# Toward a sustainable social healthcare enterprise development model

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**Abstract:** To fill in a gap in the literature, the present study aims at developing a sustainable social healthcare enterprise development model as a mode of public healthcare delivery. Among the first few studies to introduce such a model, it adopts the grounded theory approach and multi-data collection methods to explore the practices of a sustainable social healthcare enterprise. Findings disclose the focal core code of well-being and five other influencing core codes of social vision, values and norms, knowledge, local and international impact, the relationships of which are also discussed. These focal and influencing core codes form the components of the sustainable social healthcare enterprise development model. To improve external validity of the model, the present study draws on relevant existing theories and concepts as a solid theoretical foundation for the model. Managerial implications and future research directions are also discussed.

**Keywords:** social enterprise; social entrepreneurship; sustainable enterprise; well-being; sustainable healthcare; sufficiency economy; sustainability.

**Biographical notes:** Nuttasorn Ketprapakorn is a faculty member at the School of Business, University of the Thai Chamber of Commerce in Bangkok. He has published internationally in the areas of corporate sustainability, social enterprise, sufficiency economy in business and sustainability organisational culture. With Sooksan Kantabutra, he has introduced the theories of corporate sustainability and organisational resilience to the global scholarly community.

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in business, corporate sustainability, sustainable leadership, sustainability organisational culture, social enterprise and organisational resilience. His significant contributions to the field of sustainable development are the theories of corporate sustainability, organisational resilience and organisational vision.

# 1   Introduction

Although the literature on social enterprise and sustainable enterprise is filled to the brim with a large variety of concepts, it does not contain much of a theoretical model or a theory to explain a whole approach by which an enterprise espouses to achieve its sustainability and social objective. In addition, scholars have questioned how, and to which extent, a social enterprise can be sustainable to create an impact (Henderson et al., 2020). In particular, the social enterprise concept is often questionable for its sustainability (Coburn and Rijsdijk, 2010; Hynes, 2009; Jenner, 2016; Picciotti, 2017). Therefore, a sustainable social enterprise model is needed to be developed to inform both scholars and practitioners, the significant contribution of the present study.

Given that:

a    Social enterprise is regarded as an alternative mode of delivery of public healthcare (Roy et al., 2014).

b    No sustainable social healthcare enterprise model exists.

c    No research was done to assess the concept of social enterprise as an alternative approach for healthcare delivery (Roy et al., 2014), the focus on this study is to explore whether and how a sustainable social enterprise in the healthcare sector can achieve good health and wellbeing, fulfilling these knowledge gaps, we also aim to develop a model for sustainable social enterprise development in response to the lack of sustainable social enterprise development model discussed earlier.

Since the United Nations (2020) reports that non-communicable diseases (NCDs) take the lives of 41 million people annually, making it 71% of all deaths, we focus on the NCDs.

The objectives of this study are therefore twofold:

a    to explore roles of a sustainable social healthcare enterprise in pursuing good health and wellbeing for all

b    to accordingly develop a sustainable social healthcare enterprise development model.

Following leading authorities in the theory building field such as Dubin (1978) and Whetten (1989), we do not differentiate between a theoretical model and a theory in the present study. To set an expectation, most of the theoretical models/theories published in journals are considered as an interim struggle, as opposed to a full-blown theory (Runkel and Runkel, 1984), the outcome for which is not evaluated in terms of a dichotomy (a theory or not a theory), but a continuum (Weick, 1995). In this present study, we are trying to introduce a sustainable social healthcare enterprise model as an interim struggle. Therefore, research questions for the present study are below:

1    How are the two concepts of social and sustainable enterprise different?

2    How is a sustainable social enterprise developed?

3    How does a sustainable social enterprise achieve good health and wellbeing?

Given the phenomenon of interest, the next sections introduce the existing concepts/models of sustainable and social enterprise, Thailand along with its NCDs context, research methodology, the sample, findings, discussion of the findings, managerial implications, future research directions and conclusions.

