, aggravating the state budget and endangering the health of the population. As for radioactive materials, a very limited use can be affirmed at the national level, if not for medical treatment or scientific research (Institute of Applied Nuclear Physics and Nuclear Medicine Laboratory and Oncology Institute at University Hospital Center "Mother Theresa" in Tirana) (UNECE, 2018).

Another problem of particular importance for ecological sustainability is the consumption of energy and water. The public services sector, including health care, has a substantial part of the country's total energy consumption due to the old infrastructure and lack of budget for efficient and sustainable energy systems (NEEAP, 2018)[14]. In fact, health prevention services involve a large demand for energy consumed, continuously and without interruptions over time. The variety in consumption is influenced by a number of factors such as the geographic location of the hospital, the energy efficiency values of the structure, the type of services offered as well as the quality of technology and systems. With the exception of some buildings built or renovated in recent years, the existing hospitals were built mainly in the 60s-90s and a small part in the 2000s, characterized by poor thermal insulation with consequent significant heat loss of the exchange coefficient overall thermal U = 1.3 ÷ 1.6 W / m2K (Dorri et. al., 2019). High losses are also evident in the water supply networks due to illegal connections, in which they have always attracted the attention of the local government towards efficient solutions that at the same time contribute to environmental protection (Zavalani & Luga, 2010).

If on the one hand the deterioration of the natural environment has direct effects on human health, and health cannot be maintained without an ecologically sustainable development (von Schirnding, 2002), on the other hand it is considered appropriate to guarantee innovative ways of environmental planning, which would at the same time play a fundamental role in economic growth and allow the country to become more competitive (Vladi and Agalliu, 2014). The adoption of the 2030 Agenda and the directives connected to it clearly highlight the sensitivity of environmental issues, therefore it will be the commitment of all member states to voluntarily define a path of green growth, as a strategy that promotes growth and economic development and at the same time ensures that natural heritage continues to provide the primary resources on which our well-being is based. In this development perspective, a key role has been played by the economic and social support of the European Union, but above all of some countries such as Italy which, in the period between 2000 and 2014, supported and implemented a series of projects of particular relevance towards: legislative support, international protocols and the *acquis communautaire*; air quality; Kyoto Protocol: Clean Development Mechanism and Joint Implementation; renewable energy and energy efficiency; environmental education (Lombardo,

[14] Republic of Albania: National Energy Efficiency Action Plan (NEEAP) of Albania 2010 – 2018.

2019). As highlighted by the same study, Italy has invested around 30 million euros in these projects in the Western Balkans, of which around 13% in Albania, mainly focused on climate change. Another investment of 500 million euros was foreseen by the European Bank for Reconstruction and Development (EBRD) in collaboration with the private sector for the production of photovoltaic energy, as an indispensable part in the development of renewable energy and energy efficiency (esc.albaniaenergy.org)[15].

Social Approach

As also stated by Ebner (2008), organizations that ignore the needs and expectations of its stakeholders, even if they have implemented social responsibility activities within it, cannot persist as sustainable in the long term. This requires a double commitment from organizations: on the one hand, to guarantee *internal sustainability*, understood as compliance with the conditions of human resources, in terms of: employee health and safety, staff motivation, development of human capital, respect for human rights, management of burnout phenomena, etc..; on the other hand, to achieve *external sustainability*, aspects related to the relationships that organizations establish with the external community.

However, the implementation of socially sustainable internal strategies is sometimes exposed to factors that disturb the balance of system stability. For example, at the beginning of the Covid-19 pandemic, in addition to the stress due to the severe course of the disease, with a high incidence of contagion and deaths, about 8% of Albanian health workers (HCWs) were infected with the virus, providing further stress on the health workforce (UN, 2020). From a study conducted from April to May 2020 recruiting healthcare personnel belonging to the age group of 26-40 years, some authors (Kamberi et. Al., 2021) showed that the COVID-19 pandemic had a direct impact on mental health. for all operators of national hospitals, manifested through moderate levels of anxiety, depression, high risk perceptions and low levels of coping strategies, affecting the quality of health care provided.

[15] Albania: Entro il 2020, il 30% delle Risorse Energetiche dalle Rinnovabili' Fare Impresa 18 May 2017, available at: http://esc.albaniaenergy.org/it/2017/05/20/esc_adriatic-2/albania-entro-il-2020-il-30-delle-energia-dal-vento-e-sole-fare-impresa-18-maggio-2017/

In order to continue to provide an effective health response, mobilisation measures have been taken to increase or maintain the availability of health workers, both through the return of retired health workers and through the involvement of university students. However, the inability to care for all sufferers, the lack of equal attention to those who were waiting for a service, coupled with the extended hours and restlessness of healthcare workers, can lead to anxiety, depression, excessive stress and job dissatisfaction, causing the *risk of burnout* among health professionals (Önen Sertöz al., 2021). In fact, exposed to high-risk situations in which the problem of additional stress related to the special problems to be faced arises, the burnout syndrome has always been considered as one of the phenomena that require particular attention among health professionals (Maslach, 2001). To this are added other factors caused by unsatisfactory working situations and organizational climate such as working conditions, salary, status and safety in the workplace, factors for which they require incentives and reward systems in order to motivate professionals to provide a service of better quality (Topi et al., 2017).

Another very important factor that explains the lack of doctors in Albania is also the phenomenon of "brain drain", especially due to the fact that in recent years the number of doctors who decide to leave their country has increased (Gjypi, 2018). The growing trend of migration of health personnel endangers the stability and quality of the national health system, with a direct impact on the quality of the service offered (Koduzi et al., 2017). As the authors themselves demonstrate, the reasons for this phenomenon are manifold, and are connected both with personal-professional factors and political-economic factors, such as: the lack of job satisfaction and possibilities for professional development, poor working conditions, the needs for higher income (better salary), political pressure, the exposure to verbal and physical violence etc., factors which require immediate intervention by the competent authorities.

As the analysis of the literature in the sector suggests, a good organizational climate is one of the main factors for achieving the mission of health systems in the best possible way, namely that of guaranteeing the population a high level of health care. Patient safety during a hospital stay, the perceived quality of the service provided, and overall patient satisfaction are important indicators of measuring and evaluating the quality of the health service (Yellen et al., 2002). The issue of clinical risk management and patient safety, although for a long time they have been

treated as economic-health aspects, have acquired over the years also a social value, as it is directly linked to human behavior, and which can be modified by improving the knowledge and training of medical personnel (Ghirardini & Cardone, 2010). However, if in EU countries it has been recognized as a determining element in the quality of care, only recently the issues related to patient safety have seen the emphasis in Albanian hospitals and primary care facilities[16]. Thus, from a study conducted on patient safety attitudes in Albanian hospitals, some authors (Gabrani et., 2015) underline the fact that, to address EU policy measures and reduce the costs of unsafe care, in Albania It is very important to initiate policy changes and develop cost-effective patient safety programs, while taking into account factors such as job satisfaction, working conditions and the perceived inadequate flow of information among healthcare professionals.

Policies related to improving the well-being of operators in the sector can lead to an improvement in the quality of care, which in turn could translate into an improvement in the processes of diagnosis and treatment of pathologies, with an impact on the sustainability of the sector. Diseases resulting from an unhealthy lifestyle and incorrect behavior lead to the need for a high consumption of the resources used, which means an increase in economic, social and environmental costs. In order to increase the awareness and individual commitment of the population to their social well-being, it is important to implement *community-based sustainability* strategies, which takes into account on the one hand an appropriate epidemiological prevention and surveillance program, on the other prevention and education of the surrounding community.

Economic Approach

The growth in healthcare spending, the efficiency of healthcare costs, as well as the availability of financial resources to cope with changes in the demand and supply of healthcare services, are just some of the factors that have weighed heavily on healthcare organizations in recent years, questioning the economic and operational criticality, as well as the sustainability of systems

[16] In the field of patient safety "*One of the most frustrating aspects is the apparent inability of health systems to learn from their mistakes. Tragic errors continue to occur in many situations and in all health care organizations. The best solution to this problem is the study of our mistakes and the sharing of knowledge learned through the development of adverse event reporting systems*" (L. Leape in World Alliance for Patient Safety: Forward Programme 2006–2007. World Health Organization 2006).

based on the principles of universality and solidarity. For example, the damage from the devastating earthquake that struck Albania in November 2019, and especially the health crisis that immediately led to the COVID-19 pandemic, have produced a heavy toll on the government[17], with direct consequences on institutional development, on the economic growth and the social impact of the country. The need to take care of the most vulnerable, provide equitable and uninterrupted basic services and guarantee access to all the most affected population, have been and still are the challenges to be overcome in the short term for greater resilience to shocks (UN, 2020), maintaining, where possible, the status quo of the system. On the other hand, the continuous increase in health expenditure in the years to come, linked to the increasing use of health services, calls for the need to resize economic policies in terms of greater budget allocation from public funds, not only to continue to provide an effective health care, but also to pursue the achievement of the established SDGs objectives. However, compared to most countries in south-eastern Europe, public spending on health in Albania still remains around the 3% of GDP threshold (Figure 2.5) (Eurostat, 2021), a level of particular concern if the target in the future will be to strengthen the national health system. The government's input into the health system was also decreased from 48.4% to 41.3% if we compare the data from 2013 to 2019, which obviously means a worsening of general conditions (Musabelliu, 2019). Such low levels can find their explanation from the low priority of the government towards the health sector in the budget allocation (Tomini and Tomini, 2020).

[17] The economic effects of the health crisis, with all the resulting consequences, had a direct impact not only on the health sector, but also on other sectors: in fact, through the Decision of the Council of Ministers no. 205 of 9 March 2020, the government has allocated other additional funds from the state budget, allocating about 25 million euros transferred from other sectors, so that the Ministry of Health and Social Protection takes measures to address the needs caused by COVID - 19. *Decision of the Council of Ministers No. 205 of 9 March 2020*

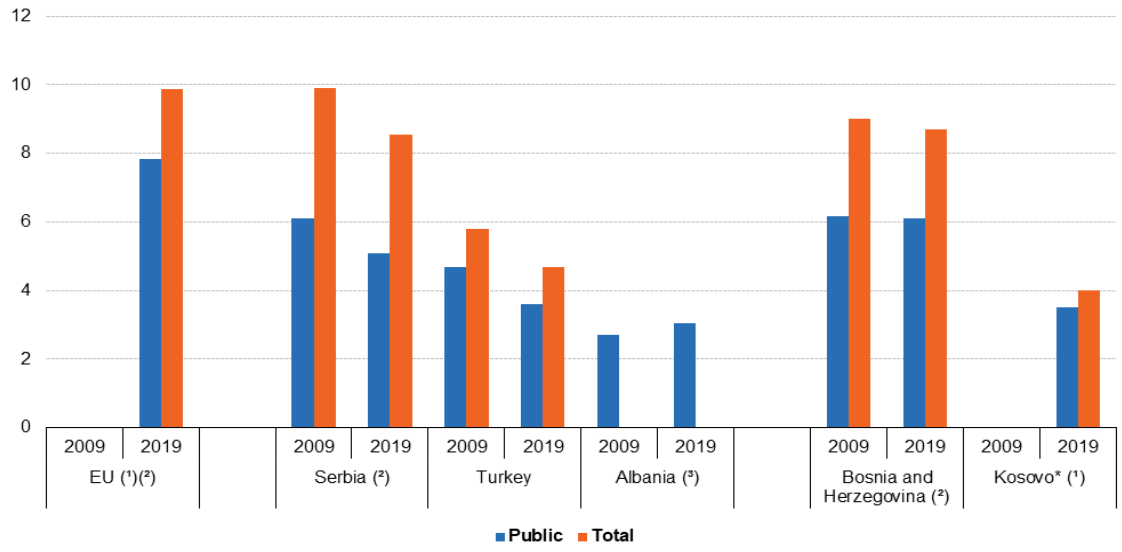


Figure 2. 5. Expenditure on health, 2009 and 2019 (% of GDP) (Eurostat data collection, 2021)

Although public spending on health as a percentage of GDP tends to increase with a country's fiscal capacity, this is not always true for the shares of the public budget allocated to health, as this depends on political priority in determining the amount of public revenue. that a country allocates to health (WHO, 2021). In Albania, for example, there is a large variation in health priorities over time. In fact, in 2018, health represented only 9.7% of total public expenditure, compared to 9.2% the previous year (www.knoema.com), while in 2016, health represented only 9.5%, compared to 14.1% for EU countries and 12.5% for the WHO European region as a whole (WHO, 2020). The WHO projections for the period 2020-2022 are also not optimistic: it will be a slight decrease to 2.94% of public spending on health as a percentage of GDP by 2022, the country will spend less than 10% on health from overall public funds, as well as a slight decline in primary care resources.

Another particularly worrying factor remains the level of out of pocket. As some researches show (Xu et al., 2003, 2007; WHO, 2010, 2019), a particularly low level of public expenditure on health relative to GDP, in the presence of high levels of direct payments for health, followed by choices inappropriate policies, increase the likelihood of household financial difficulties. In fact, the survey conducted by the Euro health Consumer Index (2018), ranks Albania at the top with regard to informal payments, that is, any payment made by the patient in addition to the official co-payment. This results in a double burden on citizens, where on the one hand they are obliged to pay the government health insurance taxes through the salary, and on the other hand

they have to pay again when they actually need the services, aggravating the economic situation of their families (Musabelliu, 2019).

Finally, a critical analysis should be made on the agreements that the Ministry of Health has made for outsourcing services. These are exactly four concessions (healthcare checkup, the hemodialysis service, the sterilisation of surgical equipment and laboratories) that the Albanian government has authorized since 2015 to private companies, through a public-private partnership (PPP) for a duration of 10 years. Another 3 services (online tracking of pharmaceuticals, online tracking of recipe, and an electronic health record register) will be added later in this form. This situation has produced a double effect: the first, of an economic nature, in which citizens are added to pay, in the form of taxes to the government, almost 300 million euros to private companies that provide services that were previously managed by hospitals and from state health centers. The second is the social aspect, since even if much of the work, such as free health checks, will be carried out by doctors from state health centers, the latter can find a climate of insecurity from the contractual conditions that private companies can apply in their favor. Then, given that in some cases the concession contracts showed serious "shortcomings" in cost estimates, increasing public money with almost 28%, the Ministry of Health was forced to ask all the main hospitals to postpone the operations due to lack of budget for sterilization (Musabelliu, 2019).

Conclusion

This chapter analyzed the theoretical foundations of organisational sustainability based on the general definition of sustainable development that includes three main approaches: the environmental, the social and the economic approach. The main theoretical foundations were based on TBL theory. The role of managerial attitudes in organisational sustainability is crucial, their level of awareness and knowledge on sustainability impact organisational sustainability, as well as key stakeholders play an important role in organisational sustainability especially in the healthcare sector. In the analyses of the theoretical background several theoretical foundations were integrated such as the principal-agent theory and the stakeholder's theory. The analyses of the literature review of the three approaches of the organisational sustainability identified several items of and components of each approach of organisational sustainability. While exploring the Albanian context, theoretical gaps can be identified that are related to the

lack of specific empirical studies related to the integration of sustainable development approaches in organisational sustainability of healthcare organizations. There an absence of studies on the role of the managers and of different stakeholders in organisational sustainability. Thus, it is necessary to fill the theoretical gap through using the secondary data identified from the analysis of the literature review and exploring their relevance to the organisational sustainability on the Albanian context. The methodological choice will be explained the next chapter.

CHAPTER III
RESEARCH METHODOLOGY

I don't claim to be a methodologist, but I act like one only because I do methodology to protect myself from crazy methodologists.

Ward Cunningham

3.1. Introduction

According to Kuhn (1970) paradigms represent shared assumptions of a group of researchers that personify the same domain bridging ontology, epistemology and methodology (Healy and Perry, 2000). Morgan and Burrell (1982) propose that there are four main paradigms in scientific research: functionalist, interpretative, radical humanist and radical structuralist. In the functionalist paradigm, the researcher approaches the research questions in an objective manner and applies methods of natural sciences to social sciences. Researchers view society in an interpretative paradigm as a dynamic changing process created by the individuals that constitute it. For radical humanists' researchers, the reality is created by individuals who attempt to radically transform it. Radical structuralists assume that radical change is built into the structure of society and they try to understand the relationships that generate structure creation. Guba and Lincoln (1994) will add to interpretivism the constructionism dimension, according to which the world is viewed and constructed by the research with the aim of understanding and reconstruction.

The research on sustainability studies started in the 60s and 70s with studies that were focused mostly on the environment. The principal aspects of research studies on sustainability were the domination of implementing measures that showed environmental degradation. Different macro-economic indicators were developed in order to measure growth or human development such as the GDP or HDI. Kaufman and Cleveland (1995) conclude that there is a disagreement among research in measures of sustainability. Nortbert-Nodge (2009) claims that in sustainability studies there is a necessity in integrating different research paradigms, and there is a need to have more interpretivist and exploratory studies. Organisational sustainability studies are not yet a mature academic and established field despite there being a constantly growing research trend, so both functionalist and interpretivism/constructionism paradigms are used. In healthcare sector is a novel academic field especially because this sec-tor has gone

through several structural reforms, and several theoretical constructs of it needed to be defined and explored.

As previously anticipated, the main general aim of this research is to address the organizational sustainability of the health system through the lenses of managerial attitudes, with a greater focus on hospital structures in Albania, for a better understanding of the factors that have not received adequate attention. While previous studies have focused on the assessment of sustainability and sustainable development mainly from the environmental perspective, no empirical research has been done for the national health sector capable of addressing with certainty the issues relating to the assessment of all dimensions of sustainability, consistent with the Triple Bottom Line (TBL) approach (Elkington, 1997, 2008). Therefore, this research starts from this gap, with the intention of broadening the investigation on the effects that sustainability and sustainable development have on the national health sector, as well as on the factors that can have a significant impact on the determination and implementation of sustainable strategies.

The first required step to design new organizational development trajectories is the analysis of the incentives created by the various elements that influence the behaviour and decision of the healthcare managers, in order to understand the consequent interpretations in the structuring of sustainable strategies. Therefore, in order to understand the "subjective" interpretation of sustainability and sustainable development, it is necessary to identify other components related to attitudes and perceptions, such as awareness, involvement, knowledge and engagement (commitment), of particular importance on the implementation of organizational strategies. In other words, the study intends to explore why and how certain factors affect organizational sustainability on a context-specific level, with the practical case of the national health sector. At the same time, through reflections that improve the efficiency and sustainability of the health system, we want to examine the main key factors and the most significant obstacles to the generation of an effective model.

The interpretivism/constructionism approach is adequate for this study as the research questions dig in depth the complexity of social phenomena (Creswell, 2009). This study has been placed as an intercept between organizational sustainability studies and healthcare studies which are both complex processes of social interaction (Downing, 2005; Chell and Baines, 2000).

They are not completely independent phenomena from the individual (manager) in the case of this study who needs to have a certain degree of attitude to-wards the implementation of organizational sustainability. Functionalist and positivist paradigms often are based on deductive approaches that support quantitative methods supported by the tendency of viewing the world through observable and measurable facts (Glesne and Peshkin, 1992). In interpretivism / constructionism paradigm, researchers would have a predisposition to seek methods that would enable them to understand in-depth relationships of individuals of their environment and individuals would play the most important role in constructing the social environment and social constructs of which they are part. Hence, in the interpretivist/ constructionist studies, there is a tendency to not prefer research methods that directly offer precise information or observation (Mc Queen, 2002).

Morse et al (2002) suggest that there should be a methodological consistency between research questions and research methodology to ensure the validity and reliability of the study. Given the main problem of the research and the research questions proposed, the qualitative and exploratory approach represents an essential part of this study, aimed at deepening the information collected in previous research. Quantitative analysis was subsequently applied to develop the construct structure. Quantitative data can be used in a way that effectively delves into descriptions. However, quantitative methods are used in this interpretivist / constructivist study with a predominance of the qualitative approach as suggested by Creswell (2003). The interpretative/constructivist approach will develop patterns of meanings throughout the research process. Some of the benefits that support both the use of qualitative and quantitative methods are advanced by Venkatesh (2013), such as complementarity, completeness, development, compensation and diversity. This supports Denzin (1978) and Jick (1979) definition of triangulation between methods in which both qualitative and quantitative methods are used to collect data.

After presenting the epistemological approach and justifying the use of appropriate research methodology, in the following subsection research design strategies will be presented together with data generation instruments, data analysis instruments and sampling decisions suitability and as well concluding with an explanation of the quantitative analysis employed.

3.2. Research design strategies

Malhorta (2010) suggest that research design is a framework or plan for collecting and analyzing data compatible with research objectives. The research of this study is interested in exploring organizational sustainability in Albanian healthcare organization in order to gain in depth understanding of the theoretical development of constructs and gaps proposed in the research questions. The research design of this study is exploratory as it is considering the phenomena of organizational sustainability in healthcare sector in new light (Saunders et al., 2009).

Before discussion more in details about data collection in different stages of research, it should be specified that secondary data in academic research can simply consist of literature review (Bryman and Bell, 2011) because it informs researcher and brings together different aspects of different studies and it is the foundation for further contributions to knowledge. Selected literature review narrows the scope of the study as it was developed in the previous. Primary data is original data and it is collected from questionnaires and it is linked to the for the specific problem in hand (Domegan and Fleming, 2007). The researcher is involved in back and forth in moving in theoretical considerations during the process of data collection.

3.2.1. Data Collection

In order to collect the data for our survey, it was considered appropriate to administer a questionnaire, subsequently implemented by the Datacentrum Research Institute for the following reasons. The choice of the questionnaire, rather than other methods of data collection, follows very specific reasoning: first of all because it allows to obtain the information of interest directly from the observation field, increasing the probability of including a large number of units, in large geographical areas. Furthermore, characterized by its objective nature, the questionnaire implies a form composed of a series of uniform questions for all subjects, facilitating the comparison of the answers as well as their statistical treatment. Finally, due to the situation created by the Covid-19 pandemic and the difficulty of physically moving within each healthcare organization, it has created logistical barriers for the researcher to undertake other methods of a *face-to-face* nature or direct contacts, if not in presence of an appropriate database of all the subjects involved. For this reason, the researcher has decided to forward this service to a research institute, which, equipped with their database or having access to the

Ministry of Health databases, have completed the implementation and collection of the necessary data.

The questions were formulated in such a way as to lead the respondent to give the answers that best suit their individual and organizational experience, to better understand the depth of the phenomena. However, due to the likelihood of non-response, we have tried to be careful to avoid misunderstood questions or those that require sensitive information. It was addressed to all professionals who play a key role in directing, managing and supervising healthcare institutions (such as general hospital managers, medical managers, deputy director, technical managers, administrators of integrated management poles, etc.). Our statistical sample is the set of healthcare organisations that provide health services throughout the country, whether public or private, regardless of their size. We therefore excluded from the analysis the other structures that in our opinion do not meet the minimum structural and organizational requirements to be taken into consideration, such as clinics or residential care centers.

The overall database of the Research Institute that conducted the filed research consisted of 880 contacts, of which only 680 were selected for the next round after telephone number checks. 544 individuals were contacted via phone calls, of which only half answered the call, expressing their willingness to be part of the research. After a brief description of the study and under the instruction of the Research Institute for any clarifications during the compilation phase, the questionnaires were distributed via the Whats App platform. A link was provided to access the Survey Monkey platform in order to fill out the questionnaire. 120 responses were collected, with a response rate of 17.6%. In order not to alter the results of the subsequent analyses, all incomplete questionnaires were removed, which showed strong internal inconsistencies. A total of 89 complete questionnaires were obtained, which correspond to a response rate of 13%.

Steps of data collection	No. of individuals
Total Database of Data Centrum Research Institute	880
Selected database to be contacted via Phone Calls	680
Individuals contacted via Phone Calls	544
Questionnaire distributed via Whats App / e-mail	272
Questionnaire collected, but not completed	120
Questionnaire completed	89
Response Rate	13%

Table 3. 1. Steps of data collection

Fieldwork dates: 17th of August to 11th of October 2021, by using Data Centrum database of Health Sector. The decision makers of the health system were contacted firstly by phone calls, in order to get their agreement to conduct such interview. The link to complete the questionnaire was sent by e-mail or what's app. Follow up calls were conducted during the fieldwork implementation, in order to increase the response rate.

Quality assurance: 1st-3rd week of October - was implemented in order to deliver a clean database (by deleting/recovering partial completed entries, by also conducting telephone call-backs).

3.2.2. Design of the questionnaire

The data collection of this research was realized through an online questionnaire uploaded in the platform Survey Monkey. The questionnaire contains 34 questions. The questions at the end of the questionnaire (questions from 30-34) are demographic questions concerning the managerial position of the respondents, the typology of the healthcare organization, the gender, the educational background and their age. The respondents had the option to the name of the healthcare organization if they wanted.

The elaboration of questions from 1 to question 30 of the questionnaires was based on the secondary data derived from the analysis of the literature review. The first section of the questionnaire was based on the individual attitudes of the managers of healthcare organizations about organizational sustainability. This is reflected on the questions from 1 to 9 of the questionnaires. It is necessary to identify components based on personal attitudes and perceptions about organizational sustainability such as awareness, involvement, knowledge and engagement that are important for managers in Albanian healthcare organizations. This study has aim to explore how these factors influence organizational sustainability in the context of Albanian healthcare organizations. The secondary data integrated on the questionnaire was based on the literature review from the managerial attitudes research field integrating different theories such as some components of the Theory of Planned Behavior from Ajzen (1991) and the Theory of Agency (Eisternhard, 1989). Other items of the questions of the questionnaire were retrieved from the empirical literature in the field of sustainable development were the concept

of knowledge, skills and competence, awareness, involvement and commitment were mentioned (Brundiers et al, 2020; Keogh and Polonsky, 1998).

The literature review of this research was based on the literature review from sustainable development research field focusing on the main components of the Triple Bottom Line (Elkington, 1997, 2008) towards a definition of the organizational sustainability through its three components: environmental, social and economic approach. Questions from 10-29 aim to explore the organizational sustainability based on drivers of the organizational sustainability, on the internal and external barriers of organizational sustainability and on the positive pressure of the stakeholders. A resume of the items of the questionnaire retrieved from literature review is given on the table below:

PERSONAL APPROACH	
Items	**Authors**
Awareness	Brundiers et al (2020), Zlota et al., (2013)
Knowledge	Liakh and Spigarelli, (2020)
Involvement/Commitment	Keogh and Polonsky, (1998)
Engagement	Mesengi et al. (2019);

ORGANIZATIONAL APPROACH	
Items	**Authors**
Drivers of Environmental Approach (reduction of energy consumption, water consumption, gas emission, waste, reducing the use of toxic substances, using environmentally friendly equipment, recycling, alternative resources of energy, sustainable transport, purchase and use of environmental friendly products, organizational incentives, organizational engagement)	Das, (2006), Haanes et al., (2013) Sergeladin et al., (1994).
Internal Barriers of Environmental Approach (budget, human resources on preparation of the employees, difficulties in measuring the ROI, productivity evaluation, infrastructure)	Hillary (2004)
External Barriers of Environmental Approach (Guidelines, information, costs, availability of services, flexibility, market, contracts)	Hillary (2004)

Social Approach Incentives (work and life balance, capacity building, training, safety at work, community initiatives, inclusive policies, increasing employability in local communities, transparency, better working conditions, incentives, image)	Davidson (2007), Docherty (2008), Galuppo et al., (2014); Ruttan (1991);
Internal Barriers on Social Approach (budget, human resources on preparation of the employees, difficulties in measuring the ROI, productivity evaluation, infrastructure)	Alotaibi et al., (2019)
External Barriers on Social Approach (brain drain, absence of policies, absence of political decisions	Zhang et al., (2011)
Economic approach incentives (engagement, perception, performance, financial factors, legal factors, profits)	Chelan et al., (2018); Emerson (1983) Kibert (2016)
Internal barriers (budget, human resources on preparation of the employees, difficulties in measuring the ROI, productivity evaluation, infrastructure)	Bocken and Geralds, (2020)
External barriers (state budget, financing problems, scheme of national social security, foreign investment, policies, limited information, flexibility)	Bocken and Geralds, (2020)
Strategic tools (social balance, Integrated report of sustainability, Report based on SDGs, Strategical planning of sustainability, Code of Ethics and Code of Conducts, Prevention of corruption, certification of the systems for the environment management, certification of the systems for social, management and safety at work documents that promote organizational sustainability	Bugdol, (2007), Gasparski et al. (2002), Kolk (2005), Lozano et al. (2016), Santos and Barbosa (2011)
Stakeholders	Delmas and Toffel, (2004). Liu et al., (2017), Sarkis et al. (2010), Sharma and Henriques (2005)

Table 3. 2. Resume of the items included in the questionnaire

After explaining the research sample and the design of the questionnaire it is necessary to explain the data analysis.

3.2.3. Quantitative analysis

Given the nature of research questions, questionnaires were used just to verify trends corresponding to the respective research questions. It was necessary just to apply frequency

analysis, in order to describe the sample and describe the personal awareness on organisational sustainability of managers in healthcare organizations in Albania and describe the approaches of organizational sustainability. Whereas in order to respond to the second research question exploratory Factor Analysis technique was used employing the software SPSS to determine the underlying structural dimension of items identified from the secondary data from literature review. After collection, data was cleaned and it was subjected to normality and outer testing. EFA process provides a systemic factorial technique. Varimax Rotation was applied to determine the dimensionality of the measure. Items that failed to meet the loading requirement were removed. Each of the factors identified meet the satisfactory level of internal consistency and adequacy. Further on CFA was applied as well.

In order to ensure validity and adequately with the criteria suggested by Sherton (2004), this study applied a methodological approach that is applied in organisational sustainability studies. According to (Eisenhardt, 1989) generalizability consist of validity and analytical generalization. Using different sources of data at the other hand ensures and different sources such as secondary data from literature together with data collection from questionnaire, reliability is guaranteed (Quinton and Smallbone, 2006). Describing the whole research process ensures transparence as suggested by Shenton (2004).

Conclusion

This chapter was described the outline of the empirical research of this doctoral dissertation. Research design, data collection and data analysis were explained. A detailed sample description was given. Finally, considerations of validity and reliability were discussed, analyzing the main role of different sources of data in this study was a central element not just for justifying data collection and data generation strategies but as well as for ensuing validity and reliability. Findings and their discussion will be addressed in the next chapter.

CHAPTER IV
DATA ANALYSIS

"Torture the data, and it will confess to anything"

Ronald Coase

After a brief description of the sample, data collection and data analysis in the previous chapter, this chapter will focus on discussing findings based on the research questions of this study. In the first section a detailed demographic analysis is given. Whereas the second section focuses in responding to RQ1 through the discussion of findings the personal awareness and of top managers on organisational sustainability through frequency analysis technique which served to identify the general trends. The third section focuses in determining the factors that are relevant to the integration of the three approaches of the organisational sustainability to the Albanian context.

4.1. A detailed descriptive analysis of a representative sample

As mentioned in the Data Collection section of Chapter 3, from the total of questionnaire distributed, 120 responses were collected, with a response rate of 17.6%. In order not to alter the results of the subsequent analyzes, all incomplete questionnaires were removed, which showed strong internal inconsistencies, until a total of 89 complete questionnaires were obtained, which correspond to a response rate of 13%.

Below is a brief description of the respondents through the information collected, with reference only to the observations included in the dataset used for the analysis. As shown in Figure 4.1, 47 people were female, which corresponds to 53% of the final sample, and 42 were male, or 47% of them.

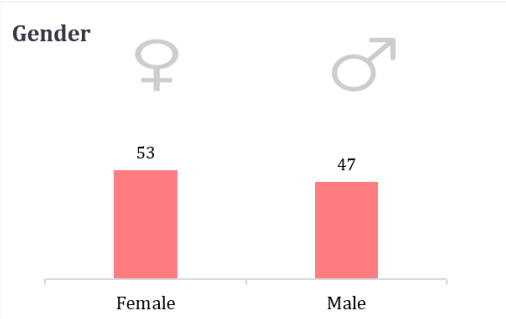


Figure 4. 1. Gender of respondents

The gap between females and males in the Albanian health sector is not so surprising. A recent study by INSTAT (2021)18 shows that the percentage of women graduates in Health and Welfare for the period 2019 - 2020 is 16.3%, while for men it is 9.2%. Even in the employment structure by sex and economic activity, women represent 41.4% of the workplace, compared to men by 31.8%.

When to the question related to the age group of the participants, the majority of them belong to the age group between 35-44 (34%) and between 45-54 (35%), followed by the age group 55-64, equal to 19% of the total. 11% of respondents are aged between 25 and 34, and only 1% belong to the 65-75 age group, which represents the lowest percentage of participants. The average age of the respondents is 46.1 years (figure 4.2).

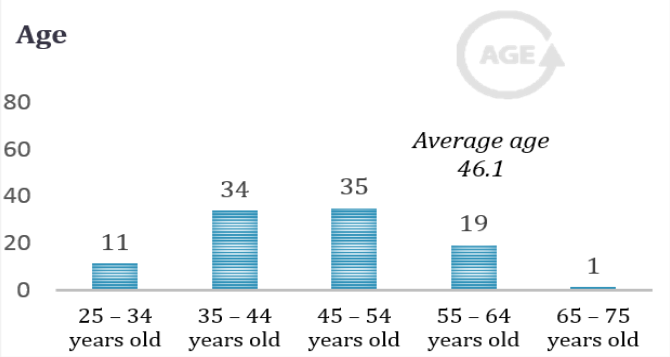


Figure 4. 2. Participants' Age Percentage

Taking into consideration the educational background, the graph shows that most of the respondents in our research study (79%) have a degree in Medicine, followed by Finance for 15%, while the other profiles share the same percentage of holding of 2%, for a total of 6%.

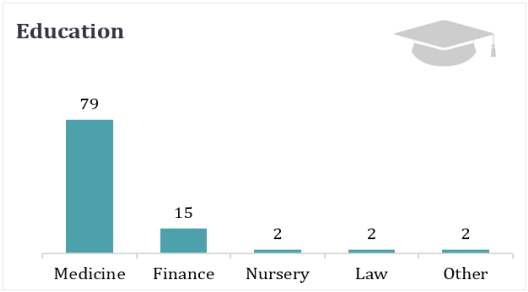


Figure 4. 3. Education Percentage

18 (INSTAT) Institute of Statistics [Albania], (2021). Women and Men in Albania 2021, Retrieved from http://www.instat.gov.al/media/8713/burra-dhe-gra.pdf

The following graph (figure 4.4). presents the frequency analysis of the position that the respondents of the questionnaire have within the healthcare organizations. As previously mentioned, the study addressed all individuals that have a managerial position related to the di-rection, management and supervision of public and private healthcare institutions. The survey results show that 24% are head of the department, 17% are hospital managers, 16% are medical managers, and 8% are deputy directors (technical manager). For the rest of the participants (36%), it was unable to obtain concrete information on the position they hold, although the question provided the possibility to the respondents to voluntary respond to this question.

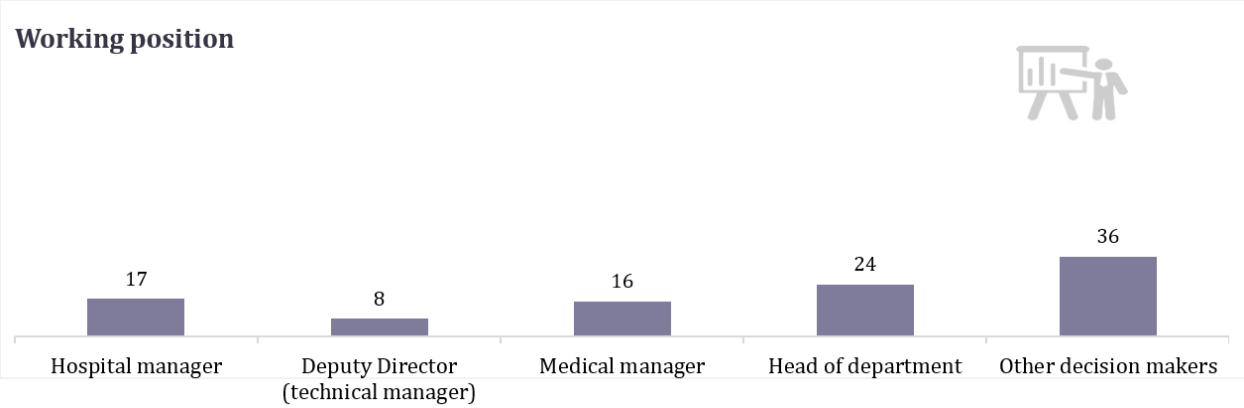


Figure 4. 4. Position Held in the Organization

Finally, it can be noted that most of the responding health organizations are public (78%), and only 12% are private (figure 4.5).

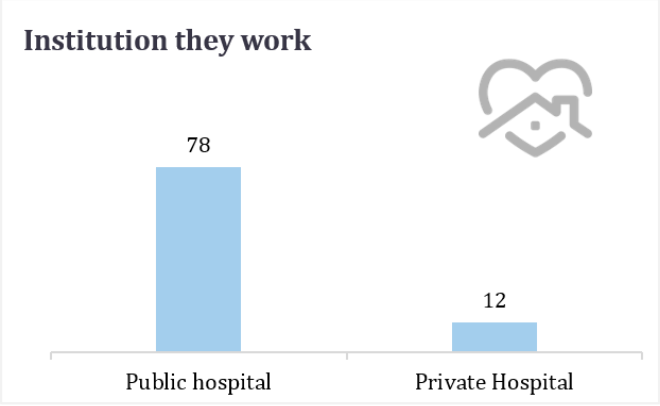


Figure 4. 5. Participant percentage distributions according to the institution

4.2. Analysis of the Findings

To describe the level of knowledge of top management on sustainability issues, assess the level of adherence to sustainable principles within each organizational structure to which they belong, as well as understand which are the most important factors of organizational sustainability and identify the interested parties that push to inhibit sustainability in the operational reality, we use the structure of the proposed questionnaire by presenting the relative results from the collected data.

Personal Awareness and Interest on Sustainability

The questionnaire first assessed the level of awareness, interest, involvement, knowledge and personal engagement of all participants, to better understand the awareness and personal interest of managers in sustainability. Concerning the question of whether they are familiar with the term sustainable development and sustainability, 7 out of 10 of the interviewees are aware of and familiar with the issues. There is a slightly higher level of awareness among females than males. The respondents in the 35-44 age group are the most familiar (figure 4.6).