## 2    Sustainable enterprise

A large number of scholars have been writing about sustainable enterprise. Much of their literature has however focused on the concept of environmental management (e.g., Buffa et al., 2018; Graafland, 2020). Some scholars have focused on innovation (e.g., Henderson et al., 2019; Javed et al., 2019), while others have focused on social responsibility (e.g., Anbarasan, 2018; Liczmańska-Kopcewicz et al., 2019) particularly throughout a corporate supply chain. In addition, most of the literature in the sustainable enterprise field is conceptual, while very little has addressed a theoretical model or a theory according to Whetten's (1989) definition. A few key theoretical models are shown in Table 1.

The models relevant to our phenomenon of interest are the sustainable leadership (Avery, 2005) and sufficiency thinking (Avery and Bergsteiner, 2020) models since both address a whole approach toward developing a sustainable enterprise, although the sufficiency thinking model can be applied in non-business settings as well. The others only address certain aspects such as innovation, environmental responsibility and social responsibility. Notably, innovation and social and environmental responsibility that the other three models address are only three elements under the sustainable leadership and sufficiency thinking models. Therefore, this section reviews in detail only the sustainable leadership and sufficiency thinking models.

According to Dyllick and Hockerts (2002), a sustainable enterprise is an enterprise with its ability to meet the stakeholders' current needs without compromising on fulfilling their future needs. The concept of sustainable enterprise is also defined as an enterprise that has capacities to deliver strong performance, endure social and economic crises, and maintain a market leadership (Avery, 2005). In Thailand, the sustainable enterprise concept also includes one with a capacity to deliver public benefits (Kantabutra, 2014).

Our literature review reveals that the sustainable enterprise concept has been discussed interchangeably among the concepts of sustainable leadership (Iqbal et al., 2020; Suriyankietkaew, 2019), sustainable business (Bocken and Geradts, 2020; Baldassarre et al., 2020; Cosenz et al., 2020) and corporate sustainability (Kantabutra, 2019; Stahl et al., 2020). Of them, Avery (2005) provides a coherent theoretical model of sustainable enterprise, which contains 'what', 'how' and 'why' of a phenomenon of interest, the three qualities of a simple theory (Whetten, 1989). The objective of her model is to introduce a leadership approach to ensure or develop a sustainable enterprise.

**Table 1**　Examples of key theoretical models in the field of sustainable enterprise

| Name | Main objective | Scholars | Criteria of a theory (Whetten, 1989) | | | Focal approach | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | | 'What' | 'How' | 'Why' | Innovation | Environmental responsibility | Social responsibility | Coherent whole |
| Sustainable corporation model | To provide a model to create a sustainable corporation via total environmental management | Shrivastava and Hart (1995) | / | / | / | | / | | |
| Sustainable business model archetypes | To provide a common language used to accelerate the development of sustainable business models in research and practice | Bocken et al. (2014) | / | / | / | / | | | |
| Sustainable leadership model | To provide practices to ensure corporate sustainability | Avery (2005) | / | / | / | | | | / |
| Sufficiency thinking model | To provide a model to ensure sustainable development | Avery and Bergsteiner (2020) | / | / | / | | | | / |
| Institutional pressures model | To provide a model to describe why companies adopt environmental management practices beyond regulatory compliance | Delmas and Toffel (2004) | / | / | / | | / | / | |

Avery (2005) outlines 19 leadership practices and how they lead to sustainability. Although Avery (2005) derived the model from 13 European firms, she further tested it in 15 more companies, providing support for a theoretical development. These practices are called sustainable leadership practices (Avery, 2005) and later upgraded into honeybee leadership (Avery and Bergsteiner, 2010). As a self-reinforcing system, each of the practices interplays among one another to bring about a sustainable enterprise as indicated by organisational capacities to deliver competitive performance, endure difficult times and maintain a market leadership (Avery, 2005). The theoretical process from these practices to enterprise sustainability can be shown in Figure 1.