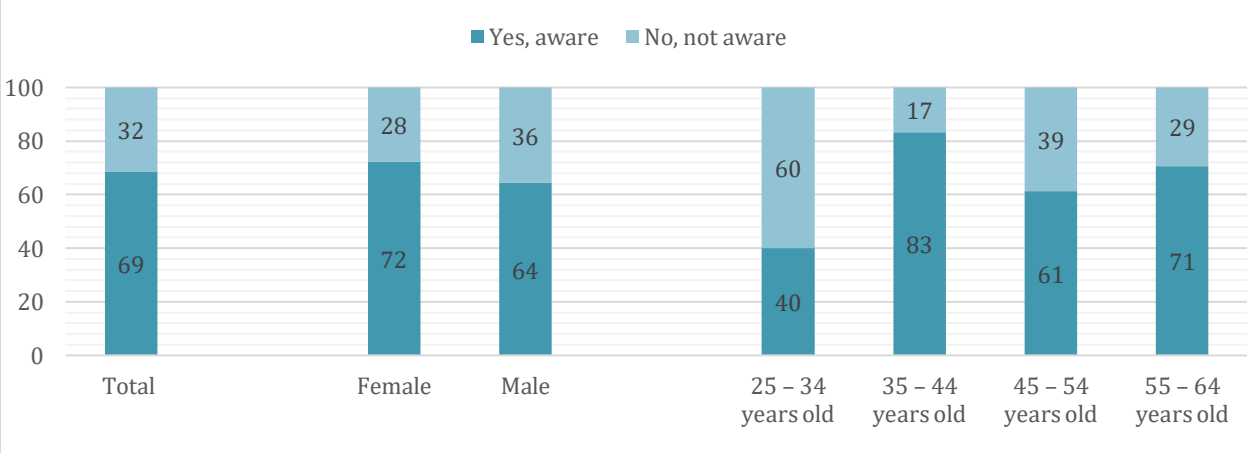


Figure 4. 6. Awareness on sustainability according to gender and age

The respondents that had a positive answer for the first question were asked about the possible sources of information on the chosen topic. Their predominant sources of information were the internet, knowledge gained throughout their academic career, training and capacity building. 32% of them were not aware of sustainable development and sustainability as in the first question (figure 4.7).

To better understand their knowledge on the main components of sustainability, 79% of the respondents associate Sustainable developments with all its components, 17% only with social sustainability, 15% with only the Economic sphere and 8% with Environmental sustainability (figure 4.8). The results collected indicate an equally high level of knowledge among employees, which confirms the importance that the concept itself assumes in the world of healthcare organizations.

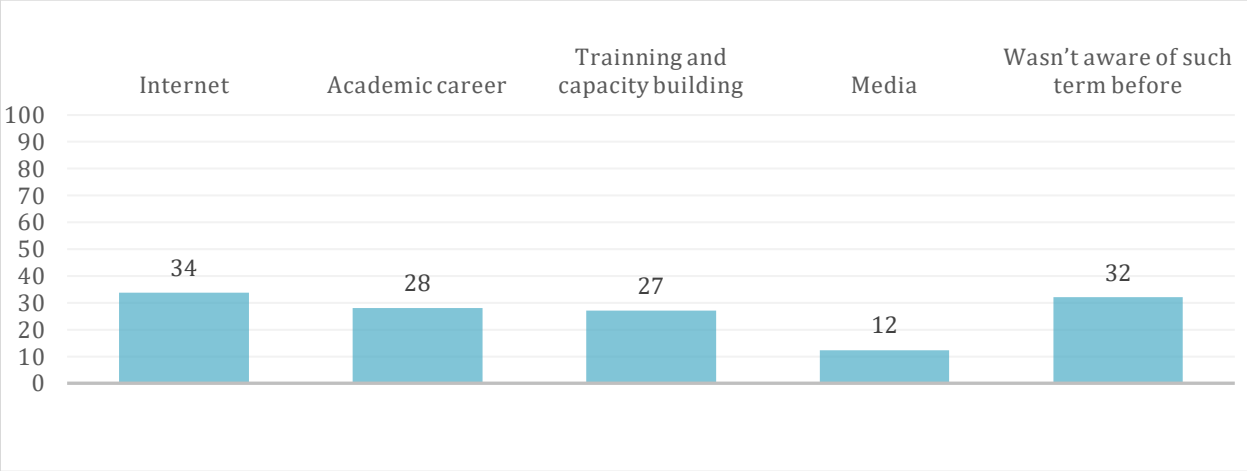


Figure 4. 7. Source of information about sustainability

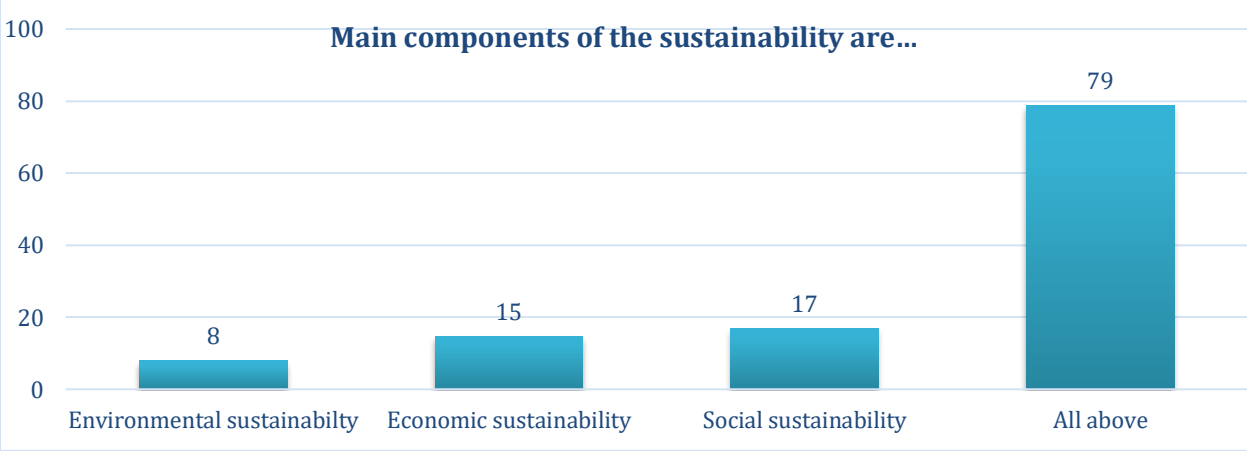


Figure 4. 8. Awareness on sustainability main concepts

Such a high level is also assumed when participants are asked about the degree of interest of the individual components of sustainability (Figure 4.9). As also demonstrated by the graph, there is a high level of interest amongst health care actors, more than 9 out of 10 of them having a high (very) level of interest for the sustainable development approach. There is a higher interest

among respondents for social sustainability compared to economic sustainability and environmental sustainability.

Even if the degree of interest on organizational sustainability was found to be very high, the level of knowledge of the different components of organisational sustainability was not high enough (figures 4.10): in fact, unlike those who express a neutral opinion on the issue (an average of 9%), about 30% of respondents said they had little knowledge of the different components' organisational sustainability. There is slightly lower level of knowledge on environmental sustainability compared to the social and economic sustainability.

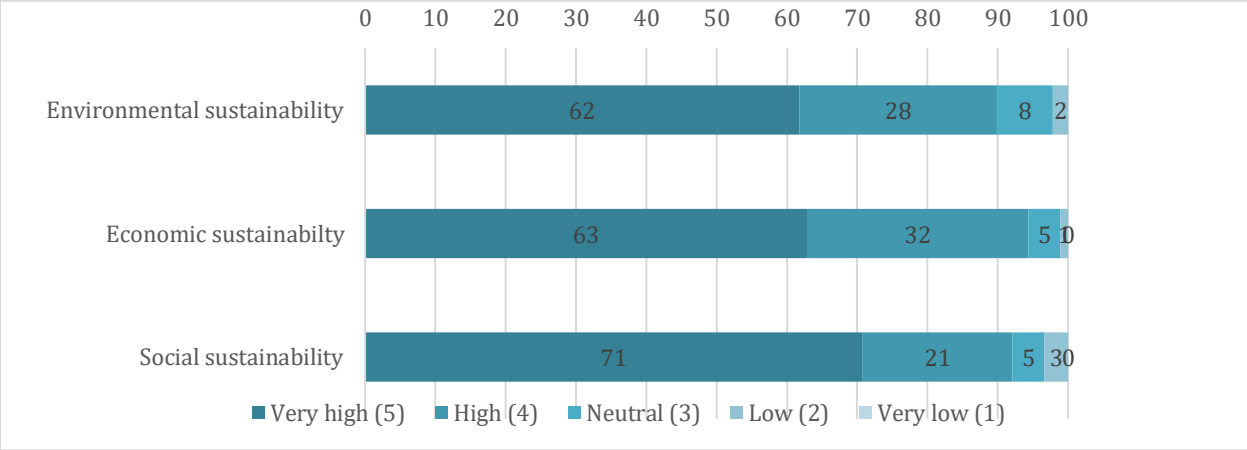


Figure 4. 9. Level of interest on Sustainability components

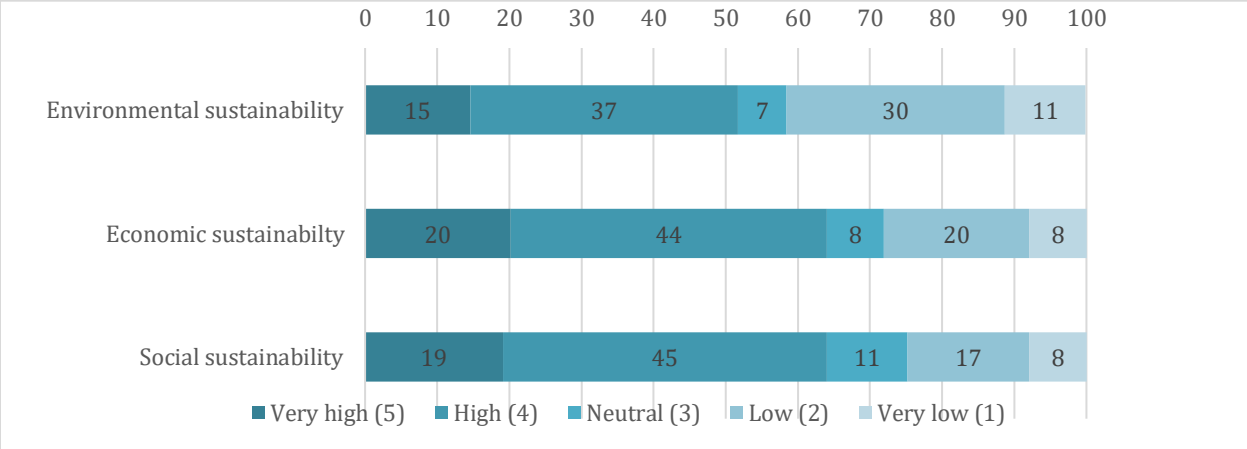


Figure 4. 10. Level of knowledge on Sustainability components

Concerning training courses, guidelines or educational materials on organisational sustainability only 26% of the respondents say that there are trainings, guidelines, or

educational materials on the 3 components of sustainability. 4 out of 10 of them express that there are not any material guidelines regarding the Sustainability components.

Considering the level of implementation of the sustainability components, more than 3 out of 10 of the respondents claim that the sustainability components are implemented (highly) during their everyday routine in the institution where they work (figure 4.11).

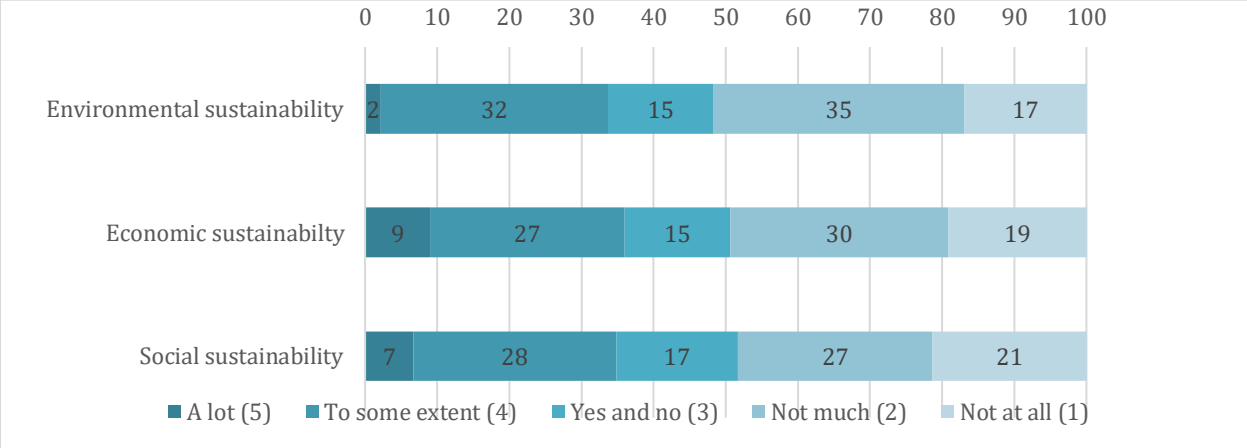


Figure 4. 11. Level of implementation of the Sustainability components

Based on the level of personal involvement in the following issues, more than half of the respondents claim that they are (very) involved in helping to bring change in the sustainability issues. There was lightly higher involvement in regards of social sustainability (figure 4.12).

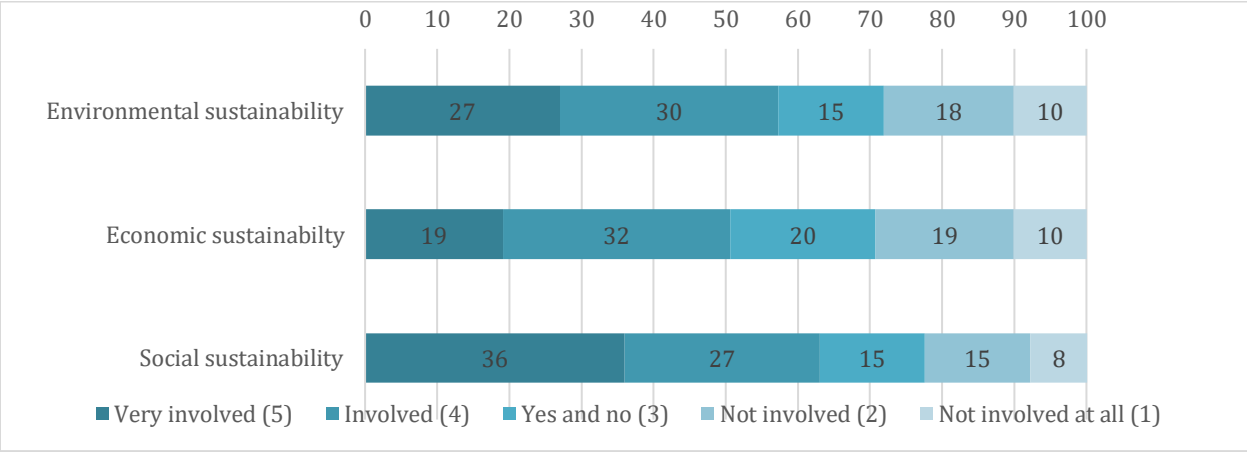


Figure 4. 12. Level of personal involvement

Also, on the main sources of future concerns is that the respondents show a high level of personal involvement towards the environment / social issues, focusing their attention on the

aspects that have crucial importance for them such as (Figure 4.13): Reduction and recycling of waste (82%); followed by Food waste and Natural resource (70% respectively); Water resource (62%); Education on sustainability (58%); Energy and buildings (56%); Climate change (54%) and Sustainable purchasing (51%).

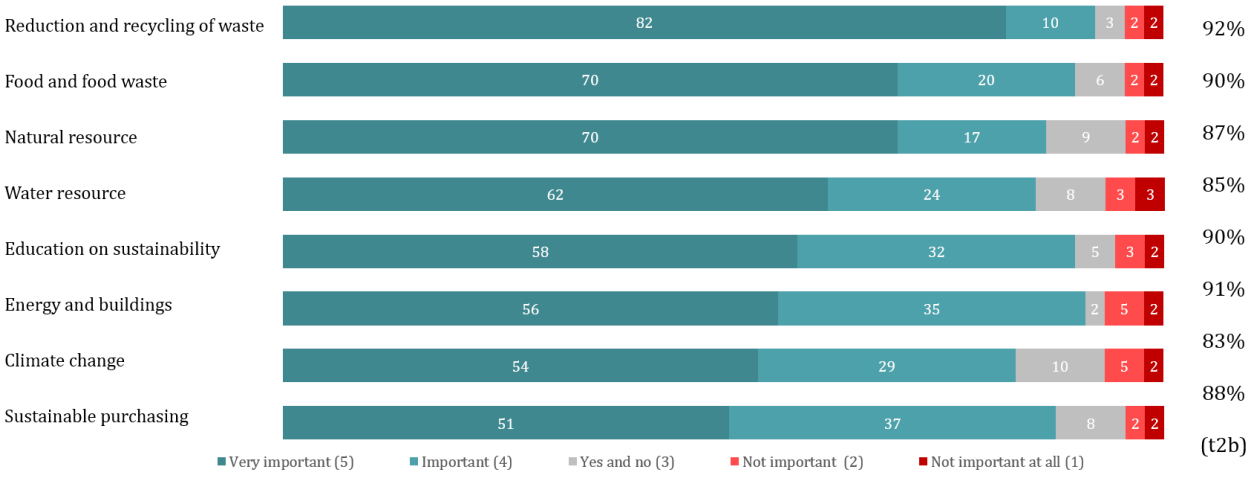


Figure 4. 13. Personal importance of the environment/social issues

Organizational Sustainability

After analysing the knowledge and the degree of personal interest in sustainability issues in the introductory section, this section focuses in analyzing the effect of the concept itself at the organizational level from the managers' point of view. An attempt is made to analyse the importance and influence that the individual components of sustainability have on healthcare facilities, and how this correlation is seen and interpreted by healthcare leaders.

Considering the sustainability policies and their respective organization, only 5% of the managers in the healthcare system claim that the "Sustainability policies are consolidated and are considered a growth factor by the management team". While 45% of them admit that the "Sustainability policies are a new concept for their organization" (figure 4.14). This result is surprising because if it is considered the fact that since 2016 the health sector has oriented its national strategy towards achieving the Sustainable Development Goals, which assumes that sustainability and sustainable development policies should already be integrated at the administrative-managerial level in health care organizations.

Regarding the implementation of sustainable community development in the local area and the surrounding region, 38% of respondents affirm that there is no partnership in for the implementation of sustainable community development in the area. 44% of the respondents are from the public hospitals and 18% of the respondents' private hospitals. Local entities and NGOs are the most active stakeholders in building partnerships with health care structures (figure 4.15).