Clearly, this model still needs to be developed further as it was derived primarily from sustainable enterprises in developed countries. It is also unclear how each of the 19 practices interact with the others to create an impact.

**Figure 1** Sustainable enterprise model
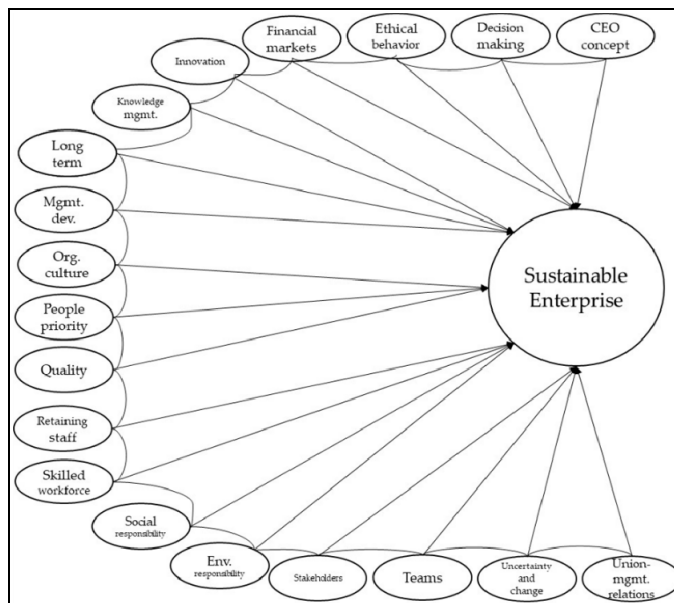


In Thailand, a concept called 'sufficiency economy' has been introduced as an approach to sustainable development (Avery and Bergsteiner, 2020). Subsequently, a model called sufficiency thinking was derived. This model can be applied in universal domains, including business organisations. In business organisations, the theoretical process toward corporate sustainability starts from virtuous values among organisational members who acquire relevant wisdoms to inform their subsequent decision making and actions. Such a mindset is characterised by moderation, reasonableness and prudence. The resulting behavioural consequence is called sustainable business practices, including socially and environmentally responsible operations and satisfying needs of a wide range of stakeholders. It is these practices that lead to corporate sustainability as measured by sustainability outputs and outcomes. Sustainability outputs comprise social, cultural, environmental and economic outputs, while sustainability outcomes comprise self-reliance, immunity and resilience. The theoretical process can be shown in Figure 2.

**Figure 2**    Sufficiency thinking model
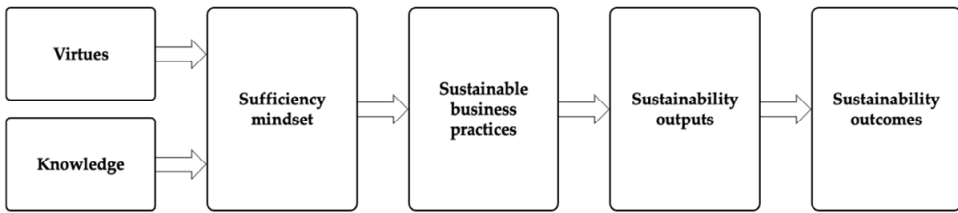


Although this theoretical concept is derived from a developing country like Thailand, more research is needed to develop it into a full-blown theory (Kantabutra, 2019). For example, how sustainability outputs lead to sustainability outcomes are not addressed in the sufficiency thinking model, pending future research. Also, while the model introduced a set of sustainable business practices, how they interact is not addressed.

The sustainable enterprise concept has been examined globally, ranging from Europe to Asia (Avery and Bergsteiner, 2010). Collective findings suggest that sustainable enterprises view themselves as an entity functioning within a broader society (Basu and Mukherjee, 2020). To them, if the society cannot exist, they too cannot exist. Collective findings also suggest that they adopt the six practices of long-term orientation, internal management development, organisational culture development, incremental and radical innovation development, social and environmental responsibility, and ethical behaviour development (Iqbal et al., 2020; Suriyankietkaew, 2019).