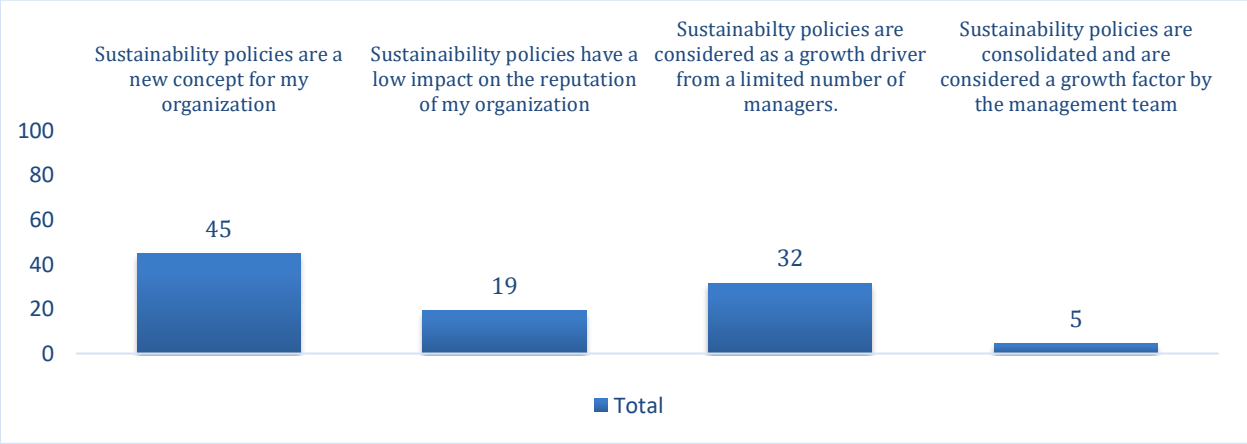


Figure 4. 14. Sustainability policies and their organization

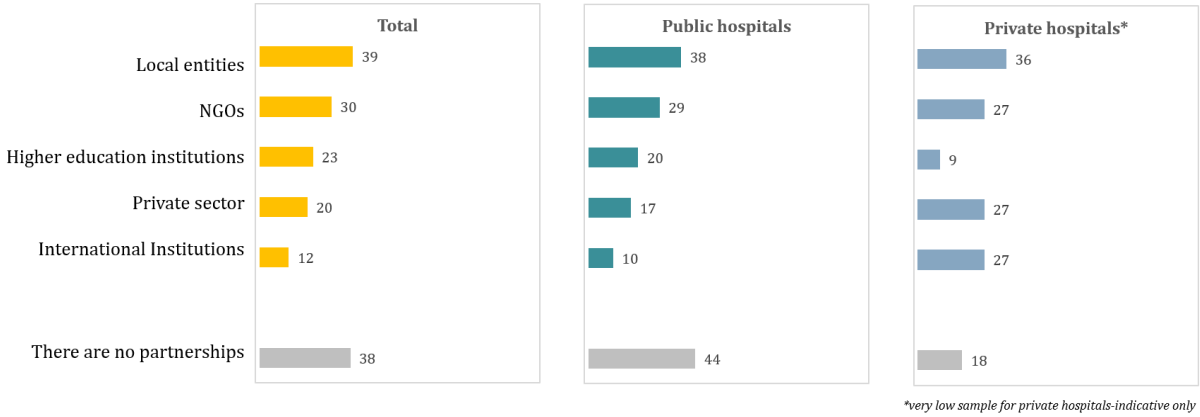


Figure 4. 15. Partnerships with stakeholders for sustainable community development

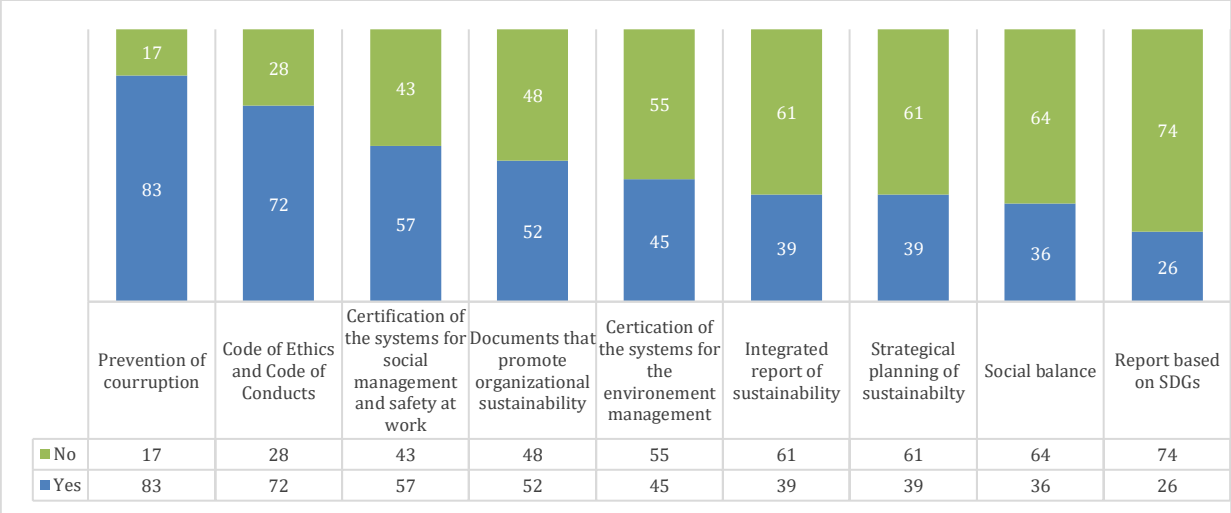


Figure 4. 16. Strategic sustainability tools used in their institution

From the figure 4.16, we can state that Prevention of the Corruption and the Code of Ethics and conducts are the most used Strategic sustainability tools in the Albanian health care system, respectively having 88% and 72% of respondents. While the Report Based on SDGs and the Social Balance are the less used strategic sustainability tools. However, private hospitals demonstrate higher use of strategic sustainability tools compared to public hospitals.

Below is a graphic description of the results obtained for the individual approaches to strategic sustainability, to see how health organizations currently implement the environmental, social and economic aspects in particular.

Environmental approach

In this section of the questionnaire, participants are asked on how their organizations environmental issues, in order to bring out the factors that are most consistent in the health sector, such as initiatives and the institutional commitment put in place, the positive pressure of stakeholders, the problems faced and the most significant barriers, both internal and external.

Focusing their attention on the main environmental strategies at the institutional level, the respondents affirm as more relevant the issues related to the commitment by the organization to use waste treatment techniques that favour the reduction of the environmental impact (item no. 2) (80%), rather than the use of products that pollute the least (item no. 1) (80%) (figures 4.17).

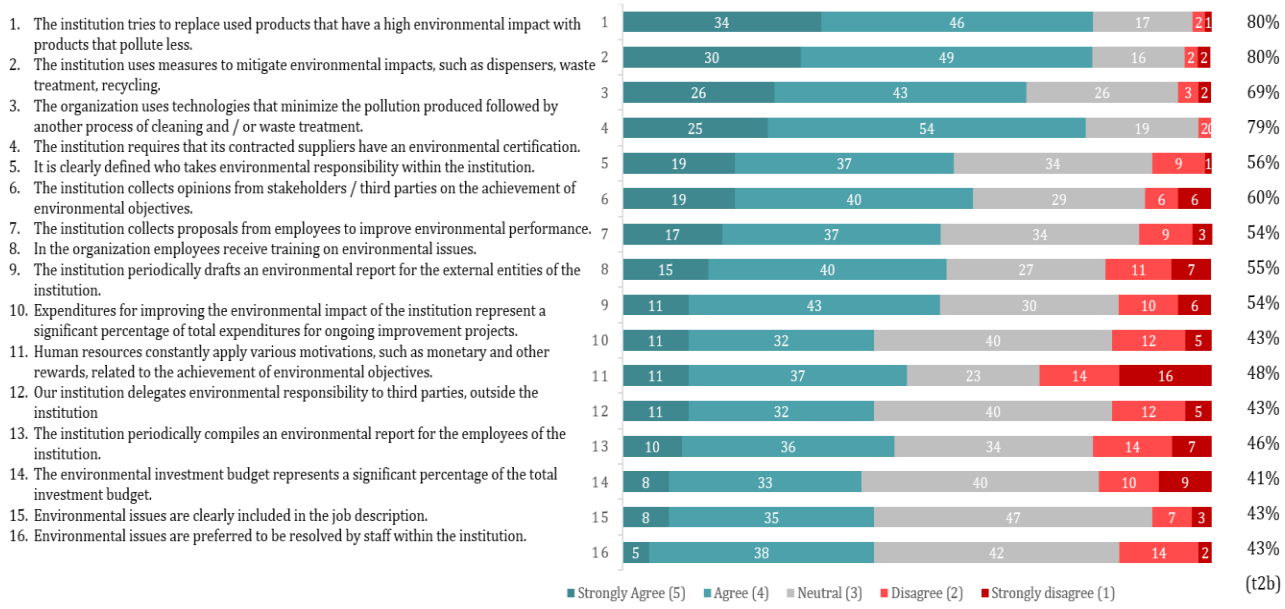


Figure 4. 17. Institutional approach to environmental issues

A rather significant value also records item no. 4 relating to the organisational request to subcontract only suppliers with an environmental certificate (79%), in which even if they are external to the organization, they play an important role in the waste treatment phase. Item no. 3 relating to the use of technologies that minimise the pollution produced (69%) has a lower value than the previous items, followed by item 6 regarding the collection of opinions from stakeholders / third parties on the achievement of environmental objectives (60%). Other items to be taken into consideration according to the respondents' opinions are 5, 7, 8 and 9, (exceeding the average of 50%), in which environmental responsibilities and internal management towards the improvement of environmental performance are defined.

In accordance with management practices to involve operational staff aimed at increasing environmental responsibility at an organizational level, 48% of the organisations in the healthcare system have a specific employee or a team that deals with environmental issues, and 36% of them claim that there is not a specific employee or team. While 17% aren't aware of such. By increasing the level of detail of the analysis and evaluating how staff involvement varies according to the type of hospitals, it can be said that private hospitals feel a greater responsibility to solve environmental problems within the organization, as 91% of them have a specific employee or a team that deals with environmental issues, vs. only 44% amongst the public healthcare entities (figure 4.18).

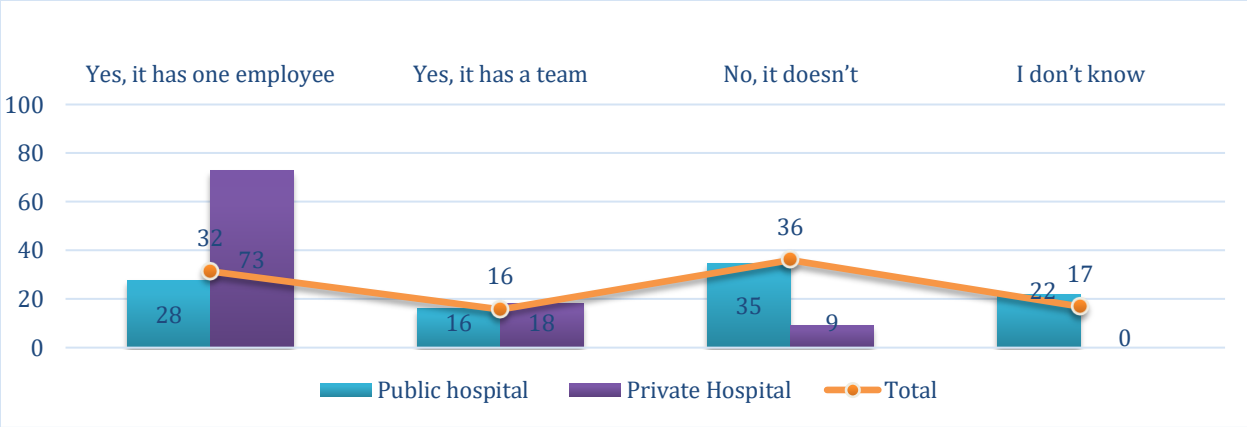
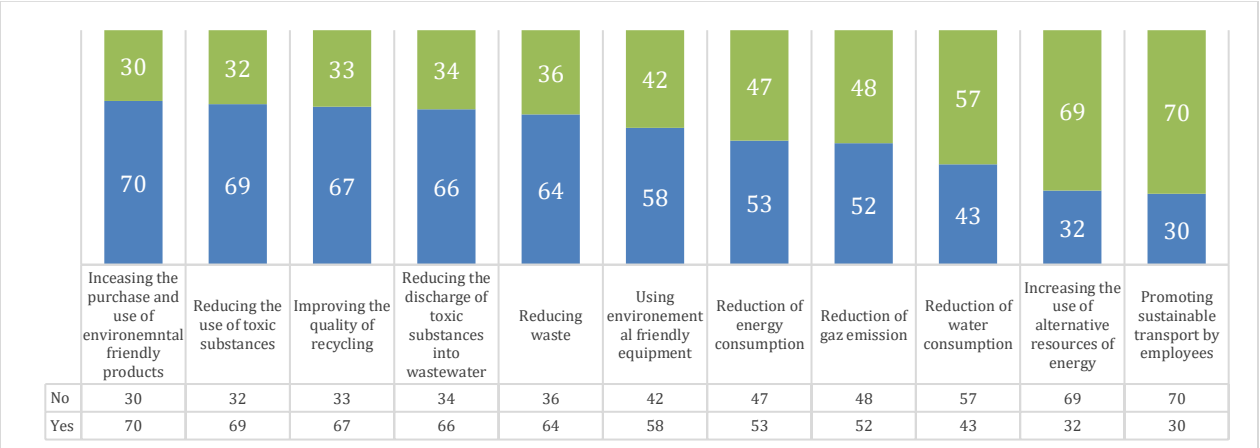


Figure 4. 18. Sustainability policies and their organization

Healthcare organizations face the following environmental issues: 70% of them is Increasing the purchase and use of environmentally friendly products, 69% of them is reducing the us-age of toxic substances and 67% is improving the quality of recycling. "Promoting the sustainable transport by employees" is used in only 30% of the cases, while "Increasing the use of alternative resources of energy" only in 32% of the cases (figure 4.19).

However, the survey results show a greater use of some environmental sustainability tools among private hospitals: almost all private hospitals (100%) are improving the quality of recycling (against 62% public ones); 91% undertake to Reduce the discharge of toxic substances in wastewater (against 61 in public hospitals); on the other hand, 82% are increasing the purchase and use of environmentally friendly products (against 69% of public ones) (figures 4.20).



	Inceasing the purchase and use of environemntal friendly products	Reducing the use of toxic substances	Improving the quality of recycling	Reducing the discharge of toxic substances into wastewater	Reducing waste	Using environement al friendly equipment	Reduction of energy consumption	Reduction of gaz emission	Reduction of water consumption	Increasing the use of alternative resources of energy	Promoting sustainable transport by employees
No	30	32	33	34	36	42	47	48	57	69	70
Yes	70	69	67	66	64	58	53	52	43	32	30

Figure 4. 19. Environmental issues faced by the institutions

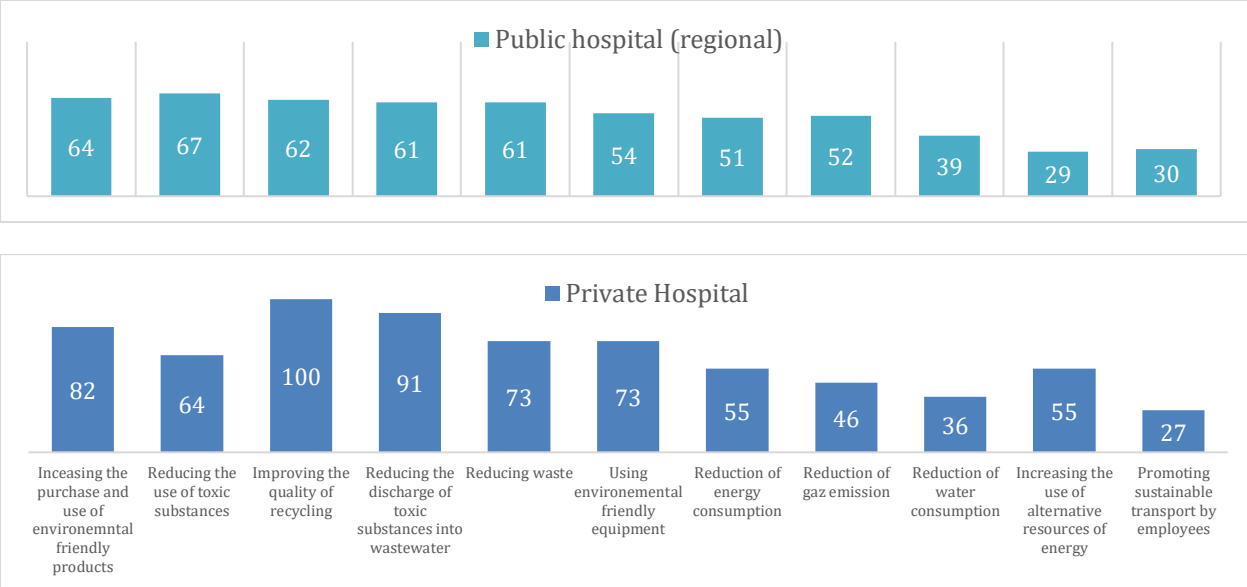


Figure 4. 20. Environmental issues faced by the institutions according to type of hospitals

Concerning the degree of pressure (incentive) from stakeholders regarding environmental issues, the results obtained allow ascertaining a low level of pressure perceived by the different respondents for the various stakeholders, assuming a degree of importance that is not so significant towards the issues of environmental type (figures 4.21). Assigning an average value, 38% of respondents express a neutral opinion on the pressure exerted by the different categories of stakeholders considered, and almost 51% attribute a low or very low level of pressure towards health organizations. Those who perceive a high value of the degree of pressure (11%), consider as more relevant the pressures coming from outside the organization, such as Local Health Authorities, followed by National or Regional institutions and Media, slightly neglecting the internal pressure that can exercise stakeholders as Employees and Patients.

Regarding the factors that push the healthcare organization to engage in environmental issues, most of the respondents affirm on an overall level that the implementation of the appropriate initiatives brings added value for the institution, improving the image of the institution, increasing the well-being of employees and considered the right thing to do (figure 4.22).

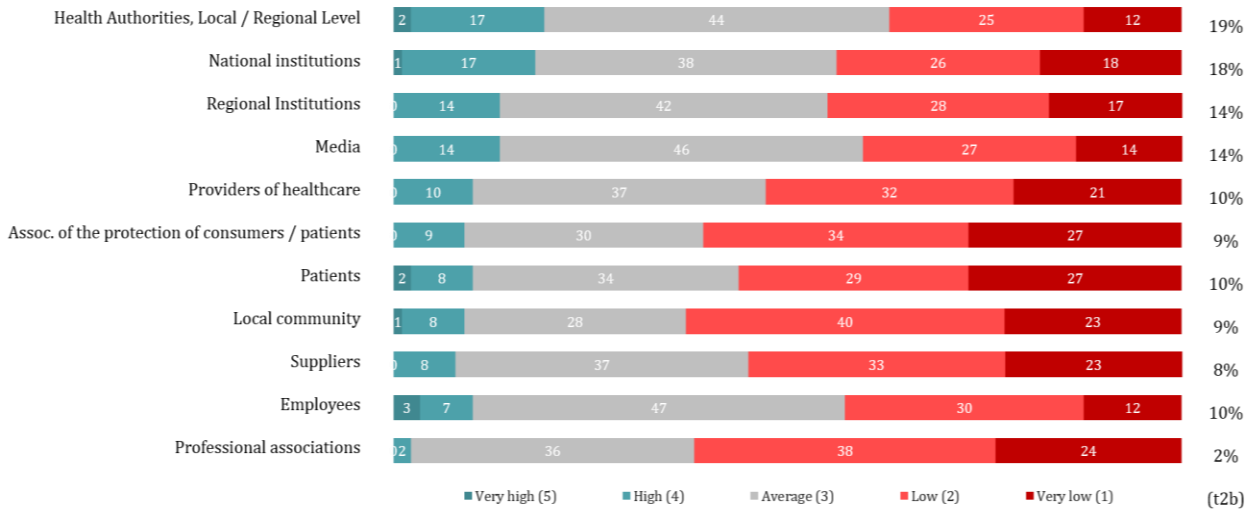


Figure 4. 21. Positive pressure (incentive) from stakeholders regarding environmental issues

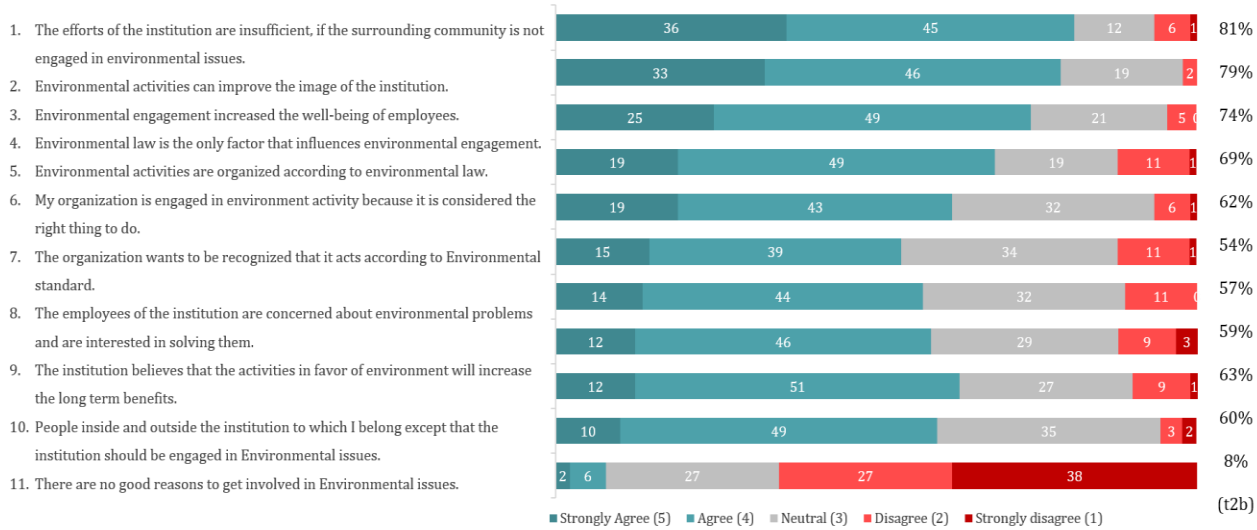


Figure 4. 22. Institutional environmental engagement

As can be seen from the graph (figure 4.22), the item "The efforts of the institution are insufficient, if the surrounding community is not engaged in environmental issues" is the one that assumed the highest value of the relevant factors (81%). This may be perceived by respondents as a need for collaboration between the organization and the surrounding community towards the achievement and improvement of environmental objectives. Also, with reference to the last item "There are no good reasons to get involved in Environmental issues", only 8% affirm a pessimistic judgment, leaving unchanged the importance of health facilities to be in-volved in environmental practices.

Having reached the concluding remarks of the section dedicated to the environmental sphere, the individual participants were asked to evaluate on a scale from 1 to 5 how much the listed environmental barriers hinder the implementation of the environmental programs and initiatives of the body they belong to (figures 4.23).

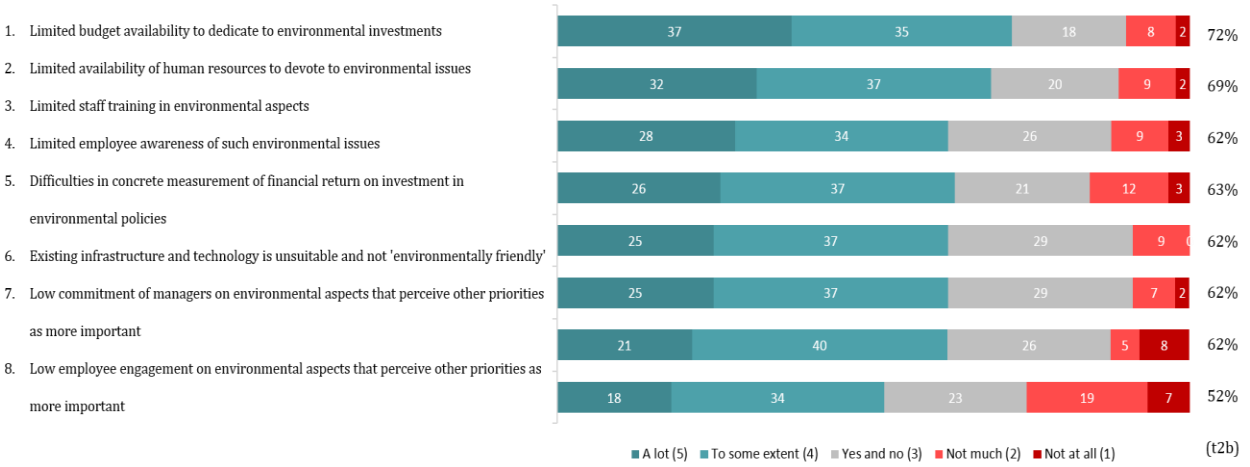


Figure 4. 23. Internal environmental barriers

Analysing the results obtained from the internal barriers, "limited budget availability to dedicated to environmental investments" and "limited availability of human resources to devote to environmental issues" seems to be the barriers that hinder the most the implementation of environmental programs and initiatives, respectively 72% and 69%. The considerations expressed by the respondents as being the most relevant seem to be directly attributable to the economic and organizational aspect, which in a sector such as healthcare, characterised by limited economic resources and scarce human resources, take on a high priority from decision-makers. While employee engagement seems to be less of a barrier towards such an objective (52%).

In external barriers, the items that are mostly perceived as relevant are linked to economic factors (figures 4.24). In fact, "Higher cost of environmentally friendly technologies" and "Difficulties in applying environmental strategies without increasing costs", seem to be the barriers that hinder the most the implementation of environmental programs and initiatives, respectively 73% and 69%. Assuming an average aggregation value, also item 4 "Absence of information on environmental law" also shows a relevant value from the perspective of external

barriers (74%). While "Limited flexibility in time in order to achieve legal compatibility", seems to be less of a barrier towards such objective (44%).

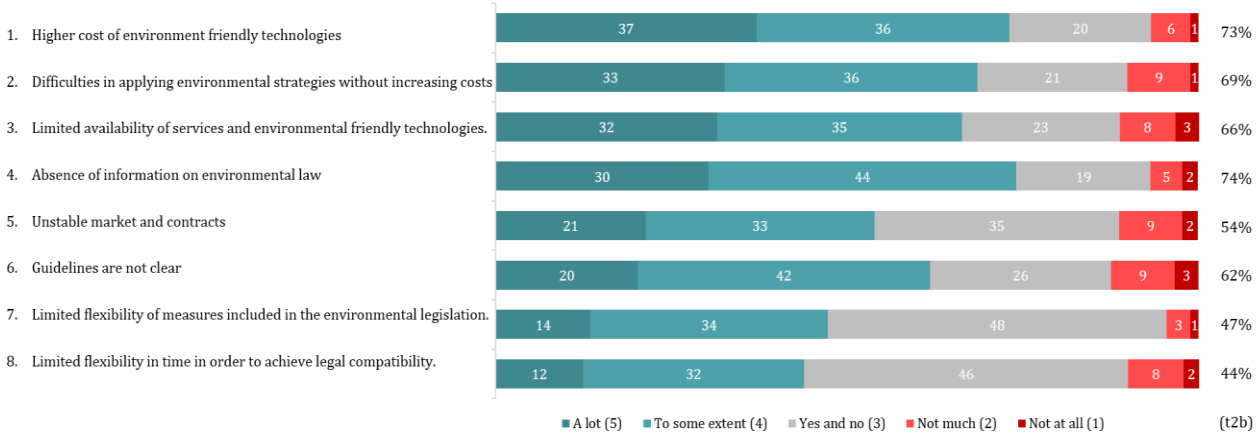


Figure 4. 24. External environmental barriers

Social approach

In order to understand the level of orientation towards social practices, this section follows the same reasoning as the environmental approach, trying to identify the most relevant aspects that hinder or favour the adoption of socially sustainable strategies. First of all, from the graphic analysis of the responses, it can be seen that health organizations are more sensitive to social issues, showing a greater commitment to the environmental issues analysed in the previous paragraphs.

78% of healthcare organizations are adapting "Inclusive policies in the prevention against discrimination in the provision of services to citizens", 74% of them are conducting capacity building (employee skills development), and 71% are improving of the conditions in the workplace (figure 4.25).

"Work and life balance" are used in only 35% of the cases, while "in-creasing family-friendly policies", only in 34% of the cases. With reference to the latest initiatives listed on the graph, it is possible to note a low organizational culture towards family policies, in particular those referring to family-work reconciliation, rather than practices that favour the economic development of the surrounding community through employment (36%). Other issues of above-average significance concern initiatives in favour of the local community (53%), social

responsibility (55%), the interest of stakeholders (61%), safety at work (66%) and relationships between the employees and the community (66%).

Figure 4. 25. Social issues faced by the institutions

Higher usage of the social sustainability tools in the private health entities vs. public ones which claim that public institution has a lower implementation of such tools towards social sustainability (figure 4.26). This is a demonstration of greater attention by the private sector to the subject under consideration.

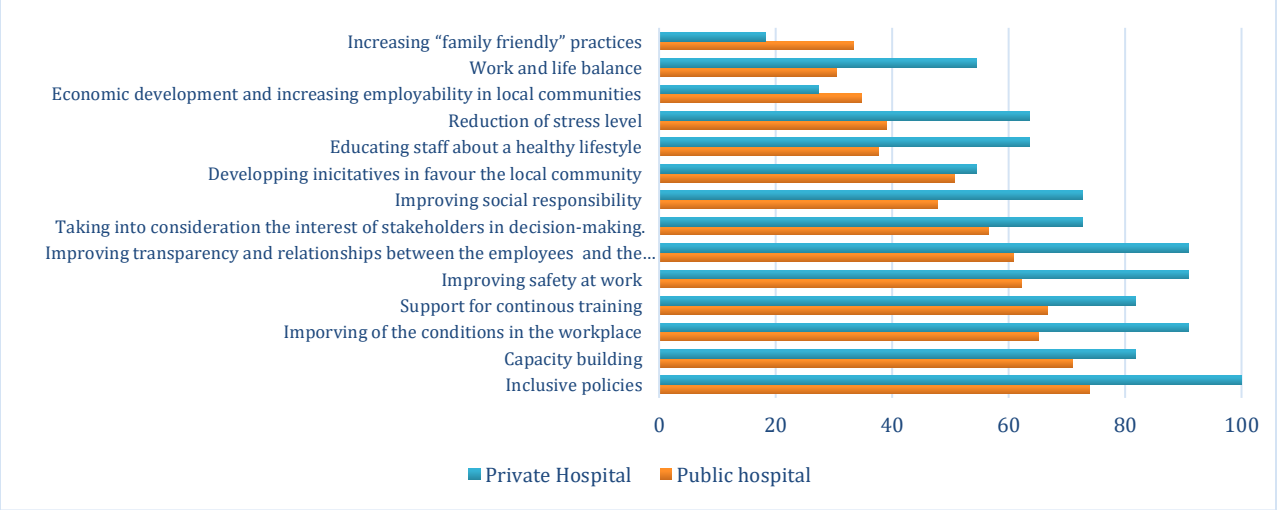


Figure 4. 26. Social issues faced by the institutions according to type of hospital

By shifting the focus towards management practices to involve operational staff aimed at increasing social responsibility at an organizational level, the result does not change so much from the environmental sustainability analysed above. In fact, 42% of the healthcare organizations have a specific employee or a team that deals with environmental issues. 38% of

them claim that there is not a specific employee or team dealing with social affairs planning. While 20% aren't aware at all. Even carrying out the analysis according to the type of hospitals, it can be stated that private hospitals feel a greater responsibility to solve environmental problems within the organization, as 73% of them have a specific employee or a team that deals with social issues, vs. only 40% amongst the public health care entities (figure 4.27).

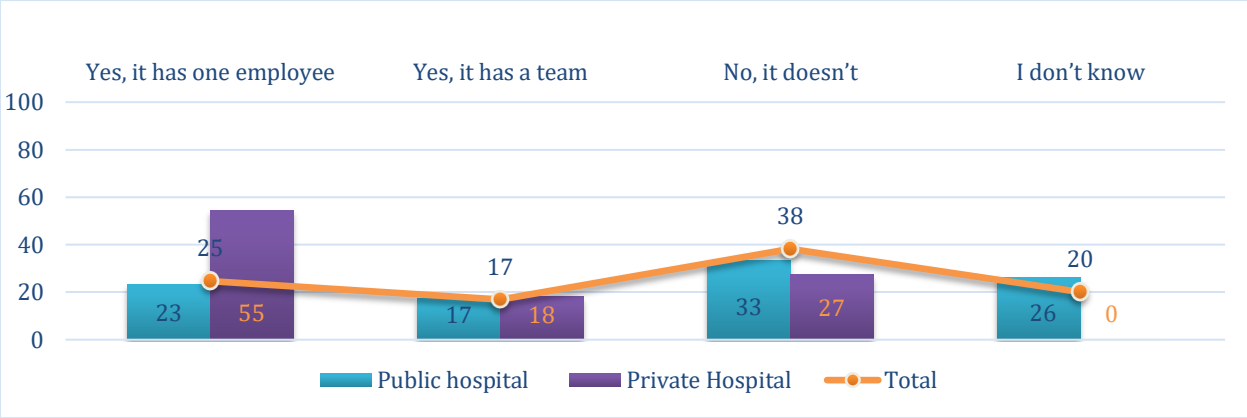


Figure 4. 27. Social policies and their organization according to type of hospital

Regarding the perceptions on the pressures exerted by the various stakeholders regarding social issues, although an overall level slightly higher than environmental issues, the results of the survey demonstrate a low level of perceived pressure (figures 4.28). Assigning an average value, also in the social sphere 36% of respondents express a neutral opinion on the pressure exerted by the various categories of stakeholders, while 49% attribute a low or very low level of pressure towards health organizations. Unlike the environmental sphere, Employees is positioned as the first stakeholders with the most positive pressure (incentive) regarding social issues, followed by Media, local authorities and Patients. This means that the respondents know a greater relevance to the forces coming from within the organization. The other stakeholders, as in the environmental sphere, are categorised by a low level of pressure, where Suppliers have a very low impact for such case.

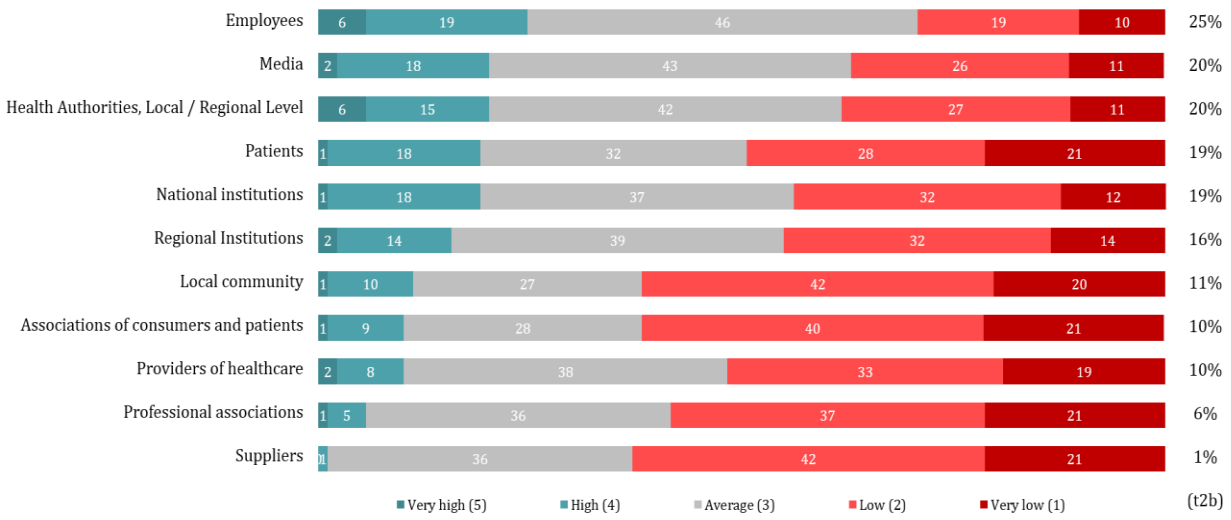


Figure 4. 28. Positive pressure (incentive) from stakeholders regarding social issues

Turning attention to the factors that push the healthcare organization to engage in social issues, and in line with what has been stated in the environmental sphere, most of the interviewees believe that the main drivers for the adoption of socially sustainable strategies are improving the image of the institution (84%), and increasing the well-being of employees (67%) (figure 4.29). However, by comparing the different perceptions of relevance about the contribution of the initiatives from the previous graphs, it can be seen that the respondents express greater concern about solving environmental rather than social issues (61% vs. 57%), regardless of the importance of engage in both spheres considered.

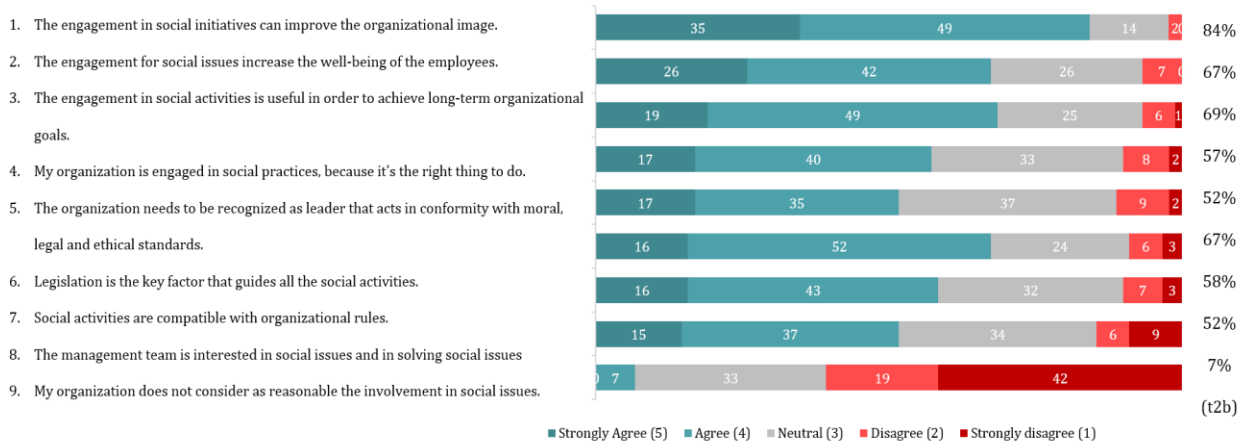


Figure 4. 29. Institutional social engagement

Even with reference to the last item "My organization does not consider as reasonable the involvement in social issues.", only 7% affirm a negative opinion, leaving unaltered the importance of health facilities to be involved in social practices.

In the final section of the social sphere, the individual participants were asked to evaluate on a scale from 1 to 5 how much the social barriers listed hinder the implementation of sustainable programs and initiatives of the institution to which they belong.

The results obtained from internal barriers show that: "limited financial capital to dedicated to social issues" (72%), and "limited human resource to devote to social issues" (60%), are the internal social barriers that hinder the most the implementation of programs and initiatives (figures 4.30). Also in this case, as emerged in the environmental sphere, the considerations expressed by the respondents as being the most relevant seem to be directly attributable to the economic and organizational aspects.

The different perceptions of relevance about the "Limited engagement of management that do not consider social responsibility as a priority" seen as a barrier by 52% of the respondents, and "Limited engagement of employees to consider social responsibility as a priority" by 42% are particularly interesting.

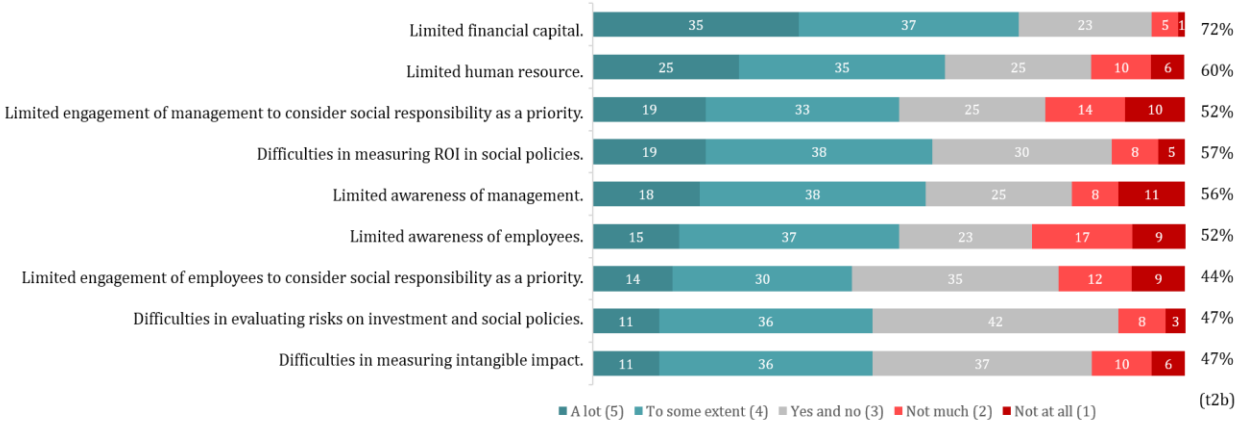


Figure 4. 30. Internal social barriers

As for the external barriers, the "Brain Drain" phenomena (73%), and the absence of concrete political decisions for the financial motivation of the employees (70%), are the most relevant the external social barriers (figures 4.31). In fact, both phenomena find a cause-effect link between them, as scarce investments in human capital and the difficulties in attracting and motivating

talented personnel, brings with it the flight of medical personnel abroad, a phenomenon which is still worrying. for the national sector.