A sustainable enterprise is defined in the present study as an enterprise that has three capacities to deliver strong performance, endure social and economic crises, and maintain a market leadership (Avery, 2005). Since the sustainable enterprise is socially responsible, a confusion between the sustainable enterprise and social enterprise concepts exists in the literature. We introduce and define the concept of social enterprise next.

## 3    Social enterprise

The two concepts of 'social entrepreneurship' and 'social enterprise' have been used interchangeably in the literature. In the present study of sustainable social enterprise, we adopt the approach by Defourny and Nyssens (2008) to differentiate between the two. According to them, social entrepreneurship is the process through which social entrepreneurs develop social enterprises. Therefore, a hallmark of social enterprise is entrepreneurship or innovation (Bose et al., 2019). Indeed, what we aim to explore in the present study can be called the process of social entrepreneurship.

In the healthcare sector, social enterprise is also regarded as an alternative mode of delivery of public healthcare (Roy et al., 2014), assuming that social healthcare enterprises are more innovative and responsive than their governmental counterparts (Millar, 2012). An extensive systematic review of the empirical evidence by Roy et al. (2014) indicated that no research was done to assess the concept of social enterprise as an alternative approach for healthcare delivery in comparison to any other model, also a motivation for the present study.

Social enterprises have come in many different forms, ranging from credit union, community-based organisation, non-governmental organisations with commercial arms, social firm, cooperative, fair trade to microfinance (Bose et al., 2019). Regardless of the

forms, social enterprise is characterised by collaborative efforts among beneficiaries, local, regional, and global development finance institutions, foundations, volunteers, government agencies, non-profits, community and commercial businesses. With no virtually agreed definition of social enterprise (Kay et al., 2016), its common roles and nature are widely perceived by different groups of people. While some treat a social enterprise as an enterprise that attempts to maximise long-term profitability for a private owner to spend on sustainable development activities as part of corporate philanthropy, others define it as a commercial, non-profit enterprise that is passionate about contributing to improving the society and explicit in its social mission (Del Gesso, 2020; Portales, 2019). Despite the various descriptions, the higher-order purpose of both extremes is clear, to benefit the society, that is. For a discussion purpose, a social enterprise in the present study is defined as an enterprise that is functioned with an overarching goal to improve the society at large.

Our literature review indicates that the literature on social enterprise is pre-dominantly conceptual and empirical. Many concepts have been introduced with a lack of theories or models that contains 'what', 'how' and 'why' of the social enterprise phenomena, the three qualities of a simple theory (Whetten, 1989). Therefore, we choose to review only key concepts/models (Table 2) relevant to our phenomenon of interest in this study.

As indicated in Table 2, the only model that meets the criteria of a theory is the model by Littlewood and Holt (2018). Therefore, we review only this model in depth in this section. The model by Littlewood and Holt (2018) suggests that positive social and environmental impacts can be created by social enterprises throughout their value chains. Different versions of the model may be operated by the enterprises, where contributions are focused on their particular value chain activities or stem from multiple value chain activities or even be spread across them.
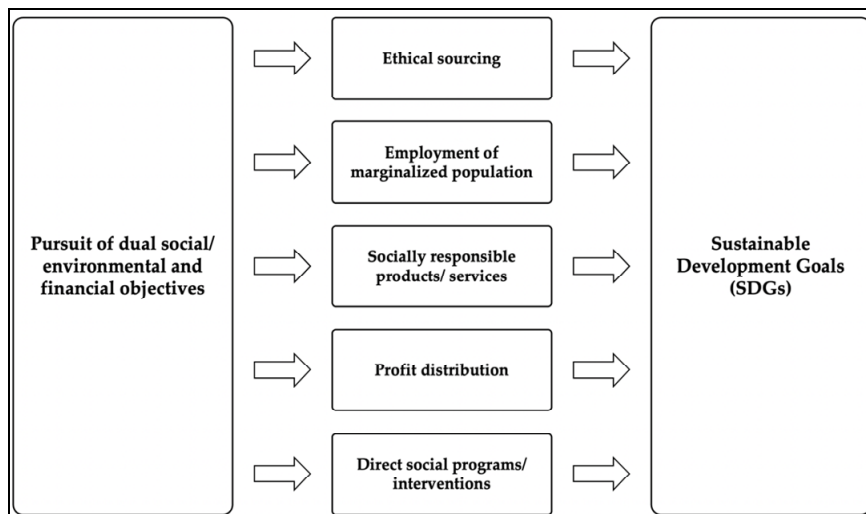
**Figure 3** Social enterprise model