Other barriers relevant barriers are: "The absence of distribution of specialisations according to needs of the market" (65%), followed by "The absence of a model for the integration of social issues in the strategy of the institution" (64 %). While the absence of the trust of patients. seem to be less of a barrier towards such an objective (46%).

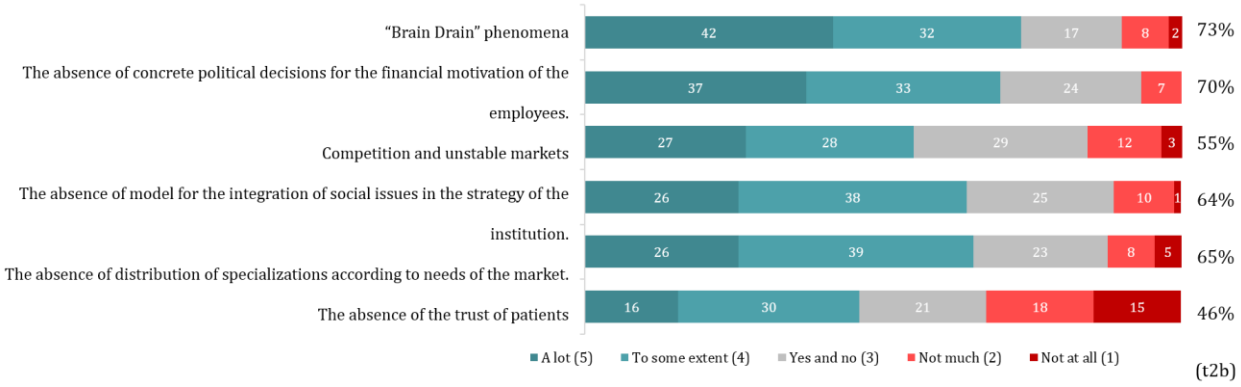


Figure 4. 31. External social barriers

Economic approach

When dealing with economic issues in healthcare sector, and due to the complexity and numerousness of the actors involved, the discussion remains at the sector level rather than at the individual structures. This is even more true when it comes to addressing the economic aspect of the public health sector, which means taking into consideration the set of very precise mechanisms and rules on how available resources are allocated - laws, regulations, government decrees - prepared by the competent bodies for the entire system. Therefore, the in-dividual structures have limited competencies on economic policies, forced to the point of following the decision-making processes envisaged for them. Furthermore, when trying to explore economic information in institutions using the survey methodology, there is a tendency of reluctance or confidentiality on the part of those responsible to provide the desired information, increasing the risk of not validating the analysis database. For the reasons listed above and analysing the literature of the sector, we tried to be careful to structure fairly generic and non-sensitive questions, which in our opinion would have a good chance of getting answers from the participants.

Regarding the factors that push the healthcare organization to move towards sustainable strategies in the economic sphere, the results actually show how the majority of the respondents (85%) think that the Economical performance can improve the image of the institution and 83% that it can increase organizational sustainability (figures 4.32). It is quite clear that performance, in each of its form (economic, social or environmental), is perceived by the respondents as the most relevant driver on the driving factors, which directly leads to an improvement in the institutional image. This is a symptom of the current concern of all national health structures, which feel the awareness of regaining the trust of citizens due to medical malpractice, clinical errors or inadequate policies.

Even in comparison with the considerations made previously, the respondents give greater importance to economic issues, since almost all the drivers listed in the graph testify to the presence of higher values than the spheres previously analysed. An interesting outcome comes from the perceptions about the contribution that economic initiatives give to the achievement of long-term objectives (80%), rather than the concern on the part of managers for economic problems and their interest in solving them (79%).

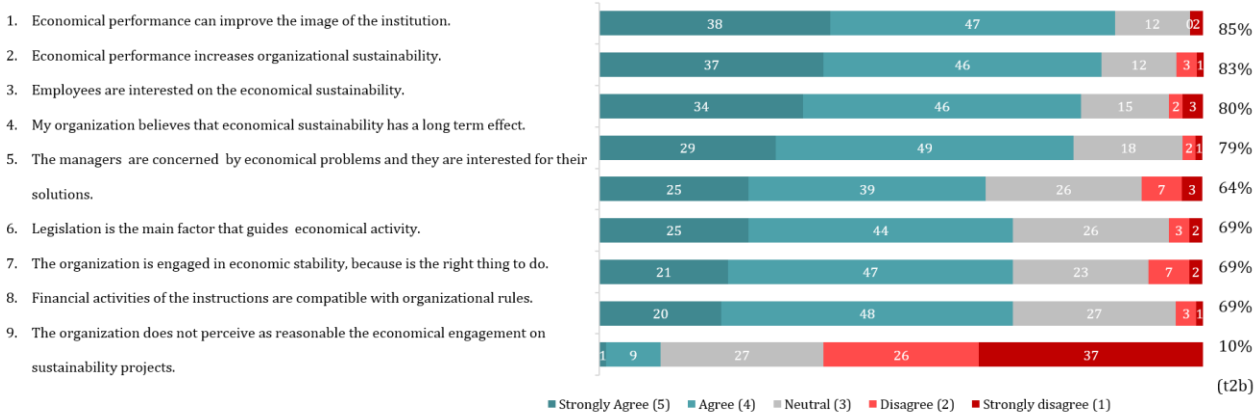


Figure 4. 32. Economical engagement

Similar considerations to the previous ones can be made on the pressures exerted by the various stakeholders on economic issues, which once again the results demonstrate a low level of perceived pressure (figures 4.33). Patients (26%), followed by Employees and Suppliers (respectively 24%) are the stakeholders with the most positive pressure (incentive) regarding economical issues. The pressures coming from outside the organization are categorised by a low level of perceived pressure.

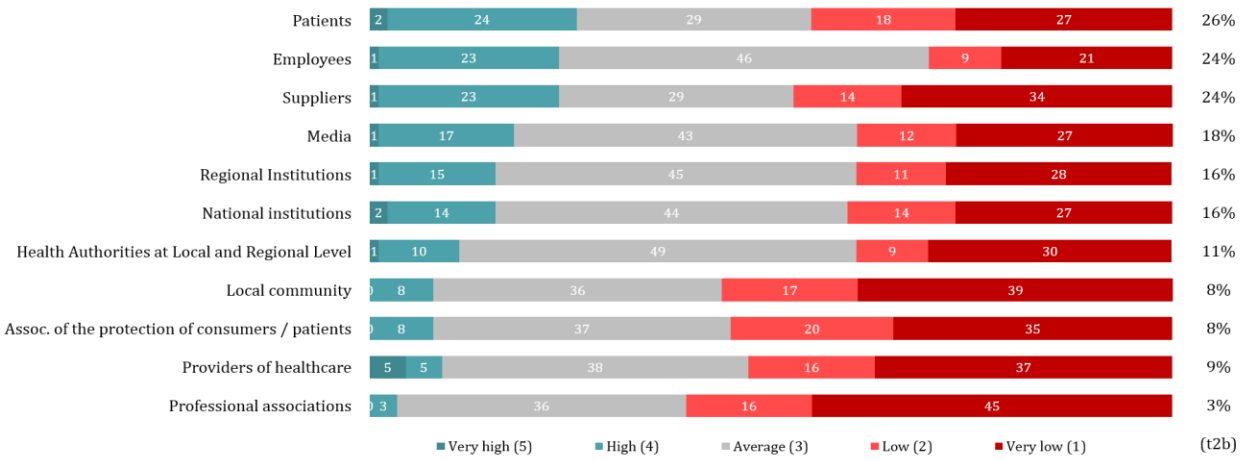


Figure 4. 33. Positive pressure (incentive) from stakeholders regarding economical issues

In terms of the economic barriers that hinder the implementation of sustainable programs and initiatives, and from the results obtained in internal barriers (figures 4.34), "perception of higher costs of sustainability" (64%), "perception that sustainability is not achievable "(55%), and" difficulties in measuring economic indicators that measure performance "(53%), are the internal economical barriers that hinder the most the implementation of programs and initiatives. Therefore, in addition to the economic aspect, linked to the additional costs necessary to achieve sustainable practices, the respondents express their perplexity on the fact of its implementation.

When to external barriers, "the absence of concrete decision making of policies and governmental strategies" (74%) and insufficient state budget on healthcare (71%), seem to be the ex-ternal economical barriers that hinder the most the implementation of programs and initiatives (figures 4.35). Other relevant barriers are "The absence of policies and governmental strategies for strengthening public service in the healthcare sector", and "Financing problems and the difficulties of enlarging the financing from public funds" (respectively 67%).

Compared to the internal barriers, the external barriers received higher values in their evaluation. There is a tendency for individual participants to delegate issues outside the institution they belong to.

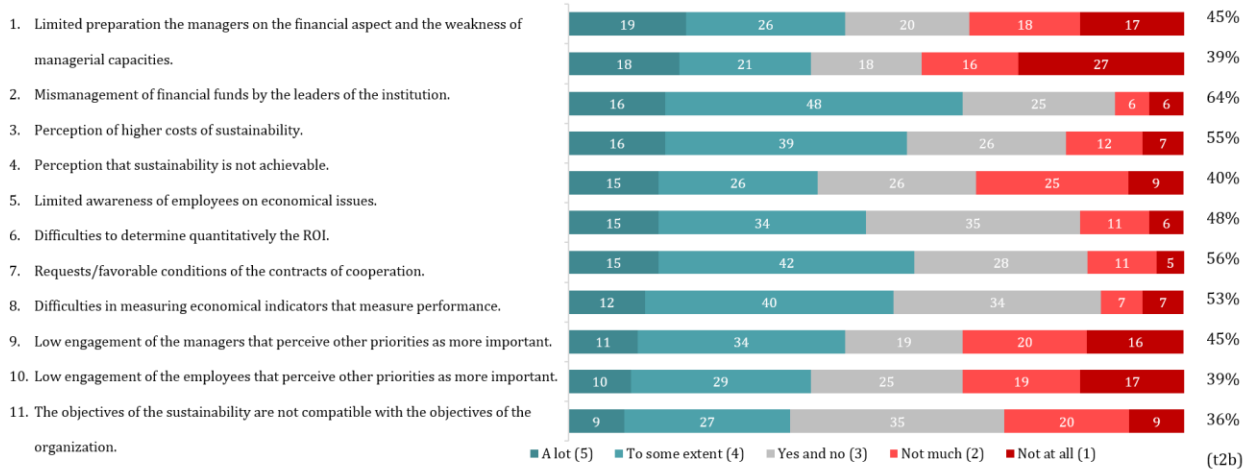


Figure 4. 34. Internal economical barriers

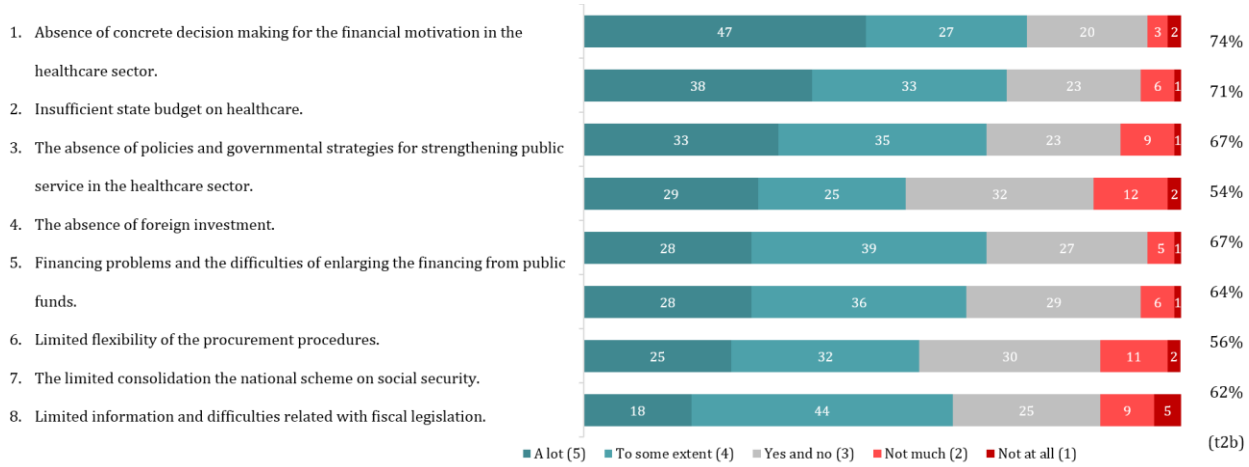


Figure 4. 35. External economical barriers

4.3. Quantitative Analysis: EFA and CFA

When using the survey technique (the sampling method) for data collection, data distortions can often occur, affecting the validity of the survey results. Some of these are due to the drop-in response rates that often generate ex-post stratification procedures (Berisnsky, 2017). Others may be verified when responses are collected on multiple scales simultaneously, and respondents alter their scores on self-assessment tools to present themselves in a more favorable light causing *Socially Desirable Responding* (SDR) phenomenon (Podsakoff et al., 22012) (in Miller, 2021).

Another potential bias, known as *Common Method Variance*, is due to the collection of data through the same source during the same time period (Podsakoff et al., 2012), although other methods of minimizing its error have been developed in recent years. It is a variance attributed to the measurement method that affects the correlation between constructs (Miller, 2021), for the presence of single tests can be used in which all the variables of interest are examined in order to identify the factors responsible for most of the covariance between the variables, such as the *Factor Analysis* model (Spearman, 1900). The use of Factor Analysis allows to identify the existence of latent variables (not directly measurable) starting from a series of observed variables. In other words, the goal is to understand whether these measurable variables are actually suitable for explaining a certain concept which by its nature cannot be directly measured. Furthermore, this analysis technique also allows us to identify which items contribute most to determining the latent factor.

4.3.1. Reliability Analysis - Cronbach Alpha

The concept of reliability is necessary for each measurement made because reliability expresses the consistency between the questions which take part in a test or survey and to what extent the meter used reflects the question. Reliability is a basis for interpreting the measurements obtained and analyzed which can be discovered later.

Reliability Analysis is a method developed to evaluate the characteristics and reliability of tests, surveys or meters used during measurement. With the Reliability Analysis procedure, the coefficients are calculated which determine the reliability of the total results (points) of meters such as Likert, type Q and information is obtained about the relationship between the meter questions.

The alpha (α) model (**Cronbach Alpha coefficient**) investigates whether the questions participating in the gauge show a generally homogeneous structure. It is the weighted standard change mean and is obtained by dividing the total variance of the k questions of a gauge by the total variance. This coefficient, which takes values between 0 and 1 is called the Alpha (Cronbach) coefficient.

The calculated Alpha coefficient is a coefficient which reveals the similarity or closeness of the questions in the measurements obtained from the total results of the units and the collection of

points of each meter question. If the questions are standardized, this coefficient is obtained from the average correlation of the questions. If the correlation between the questions is negative, even the Cronbach Alpha coefficient calculated with the Alpha method will be negative. When this coefficient is negative it causes the reliability model to break down. In other words, it expresses the breakdown of the additive characteristic of the meter used.

Interpretations of meter reliability in relation to the Alpha (α) coefficient can be made as follows:

- if $0.00 \leq \alpha \leq 0.40$, the meter is not reliable,
- if $0.40 \leq \alpha \leq 0.60$, the reliability of the meter is low,
- if $0.60 \leq \alpha \leq 0.80$, the meter is very reliable and
- if $0.80 \leq \alpha \leq 1.00$, is a meter with a high degree of reliability.

Application of Reliability Analysis in SPSS26

Reliability Statistics	
Cronbach's Alpha	No- of Items
0.636	19

Table 4. 1. Reliability Statistics

The Reliability Statistics table summarizes the results of the reliability analysis. Cronbach's Alpha reliability coefficient is 0.636 for the meter used to measure sustainable development including 19 statements (questions, statements). This value indicates that this meter is very reliable.

Items - Total Statistics				
	Scale Mean if Item Deleted	**Scale Variance** if Item Deleted	**Corrected Item** - Total Correlation	**Cronbach's Alpha** if Item Deleted
Level of interest on environmental, economic and social sustainability	60.16	33.748	.286	.620
Level of awareness/knowledge on sustainability main concepts	61.40	32.039	.201	.630
Guidelines and training materials on Sustainability components	62.46	30.660	.284	.616

Level of implementation of the Sustainability components	62.01	30.375	.352	.604
Level of personal involvement	61.27	29.676	.349	.604
Personal importance of the environment/social issues	60.24	32.273	.350	.609
Institutional approach to environmental issues	61.16	33.657	.220	.625
Positive pressure (incentive) from stakeholders regarding environmental issues	62.33	33.040	.279	.618
Institutional environmental engagement	61.15	33.149	.325	.615
Internal environmental barriers	60.96	35.839	-.046	.654
External environmental barriers	60.90	33.887	.198	.627
Positive pressure (incentive) from stakeholders regarding social issues	62.25	32.961	.263	.620
Institutional social engagement	61.19	32.724	.441	.607
Internal social barriers	61.25	34.825	.055	.644
External social barriers	60.96	34.498	.088	.640
Positive pressure (incentive) from stakeholders regarding economical issues	62.38	33.421	.199	.627
Institutional economical engagement	60.97	31.919	.453	.600
Internal economical barriers	61.51	33.616	.134	.637
External economical barriers	60.83	34.210	.118	.637

Table 4. 2. Items - Total Statistics

According to the table "Item-Total Statistics" we note that extracting variables from the scale is calculated the mean of the scale and the variance of the remaining variables, as well as the correlation between the variables. In this research, there is no significant difference between the values of correlation. Also, when a variable is deleted, there is no significant difference in alpha coefficient (Cronbach's Alpha ≥ 0.60 in any case).

4.3.2. Validity Analysis - Factor Analysis

Factor analysis is one of the multivariate statistical techniques which is widely used to reduce the number of variables that are related to each other in a small number of important and independent factors (Kleinbaum, Miller 1998: 601). The term Factor Analysis includes various

techniques but the most commonly used method is Principal Component Analysis (PCA). In this method, the first factor is calculated which explains the maximum variance between the variables. To explain in the maximum the remaining variance is used the second factor and so on depending on the factors that are created. It is important that at the end of the analysis there is no correlation between the factors, so the factors must be orthogonal.

In the factor analysis the set of dependent variable and independent variable is not available, which tends to explain the dependent variable as in regression analysis. In factor analysis by grouping variables which have high correlations between them, general variables (factors) are created. The purpose of the FA is to reduce the number of variables and to discover the structure of the binding of variables, so to classify the variables.

I. Application of EFA (Exploratory Factor Analysis) in SPSS 26

In order to applicate EFA (Exploratory Factor Analysis) in SPSS 26, there are four basic stages: ***assessment of the suitability of the data set for factor analysis***, ***obtaining the factors***, ***rotation of factors***, and ***naming the factors***.