**Table 2**    Examples of key concepts/theoretical models in the field of social enterprise

| Name | Main objective | Scholars | Criteria of a theory (Whetten, 1989) | | | Classification | Focal approach | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | | *'What'* | *'How'* | *'Why'* | | *Environmental responsibility* | *Social responsibility* | *Coherent whole* |
| Conceptual framework of how social enterprises can contribute to the SDGs | To explain how social enterprises can contribute to the achievement of SDGs | Littlewood and Holt (2018) | / | /(limited) | (limited) | | | | / |
| Model of social enterprise intervention | To identify and synthesise evidence from published empirical research on the impact of social enterprise activity on health outcomes and their social determinants | Roy et al. (2014) | / | | | | | / | |
| Social enterprise models and four socioeconomic factors | To provide a comparative overview of social enterprise in seven world regions and countries | Kerlin (2010) | / | | | / | | | |
| Health and well-being impact of social enterprise model | To develop an 'empirically-informed' conceptual model of the health and well-being impacts of social enterprise led activity | Macaulay et al. (2018) | / | | | | | / | |
| Classifying social enterprises model | To develop a model to explain social enterprise isomorphism through the changing basis for legitimacy acquisition | Mason (2012) | / | | | / | | | |

The first dimension of this model (Littlewood and Holt, 2018) is associated with how the enterprises contribute to attaining sustainable development via managing their value chains. Especially, whether their contributions are limited to one or a few value chain activities or extend through the entire value chains. Some value chain activities of these social enterprises directly impact sustainable development, others have a limited impact. Although the model addresses the 'how' and 'why' of a theory, it does so to a limited extent, indicating room for the present study.

According to Littlewood and Holt (2018), the theoretical process starts from the input stage where sourcing of products must be ethical. In their operations where individuals are employed from marginalised populations, the social enterprises can contribute to achieving sustainable development via services and products they offer, including affordable sanitary pads and solar lights. Their profits may be distributed to organisational members via a cooperative. Through direct interventions and programs including educational outreach and water infrastructure construction, they can also contribute to achieving sustainable development. These theoretical relationships are shown in Figure 3.

While Littlewood and Holt (2018) offer a model according to Whetten's (1989) definition, the model focuses solely on managing a wide range of stakeholders to ensure an ethical relationship, which is not the phenomenon of interest discussed earlier. Indeed, managing stakeholder relationship is only an element of a sustainable enterprise (Avery, 2005). Although one manages his stakeholders well, but if his management approach internal to his social enterprise is not effective, the social enterprise is not going to be sustainable, pointing to the need for our present study.

Given the foregone literature review, a significant knowledge gap exists on how, and to which extent, a social enterprise can be sustainable to create an impact on health and well-being (Henderson et al., 2020). In addition, theories that explain and predict the social enterprise phenomenons have been limited (Haugh, 2012). Even more limited are theories that inform a development of a sustainable social enterprise.