1. Assessment of the suitability of the data set for factor analysis

Three methods are used to assess the suitability of the data set for factor analysis, but in this case, we will use the Barlett test and **the Kaiser-Meyer-Olkin test (KMO).**

Barlett test (Spleticity Barlett): Tests the possibility of having high correlations between at least some of the variables in the correlation matrix. To continue with the analysis, the null hypothesis "The correlation matrix is a unit matrix" must be rejected. Rejection of the null hypothesis indicates that there are high correlations between variables, in other words indicates that the data set is suitable for factor analysis (Hair and al., 1998: 374).

Kaiser-Meyer-Olkin sample adequacy measure (KMO): It is an index which compares the magnitude of the observed correlation coefficient with the magnitude of the partial correlation coefficient. The KMO level should be above 0.5. The higher the level, the better the data set to do the factor analysis. KMO values and interpretations are as follows (Sharma 1996: 116).

KMO Values	Interpretation
0,90	Perfect
0,80	Very good
0,70	Good
0,60	Average
0,50	Poor
under 50	Not accepted

Table 4. 3. KMO Values Interpretation

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.776
Bartlett's Test of Sphericity	*Approx. Chi-Square*	*637.195*
	Df (degrees of freedom)	*171*
	Sig. (significance)	.000

Table 4. 4. KMO and Bartlett's Test

The KMO and Bartlett's Test show whether or not the data set is suitable for performing the factor analysis. According to the table, the KMO test is 77.6% (0.776). As 0.776 > 0.50, we can say that our data set is very suitable for factor analysis. At the same time, the Barlett Test is significant (p = 0.000 <0.05).

2. Obtaining the factors - Determining the number of factors

The aim at this stage is to obtain as few factors as possible that will represent the relationship between the variables on a large scale. Depending on how many factors will be obtained, there are different criteria (Dunteman 1989: 16), but in this case we will use the ***method of the percentage of total variance***.

Total variance percentage method: If the contribution to the explanation of the total variance of any added factor falls below 5%, it means that the maximum number of factors has been reached.

Total Variance Explained						
	Initial Eigenvalues			Rotation Sums of Squared Loadings		
Factors	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.883	25.703	25.703	3.327	17.511	17.511
2	2.947	15.512	41.215	2.485	13.082	30.592
3	1.680	8.840	50.055	2.373	12.490	43.082
4	1.483	7.807	57.862	2.278	11.987	55.069
5	**1.237**	**6.509**	**64.371**	**1.767**	**9.302**	**64.371**

6	.970	5.103	69.474			
7	.834	4.387	73.861			
8	.765	4.028	77.889			
9	.579	3.045	80.934			
10	.554	2.915	83.849			
11	.477	2.510	86.359			
12	.468	2.463	88.822			
13	.416	2.191	91.014			
14	.373	1.965	92.979			
15	.322	1.693	94.672			
16	.305	1.607	96.279			
17	.272	1.433	97.712			
18	.249	1.310	99.022			
19	.186	.978	100.000			

Table 4. 5. Number of Factors Related to Eigen Value and Explanatory Percentage of Variance

From 34 variables in questionary, the factor analysis has been performed using only 19 variables with Likert scale. The analyse has been performed only one time, none of the variables were extracted from the analysis due to their value were above 0,50.

At the end of the factor analysis, using *the varimax method*, 5 factors were obtained to measure the sustainable development. The five factors formed explain 64.371% of the total variance and this is a moderately high value.

3. Rotation of factors

The purpose of factor rotation is to obtain factors that can be named and interpreted. The most used rotation method is the ***Orthogonal Rotation***. In orthogonal rotation, the factors obtained have no correlations between them. Whereas in non-orthogonal (oblique) correlation the factors have correlations between them, so they are not independent of each other. In orthogonal rotation three methods are used. These are varimax (the most commonly used method), equamax and quartimax. The Promax and Direct Oblimation methods are used when performing oblique rotation. If the data set is too large the Promax rotation is preferred.

Rotated Component Matrix[a]					
Components	**Factor loading**				
	1	2	3	4	5
External social barriers	.818				
External environmental barriers	.766				
Internal social barriers	.749				
Internal economical barriers	.691				
Internal environmental barriers	.683				
External economical barriers	.544				
Degree of positive pressure (incentive) from stakeholders regarding social issues		.868			
Degree of positive pressure (incentive) from stakeholders regarding economical issues		.793			
Degree of positive pressure (incentive) from stakeholders regarding environmental issues		.772			
Level of awareness/knowledge on sustainability main components			.807		
Level of implementation of the Sustainability components			.789		
Guidelines and training materials on Sustainability components			.753		
Institutional Environmental engagement				.840	
Institutional approach to environmental issues				.727	
Institutional Social engagement				.667	
Institutional Economical engagement				.557	
Level of interest on environmental, economic and social sustainability					.745
Personal importance of the environment/social issues					.737
Level of personal involvement					.569

Table 4. 6. Rotating Component Matrix

4. Naming of factors

Similar items grouped in relation to the analysis, are named as new variables by the researcher. From the rotating component matrix, we look for each created factor:

1. **The first factor** consists of 6 items: Internal environmental barriers **IEB**; External environmental barriers **EEB**; Internal social barriers **ISB**; External social barriers **ESB**; Internal economical barriers **IEcB**; External economical barriers **EEcB.**

   These components relate to internal and external environmental, economic and social barriers, hence this factor is named "**Barriers of organizational sustainability - BOS**".

2. **The second factor** consists of 3 items: Positive pressure (incentive) from stakeholders regarding environmental issues **SPE**; Positive pressure (incentive) from stakeholders regarding social issues **SPS**; Positive pressure (incentive) from stakeholders regarding economical issues **SPEc.**

   These questions relate to the degree of stimulation by stakeholders regarding environmental, economic and social issues, hence this factor is named "**Stakeholders Pressure regarding sustainable issues - SPSs**".

3. **The third factor** consists of 3 items: Level of knowledge on Sustainability components **LKS**; Guidelines and training materials on Sustainability components **GTS**; Level of implementation of the Sustainability components **LIS**.

   These questions are related to awareness and measures taken for environmental, economic and social sustainability, hence this factor is named "**Awareness / knowledge and measures taken for sustainability - AKMS**".

4. **The fourth factor** consists of 4 items: Institutional approach to environmental issues **IAE**; Institutional environmental engagement **IEE**; Institutional Social engagement **ISE**; Institutional economical engagement **IEcE.**

   These questions relate to the agreement on some assertions for measuring environmental, economic and social commitment, hence this factor is named "**Institutional engagement - IE**".

5. **The fifth factor** consists of 3 items: Level of interest on Sustainability components **LItS**; Level of personal involvement **LPI**; Personal importance of the environment/social issues **PIS**.

   These questions are related to the interest in environmental, economic and social sustainability, hence this factor is named "**Personal interest and involvement - PII**".

So, from the analysis performed it resulted that the meter is reliable and valid.

II. Application of CFA (Confirmatory Factor Analysis) in SPSS AMOS 26

Since that all items already have significant loads on the relevant factors, we can apply Confirmatory Factor Analysis to confirm the model specified by Exploratory Factor Analysis.

We construct the Path diagram at CFA in AMOS 26 and estimate using standardized loads. Note that not all items have a significant load (≥ 70%) on the relevant factor.

Since the item "IAE - Institutional approach to environmental issues" has a small standardized weight of 0.413, we remove it from the fourth factor and retest it using the following table with standardized loads:

			Estimate
EEcB	←	BOS	.618
IEcB	←	BOS	.666
ESB	←	BOS	.732
ISB	←	BOS	.737
EEB	←	BOS	.623
IEB	←	BOS	.687
SPEc	←	SPSs	.691
SPS	←	SPSs	.967
SPE	←	SPSs	.683
LIS	←	KMS	.896
GTS	←	KMS	.786
LKS	←	KMS	.598
IEcE	←	IE	.591
ISE	←	IE	.854
IEE	←	IE	.537
PIS	←	PII	.519
LPI	←	PII	.607
LItS	←	PII	.555

Table 4. 7. Standardized Regression Weights

To analyze the suitability of the model (Model Fit) we look at some tests: Chi-square test $\chi^2 = 1.250 \in (1, 3)$; the Root Mean Square Error of Approximation RMSEA = 0.053 < 0.06 and PClose = 0.402 > 0.05 are indicators of a very good fit of the model. While the value of the Comparative Fit Index CFI = 0.932 < 0.95 and SRMR = 0.097 > 0.08 are indicative of a model not sufficiently consistent with our data.

In this situation we need to improve the suitability of the model by removing items that have a very small load on the respective factors (<70%).

Since the removal of low weight items in the **IE** and **PII** factor, these two factors remain with only one question, so we decide to remove them from the analysis. We also remove the items **EEcB**, **IEcB** and **ISB** from **BOS** factor and the item **LKS** from **KMS** factor obtaining the following Path diagram with standardized weights.

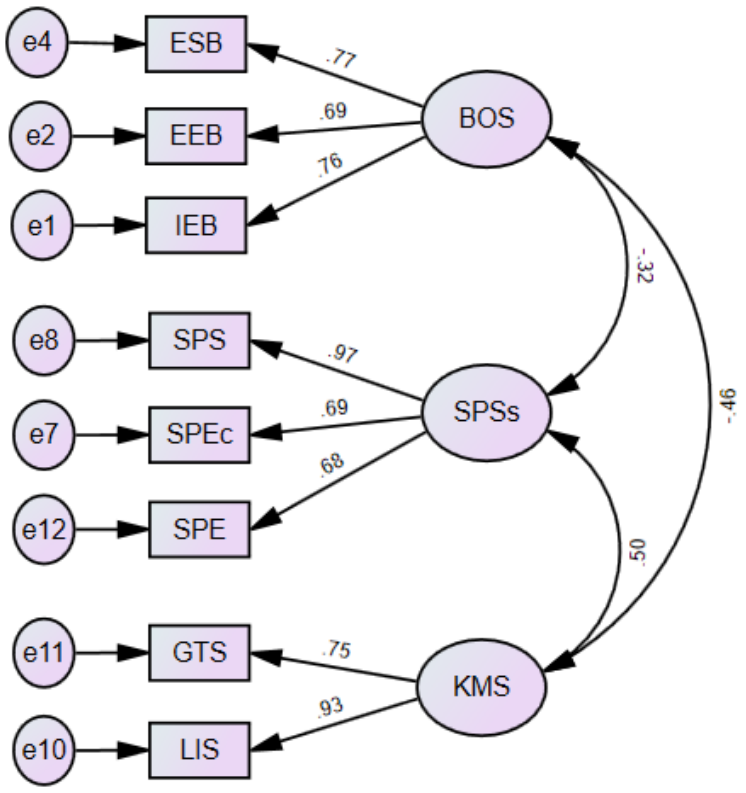


Figure 4. 36. Path diagram with standardized weights

To analyze the suitability of the model (Model Fit) we look at the tests summarized in the table:

Measure	Estimate	Threshold	Interpretation
CMIN	14.544	--	--
DF	17.000	--	--
CMIN/DF	0.856	Between 1 and 3	Need more DF
CFI	1.000	>0.95	Excellent
SRMR	0.061	<0.08	Excellent
RMSEA	0.000	<0.06	Excellent
PClose	0.810	>0.05	Excellent

Table 4. 8. Model Fit Measures

Measure	Terrible	Acceptable	Excellent
CMIN/DF	> 5	> 3	> 1
CFI	<0.90	<0.95	>0.95
RMSEA	>0.08	>0.06	<0.06
PClose	<0.01	<0.05	>0.05

Table 4. 9. Cut off Criteria*

The model fit is excellent. We now look at the validity of the model - Validity and Reliability Test whose results are summarized in the following table:

	CR	AVE	MSV	MaxR (H)	BOS	SPSs	KMS
BOS	0.783	0.547	0.211	0.787	**0.739**		
SPSs	0.830	0.627	0.245	0.954	-0.322*	**0.792**	
KMS	0.832	0.714	0.245	0.883	-0.459**	0.495***	**0.845**

*References - Significance of Correlations: † p < 0.100; * p < 0.050; ** p < 0.010; *** p < 0.001*

Table 4. 10. Model Validity Measures

According to the table 4.10 Model Validity Measures, there are no validity concerns.

The following table summarizes the CFA results:

Parameter	Factor loads	Cronbach's Alpha	CR	AVE
BOS				
ESB	0.77			
IEB	0.76	0.783	0.783	0.547
EEB	0.69			
SPSs				
SPE	0.68			
SPS	0.97	0.817	0.830	0.627
SPEc	0.69			
KMS				
GTS	0.75	0.821	0.832	0.714
LIS	0.93			

Table 4. 11. Confirmatory table

Criteria*: Average Variance Extracted (AVE) ≥ 0.5; Cronbach's Alpha ≥ 0.7; Composite Reliability (CR) > 0.6; Factor loading latent variable should be greater than 0.7.*

In summary, ISB, IEcB, EEcB, LKS, IEE, ISE, IEcE, LItS, LPI and PIS items have been extracted from the model, in order to get e better model fit. Thus, the threshold values: CFI =1.000, SRMR =.061, RMSEA =.000, PClose =.810 showed that the data fits well with the model. Factor loadings, Cronbach's Alpha reliability coefficients, convergent and discriminant validity are obtained. Cronbach's Alpha coefficients and convergent validity show that the scales used are highly reliable and AVE values are over 0.50 for the three variables. **Hence, our model is reliable and valid at the same time.**

CHAPTER V
CONCLUSIONS AND RECOMMENDATIONS

"What the human being is best at doing is interpreting all new information, so that their prior conclusions remain intact."

Warren Buffett

This final part of the research tends to synthesize and critically interpret the results of the study, trying to highlight the limits of the analysis as well. In the concluding remarks some recommendations and implications for possible future research are given.

5.1. Summary of the Research Process and General Conclusions

Starting from the general definitions of organizational sustainability and sustainable development, the main aim of this research was to explore the application of sustainable development approaches in the health sector, focusing more specifically in the Albanian context, as one of the sectors with a particular development for the historical and cultural context of the country. To better understand the implementation measures of sustainable strategies in the health sector, this study identified the main factors and barriers of these strategies form the managerial lens.

In order to understand the link between the theoretical foundations and its integration in the national context, the first step of this research was a review the literature that focused on the collection of secondary from different sources such as reports, research articles, textbooks, statistics data and indicators published from national and international organizations. This step served not only identify secondary data from previous research in terms of sustainable development identifying gaps and limits as well problems related to the national healthcare system. If previous studies have been focused in the evaluation of sustainability from an environment point of view, there is a gap in the national level to have more integrated view of organisational sustainability through the integration of the three dimensions of organisational sustainability, taking into consideration the managerial point of view. This research contribution in filling theoretical gaps identified in the analysis of the theoretical background and it offers benefits to all the concerned stakeholders.

In order to understand the effects of sustainability in the health sector and following the exploratory approach, the research focused on exploring mainly: the involvement of managers and decision makers in the health sector in Albania towards sustainability practices, the identification of actual practices and the factors that push healthcare organizations to adopt elements of sustainability in their daily activities, the identification of the main stakeholders and their level of pressure, as well as the barriers that limit the adoption of sustainable strategies.

In order to respond to the research questions, a questionnaire was elaborated and it was distributed to all the individuals that have manorial in the management and supervision of the largest healthcare facilities in Albania, whether they are public or private hospitals. This questionnaire allows to reach the objective of valuation of the organisational framework and it allowed to identify the most important factors. 89 questionnaires corresponding to 13% of the samples were qualified for final analysis. The results obtained from the analysis of the questionnaire, together with the analysis of theoretical foundations, contributed to the elaboration of the final conclusions of this study.

The first step necessary to design new organizational and development trajectories is the analysis of the incentives created by the various elements that influence the behavior and decision of the healthcare managers, in order to understand the consequent interpretations in the structuring of sustainable strategies. The first section of the questionnaire addressed the personal approach of the various managers and decision makers towards sustainability and sustainable development, which contained various items such as: the level of interest, awareness, knowledge and personal involvement. There is a lack of understanding of sustainable strategies from managers in healthcare organizations.

Data analysis shows that majority of respondents show a huge interest in sustainability issues (9 out of 10). The level of awareness in the same topics is similar (79%, or 8 out of 10), this affirms the importance of the concept of organizational sustainability for decision makers. Even if the level of awareness is high and relevant, the level of knowledge on the components of sustainability remains not so high: indeed, 60% of the respondents affirmed to have knowledge on the singular components of sustainability, giving a major value to the economic and social components compared to the environmental component. 32% of the responses weren't aware of sustainable development and sustainability, 12% were informed from media. The level training

and capacity building remains low and it did not require the adequate attention in organisational level (in fact, only 26% of the respondents affirmed that there are trainings, guidelines, or educational materials on the 3 components of sustainability, in the institution where they work). In both cases the interpretation leads to conclude that even if managers represent the higher level of management in Albanian healthcare organizations that are responsible for the integration and implementation of sustainable development strategies in organizations, they should have a level of awareness of this topic.

Factors that infule decision making of the respondents were measured, as well it was necessary to analyse the importance of the components of sustainability in the organisational level of healthcare organizations and how this correlation is interpreted by managers. The half of the respondents (45%) assume that sustainability policies are a new concept for their organization. This confirm that sustainability policies are not yet fully integrated in organizational policies even if they are integrated in the objectives of the national strategy in order to comply with the *Sustainable Development Goals* established by the UN. The Covid-19 and its effect in the healthcare sector can be a possible explanation but healthcare organization should improve in a continuous way their own initiatives in order to follow sustainable development goals initiative. This is reflected in the integration of the approaches of sustainability at the organisational level.

The private sector dominates in term of involvement on sustainability practices compared to the public section, this is due to understandable reasons that are connected to the profit and the market. Data analysis shows that 67% of respondents think that the institutional involvement in terms of organisational sustainability assumes an important relevance. In both sectors there is a motivation to improve the economic, social and environmental performance that leads to an improvement of the situation and an improvement of organisational image due as well to the fact that healthcare organizations are aware of the image and the reputation that they have on the citizens. This in itself is a symptom of the current concern of all national health structures, as they feel the awareness of regaining the trust of citizens due to medical malpractice, negligence or inadequate policies.

Further considerations on the implementation level can be derived from the barriers that limit the execution of sustainable initiative. When the results of the three approaches are compared, it

is noted who the majority of the relevant external barriers perceived from the decision makers are superior to internal barriers. Respondents perceive the barriers more as barriers belonging to the external environment.

The relevance of the principal stakeholders and their positive pressure should be taken into consideration. The results show a low capacity from the stakeholders to influence sustainable issues specially in terms of organisational policies (less than 15%), reflecting very low pressure from the stakeholders in healthcare organizations. Regarding the comparison between the pressure of different stakeholders, health care organizations generally perceive a higher level of pressure for socio-economic issues. In fact, managers have a better knowledge for the economic and social challenges that are inside organizations, neglecting the environmental approach, perceived mainly as external pressure that does not take on a demanding priority.

Concluding the analysis, and trying to reflect on the current state of sustainable development at the organizational level, it can be stated with certainty that on a practical level none of the national hospitals has the conditions for implementing sustainable strategies. This requires that the healthcare organization should continuously improve organizational culture and skills to be in line with the sustainable development goals of international organizations, so that day-to-day initiatives reflect the integration of sustainability approaches at the organizational level.

5.2. Research limitations

This research project was born and developed in the period of lockdown for the majority of the sectors and proaction measure for the prevention of the COVID-19 were put in place. There were several restrictions to enter in the healthcare institutions. This did not make possible to have face-to-face encounters with the managers.

Furthermore, since the health sector is dominated by the public sector, most executives are chosen on the basis of political decision, and as such are limited to providing concrete information. This is also the reason why the health sector in Albania remains sensitive especially in terms of data collection. As well, the researcher considered that the input from secondary data was satisfactory at this stage of the research, neglecting other qualitative methodologies for data collection, such as face to face interview, focus group etc.

In the future, further qualitative studies can be realized in order to the relevance of the factors issued from EFA and CFA and their importance for managers and healthcare organizations in Albania as well as variables issued from the quantitative analysis can be operationalized building by more sophisticated statistical models (e.g. SEM (Structural Equations Model).

Another limitation of our study is linked to the reduced number of observations, decreasing the possibility of having a more complete picture of the organizational reality. However, this can also be caused by an outdated national culture of citizens to participate in scientific research.

Finally, since the study used subjective measures, although our attention to limit them as much as possible, increases the risk of underestimation or overestimation by the respondents, altering the final dataset.

5.3. The implications and challenges for the future

Given the importance of the general topic and the lack of other previous studies, it creates our belief in the relevance of the research on the field in which the study is conducted, among other things of great value for all those who want to deepen the discourse of sustainability in the healthcare sector, characterized by complexity, dynamism and innovation, strictly connected to organizational developments. On the one hand, it can have practical implications as it can help professionals in evaluating and choosing the most relevant factors to improve the sustainability of their organizations. On the other hand, it is a good starting point for further research on organizational sustainability in the healthcare sector.

Therefore, the need for transversal studies that focus attention on the management approach and the logic of co-creation of value is appropriate, as a way to identify new paths in healthcare management, thus modeling a tool capable of: make reality more and more satisfying, even if highly complex; attract the attention of sustainability scholars to expand research in a more widespread perspective towards the construction of more sophisticated models; arouse the interest of professionals in innovative, to continuously improve health care; achieve managerial innovation in specific contexts, adaptable at the same time with other service systems of the various sectors involved; to identify an effective research practice in relation to the objectives set and replicable in future projects, contributing to the debate on the issue underway taking into account the local context.

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APPENDIX – QUESTIONNAIRE

"Strategical approaches of organizational sustainability in healthcare system"

This study is undertaken within a framework of a doctoral degree at the University "La Sapienza" in Rome. It explores the approaches of sustainable development in healthcare industry in order to provide recommendations for the improvement of practices and policies in sustainable healthcare service providing. Therefore, this research targets individuals engaged in managing or supervising. This project has an academic purpose and it is not financed by public or private entities.

The questionnaire is addressed to all professionals who play a key role in directing, managing and supervising health institutions (such as general hospital managers, medical managers, deputy director, technical managers, administrators of integrated management poles, etc.)

The answers of the questionnaire remain confidential and data will be elaborated exclusively from the researcher.

This questionnaire can be filled in approximately 20-25 minutes.

In case you should need further explanations do not hesitate to contact:

Shefqet Suparaku (PhD Candidate): *shefqet.suparaku@uniroma1.it*

Prof. Mario Calabrese (Supervisor of the research): *mario.calabrese@uniroma1.it*

AWARENESS AND INTEREST ON SUSTAINABILY

1. **Are you familiar with the term of sustaible development and sustainability?**
   Yes……. 1
   No…….. 2

2. **If yes, where did you hear about it ? (**It is possible to choose multiple alternatives**):**

   Wasnt aware of such term before…. 1
   Academic career..... 2
   Media..... 3
   Trainning and capacity building..... 4
   Internet …… 5
   Other: _____ 6

3. **What are the main components of sustainability? (**It is possible to choose multiple alternatives**)**

   Environmental sustainabilty……. 1
   Economic sustainability……. 2
   Social sustainability…… ……. 3
   All above…….. 4
   None above …… 5
   Other(specify): _____ 6

4. **Level of interest on:**

   1= Very low 2= Low 3= Neutral 4= High 5=Very high

Environmental sustainability	1	2	3	4	5
Economic sustainability	1	2	3	4	5
Social sustainability	1	2	3	4	5

5. **Level of awareness/knowledge on:**

   1= Very low 2= Low 3= Neutral 4= High 5=Very high

Environmental sustainability	1	2	3	4	5
Economic sustainability	1	2	3	4	5
Social sustainability	1	2	3	4	5

6. **In the institution where you work, are there trainings, guidelines, or educational materials on the 3 components of sustainability?**

   1= Not at all 2= Not much 3= Yes and no 4= To some extent 5= A lot

Environmental sustainability	1	2	3	4	5
Economic sustainability	1	2	3	4	5
Social sustainability	1	2	3	4	5

7. **Considering the practices and guidelines in your daily work in the institution where you work, in your opinion, how much does each of the sustainability components apply?**

   1= Not at all 2= Not much 3= Yes and no 4= To some extent 5= A lot

Environmental sustainability	1	2	3	4	5
Economic sustainability	1	2	3	4	5
Social sustainability	1	2	3	4	5

8. **In terms of the work at your institution, how involved are you in helping to bring change in the following issues?**

   1= Not involved at all 2= Not Involved 3= Yes and no 4= Involved 5=Very involved

Environmental sustainability	1	2	3	4	5
Economic sustainability	1	2	3	4	5
Social sustainability	1	2	3	4	5

9. **How important are the following issues to you personally?**

   1= Not important at all 2= Not important 3= Yes and no 4= Important 5=Very important

Climate change	1	2	3	4	5
Water resource	1	2	3	4	5
Natural resource	1	2	3	4	5
Reduction and recycling of waste	1	2	3	4	5
Energy and buildings	1	2	3	4	5
Food and food waste	1	2	3	4	5
Sustainable purchasing	1	2	3	4	5
Education on sustainability	1	2	3	4	5

ORGANIZATIONAL SUSTAINABILITY

10. What of the following definitions is more compatible with your organization (Single answers)

Sustainability policies are a new concept for my organization	1
Sustainaibility policies have a low impact on the reputation of my organization	2
Sustainabilty policies are considered as a growth driver from a limited number of managers.	3
Sustainability policies are consolidated and are considered a growth factor by the management team	4

11. Regarding the implementation of sustainable community development in the local area and the surrounding region, does your institution develop partnerships with stakeholders (Multiple answers)

Higher education institutions	1
Local entities	2
NGOs	3
Private sector	4
International Institutions	5
There are no partnerships	6

12. Indicate whether the following strategic sustainability tools are used in your institution:

	Yes	No
Social balance	1	2
Integrated report of sustainability	1	2
Report based on SDGs	1	2
Strategical planning of sustainabilty	1	2
Code of Ethics and Code of Conducts	1	2
Prevention of courruption	1	2
Certication of the systems for the environement management	1	2
Certification of the systems for social management and safety at work	1	2
Documents that promote organizational sustainability	1	2

ENVIRONMENTAL APPROACH

13. Does your organization have a specific employee or a team that deals with environemental issues?

- Yes it has one employee…… 1
- Yes it has a team…….. 2
- No…….. 3
- I don't know …….. 4

14. Institutional approach to environmental issues: How much do you agree with each of the following statements?

1= Strongly disagree 2= Agree 3= Neutral 4= Agree 5=Strongly Agree

The environmental investment budget represents a significant percentage of the total investment budget.	1	2	3	4	5
The institution uses measures to mitigate environmental impacts, such as dispensers, waste treatment, recycling, air filters, etc.	1	2	3	4	5
The institution tries to replace used products that have a high environmental impact with products that pollute less.	1	2	3	4	5
The organization uses technologies that minimize the pollution produced followed by another process of cleaning and / or waste treatment.	1	2	3	4	5
In the organization employees receive training on environmental issues.	1	2	3	4	5
Environmental issues are clearly included in the job description	1	2	3	4	5
Environmental issues are preferred to be resolved by staff within the institution.	1	2	3	4	5
It is clearly defined who takes environmental responsibility within the institution.	1	2	3	4	5
The institution periodically drafts an environmental report for the external entities of the institution.	1	2	3	4	5
The institution periodically compiles an environmental report for the employees of the institution.	1	2	3	4	5
The institution requires that its contracted suppliers have an environmental certification.	1	2	3	4	5
Expenditures for improving the environmental impact of the institution represent a significant percentage of total expenditures for ongoing improvement projects.	1	2	3	4	5
Human resources constantly apply various motivations, such as monetary and other rewards, related to the achievement of environmental objectives.	1	2	3	4	5
Our institution delegates environmental responsibility to third parties, outside the institution	1	2	3	4	5

The institution collects proposals from employees to improve environmental performance.	1	2	3	4	5
The institution collects opinions from stakeholders / third parties on the achievement of environmental objectives.	1	2	3	4	5

15. Is the institution to which you belong dealing with the following environmental issues?

	Yes	No
Reduction of energy consumption	1	2
Reduction of water consumption	1	2
Reduction of gas emission	1	2
Reducing waste	1	2
Reducing the use of toxic substances	1	2
Reducing the discharge of toxic substances into wastewater;	1	2
Using environmental friendly equipment	1	2
Improving the quality of recycling	1	2
Increasing the use of alternative resources of energy	1	2
Promoting sustainable transport by employees	1	2
Increasing the purchase and use of environmental friendly products	1	2

16. How would you rate the degree of positive pressure (incentive) from stakeholders regarding environmental issues?

1= Very low 2= Low 3= Average 4= High 5=Very high

Patients	1	2	3	4	5
Employees	1	2	3	4	5
Health Authorities at Local and Regional Level	1	2	3	4	5
Regional Institutions	1	2	3	4	5
National institutions	1	2	3	4	5
Local community	1	2	3	4	5
Suppliers	1	2	3	4	5
Associations of the protection of consumers and patients	1	2	3	4	5
Professional associations	1	2	3	4	5
Providers of healthcare	1	2	3	4	5
Media	1	2	3	4	5

17. Environmental engagement; How much do you agree with each of the following statements?

1= Strongly disagree 2= Agree 3= Neutral 4= Agree 5=Strongly Agree

My organization is engaged in environment activity because it is considered the right thing to do.	1	2	3	4	5
Environmental engagement increased the well-being of employees.	1	2	3	4	5
There are no good reasons to get involved in environmental issues.	1	2	3	4	5
The employees of the institution are concerned about environmental problems and are interested in solving them.	1	2	3	4	5
Environmental law is the only factor that influences environmental	1	2	3	4	5

engagement.					
Environmental activities are organized according to environmental law.	1	2	3	4	5
Environmental activities can improve the image of the institution.	1	2	3	4	5
The organization wants to be recognized that it acts according to environmental standard.	1	2	3	4	5
People inside and outside the institution to which I belong except that the institution should be engaged in environmental issues.	1	2	3	4	5
The institution believes that the activities in favour of environment will increase the long-term benefits.	1	2	3	4	5
The efforts of the institution are insufficient, if the surrounding community is not engaged in environmental issues	1	2	3	4	5

18. Show on a scale of 1 to 5 how much of the internal environmental barriers hinder the implementation of environmental programs and initiatives of the institution to which you belong

1= Not at all 2= Not much 3= Yes and no 4= To some extent 5= A lot

Limited budget availability to dedicate to environmental investments	1	2	3	4	5
Limited availability of human resources to devote to environmental issues	1	2	3	4	5
Limited staff training in environmental aspects	1	2	3	4	5
Limited employee awareness of such environmental issues	1	2	3	4	5
Low commitment of managers on environmental aspects that perceive other priorities as more important	1	2	3	4	5
Low employee engagement on environmental aspects that perceive other priorities as more important	1	2	3	4	5
Difficulties in concrete measurement of financial return on investment in environmental policies	1	2	3	4	5
Existing infrastructure and technology is unsuitable and not "environmentally friendly".	1	2	3	4	5

19. Show on a scale of 1 to 5 how much of the external environmental barriers hinder the implementation of environmental programs and initiatives of the institution to which you belong

1= Not at all 2= Not much 3= Yes and no 4= To some extent 5= A lot

Guidelines are not clear	1	2	3	4	5
Absence of information on environmental law	1	2	3	4	5
Higher cost of environement friendly technolgies	1	2	3	4	5
Difficulties in applying environemental strategies without increasing costs	1	2	3	4	5
Limited aviliability of services and environemtal friendly technologies.	1	2	3	4	5
Limited flexibility of measures included in the environemental legislation.	1	2	3	4	5
Limited flexbility in time in order to achieve legal compatibility.	1	2	3	4	5
Unstable market and contracts	1	2	3	4	5

SOCIAL APPROACH

20. Does your organization have a specific employee or a team responsible in social affairs planning?

- Yes it has one employee…… 1
- Yes it has a team…….. 2
- No…….. 3
- I don't know …….. 4

21. Is the institution to which you belong dealing with the following social issues?

	yes	no
Reduction of stress level	1	2
Work and life balance	1	2
Capacity building	1	2
Support for continous training	1	2
Improving safety at work	1	2
Imporving of the conditions in the workplace	1	2
Incrasing "family friendly" practices	1	2
Developping inicitatives in favour the local community	1	2
Inclusive policies	1	2
Educating staff about a healthy lifestyle;	1	2
Economic development and increasing employability in local communities	1	2
Taking into consideration the interest of stakeholders in decision-making.	1	2
Improving transparency and relationships between the employees and the community	1	2
Improving social responsibility	1	2

22. How would you rate the degree of positive pressure (incentive) from stakeholders regarding social issues?

1= Very low 2= Low 3= Average 4= High 5=Very high

Patients	1	2	3	4	5
Employees	1	2	3	4	5
Health Authorities at Local and Regional Level	1	2	3	4	5
Regional Institutions	1	2	3	4	5
National institutions	1	2	3	4	5
Local community	1	2	3	4	5
Suppliers	1	2	3	4	5
Associations of the protection of consumers and patients	1	2	3	4	5
Professional associations	1	2	3	4	5
Providers of healthcare	1	2	3	4	5
Media	1	2	3	4	5

23. Social engagement; How much do you agree with each of the following statements?

1= Strongly disagree 2= Agree 3= Neutral 4= Agree 5=Strongly Agree

My organization is engaged in social practices, because it's the right thing to do	1	2	3	4	5
The engagement for social issues increase the well-being of the employees.	1	2	3	4	5
My organization does not consider as reasonable the involvement in social issues.	1	2	3	4	5
The management team is interesed in social issues and in solving social issues	1	2	3	4	5
Legislation is the key factor that guides all the social activities.	1	2	3	4	5
Social activities are compatible with organizational rules.	1	2	3	4	5
The engagement in social initiatives can improve the organizational image.	1	2	3	4	5
The organization needs to be recognized as leader that acts in conformity with moral, legal and ethical standards.	1	2	3	4	5
The engagement in social activies is useful in order to achieve long-term organizational goals.	1	2	3	4	5

24. Show on a scale of 1 to 5 how much of the <u>Internal social barriers</u> hinder the implementation of social programs and initiatives of the institution to which you belong

1= Not at all 2= Not much 3= Yes and no 4= To some extent 5= A lot

Limited finacial capital	1	2	3	4	5
Limited human resource	1	2	3	4	5
Limited awareness of employees	1	2	3	4	5
Limited awareness of management	1	2	3	4	5
Limited engagement of employees that do not consider social responsiblity as a priority.	1	2	3	4	5
Limited engagement of management that do not consider social reponsibilty as a priority.	1	2	3	4	5
Difficulties in evaluating risks on investement and social policies.	1	2	3	4	5
Difficulties in measuring ROI in social policies.	1	2	3	4	5
Difficulties in measuring intangible impact.	1	2	3	4	5

25. Show on a scale of 1 to 5 how much of the <u>external social barriers</u> hinder the implementation of social programs and initiatives of the institution to which you belong

1= Not at all 2= Not much 3= Yes and no 4= To some extent 5= A lot

The absence of model for the integration of social issues in the strategy of the institution.	1	2	3	4	5
"Brain Drain" phenomena	1	2	3	4	5
Competition and unstable markets	1	2	3	4	5
The absence of distribution of specializations according to needs of the market.	1	2	3	4	5
The absence of concrete political decisions for the financial motivation of the employees.	1	2	3	4	5
The absence of the trust of patients.	1	2	3	4	5

ECONOMICAL APPROACH

26. How would you rate the degree of positive pressure (incentive) from stakeholders regarding economical issues?

1= Very low 2= Low 3= Average 4= High 5=Very high

Patients	1	2	3	4	5
Employees	1	2	3	4	5
Health Authorities at Local and Regional Level	1	2	3	4	5
Regional Institutions	1	2	3	4	5
National institutions	1	2	3	4	5
Local community	1	2	3	4	5
Suppliers	1	2	3	4	5
Associations of the protection of consumers and patients	1	2	3	4	5
Professional associations	1	2	3	4	5
Providers of healthcare	1	2	3	4	5
Media	1	2	3	4	5

27. Economic engagement; How much do you agree with each of the following statements?

1= Strongly disagree 2= Agree 3= Neutral 4= Agree 5=Strongly Agree

The organization is engaged in economic stability, because is the right thing to do	1	2	3	4	5
Economical performance increases organizational sustainability.	1	2	3	4	5
The organization does not perceive as reasonable the economical engagement on sustainability projects.	1	2	3	4	5
The managers are concerned by economical problems and they are interesed for their solutions.	1	2	3	4	5
Legislation is the main factor that guides economical activity.	1	2	3	4	5
Financial activities of the instutions are compatible with organizational rules..	1	2	3	4	5
Economical perfomace can improve the image of the institution.	1	2	3	4	5
Employees are intersted on the economical sustainabilty.	1	2	3	4	5
My organization believes that economical sustainability has a long term effect.	1	2	3	4	5

28. Show on a scale of 1 to 5 how much of the <u>Internal economical barriers</u> hinder the implementation of economical programs and initiatives of the institution to which you belong

1= Not at all 2= Not much 3= Yes and no 4= To some extent 5= A lot

Perception of higher costs of sustainablity.	1	2	3	4	5
Perception that sustainablity is not achievable.	1	2	3	4	5
Limited preparation the managers on the financial aspect and the weakness of managerial capacities.	1	2	3	4	5
Limited awareness of employees on economical issues.	1	2	3	4	5
Mismanagement of financial funds by the leaders of the institution	1	2	3	4	5
Low engagement of the employees that perceive other priorities as more important.	1	2	3	4	5
Low engagement of the managers that perceive other priorities as more important.	1	2	3	4	5
Difficulties in determing quantitatively ROI.	1	2	3	4	5
Difficulties in measuring economical indicators that measure performance.	1	2	3	4	5
Requests/favorable conditions of the contracts of coperation.	1	2	3	4	5
The objetives of the sustainability are not compatible with the objectives of the organization.	1	2	3	4	5

29. Show on a scale of 1 to 5 how much of the <u>external economic barriers</u> hinder the implementation of economic programs and initiatives of the institution to which you belong

1= Not at all 2= Not much 3= Yes and no 4= To some extent 5= A lot

Insufficient state budget on heathcare	1	2	3	4	5
Financing problems and the difficulties of enlarging the financing from public funds.	1	2	3	4	5
The limited consolidation the national scheme on social security.					
The absence of foreign investement.	1	2	3	4	5
The absence of policies and governemental strategies for strethening public service in the healthcare sector.	1	2	3	4	5
Limited information and difficulties related with fiscal legislation.	1	2	3	4	5
Limited flexibility of the procurement procedures.	1	2	3	4	5
Absence of contrete deciscion making for the financial motivation in the healthcare sector	1	2	3	4	5

DEMOGRAPHIC CHARACTERICS

30. The tipe of your institution *(Open ended, codeframe as below)*

Public hospital …… 1
Private Hospital……... 2

31. What is your position in the organization?

- Hospital manager 1
- Deputy Director (technical manager)……. 2
- Medical manager..... 3
- Head of departement..... 4
- Other Decision Makers..... 5

32. Gender

Female.....1
Male.....2

33. Age Group

25 – 34 years old	1
35 – 44 years old	2
45 – 54 years old	3
55 – 64 years old	4
65 – 75 years old	5

34. Educational background

- Medicine..... 1
- Nursery..... 2
- Finance..... 3
- Law..... 4
- High school 5
- Other..... 6

Thank you for collaboration!

If you wish to know the results of the study in the near future, please provide us with:

Name Surname _____

E-mail _____