**Table 3**  A comparison of the concepts/models on sustainable and social enterprise

| *Compared items* | *Sustainable enterprise concepts/models* | *Social enterprise concepts/models* |
|---|---|---|
| Objective | How to sustain an enterprise | How to achieve a social purpose |
| Approach | An organisational reinforcing system to satisfy a wide range of stakeholders | Management of external relationships via enterprise operations, particularly supply chains |
| Sustainability focus | Yes | Yes, but only recently |
| Organisation management focus | Yes | No |
| Supply chain focus | No, supply chain is only a part of the stakeholder focus practice of the organisational reinforcing system | Yes |
| Social impact focus | No | Yes |
| Shared vision and values | Yes, as part of a strong organisational culture | Only shared social vision |

Based on our critical review of the literature in the areas of sustainable and social enterprise above, a comparison of the concepts/models on sustainable and social enterprise is demonstrated in Table 3.

Since the objectives of this present study are to explore roles of a sustainable social healthcare enterprise in achieving good health and wellbeing, and to develop a sustainable social healthcare enterprise development model, we explore a sustainable social healthcare enterprise on how it can attain the goal of good health and wellbeing, as informed by the grounded theory approach (Glaser and Strauss, 2017).

The next section introduces our sample endocrine care provider and justifies its status as a sustainable social healthcare enterprise.

## 4    Theptarin Hospital

Founded in 1985, Theptarin Hospital is chosen as a sample for the present study because it specialises on NCDs. In addition, Theptarin Hospital is considered as a sustainable enterprise because it met 15 out of the 19 sustainable leadership elements (Kantabutra, 2011). The hospital can also be empirically justified as a social enterprise by a prior study (Ketprapakorn and Kantabutra, 2019), making it a sustainable social healthcare enterprise, a suitable sample for the present study.

As a small hospital with 80 in-patient beds, Theptarin Hospital has received recognition throughout Southeast Asia for its research into diabetes and for medical training the hospital has provided in this area. Table 4 illustrates social performance of Theptarin Hospital in 2018, showing Theptarin's current progress towards achieving the goal of good health and wellbeing.

**Table 4**      Theptarin Hospital's 2018 social performance

| 2018 social performance of Theptarin Hospital | | |
|---|---|---|
| Social services years | 34 | Years |
| Total social services spending | 25,000,000 (825,625) | Bath (USD) |
| Diabetes educator outputs | 10,000 | Persons |
| Diabetes professional outputs | 3,100 | Persons |
| Academic reports | 25 | Reports |
| Nationalities trained | 15 | Nations |
| Reduction in amputation rate | 80 | Percent |
| Educational partners | 5 | Institutes |
| International partners | 6 | Institutes |

## 5    Research methodology

Given the research questions and objectives, we adopt the well-established approach called grounded theory introduced by sociologists Glaser and Strauss (2017) in the present study. As an inductive methodology, the grounded theory approach does not begin with a theoretical framework, but a question/objective, or even just with the collection of qualitative data such as in the present study.

We also adopt a case study approach as it typically allows for a variety of perspectives, taking advantage of a range of data collection methods and multiple views of various characters in an organisational setting (Eisenhardt, 1989; Eisenhardt and Graebner, 2007; Yin, 1994), the data triangulation approach to ensure data validity (Jick, 1979). The case study method also allows us to utilise a variety of data sources, including interviews, published documents, and observations, thus enhancing validity of our findings. The case study approach is also favourable when the goal of study is to explore contextual circumstances that could be applied to the investigated phenomenon (Creswell, 1998). Given the objectives of the present study, the case study approach is the most appropriate to explore key variables and relationships at the very early phase of a new management model (Eisenhardt, 1989).

Additionally, the exploratory case study research design is preferred for its ability to shed light on the multiple contexts (Poulis et al., 2013), answering the questions of 'how' and 'why', the essential ingredients of a simple theory (Whetten, 1989). More specifically, the single-case study approach has widely been used in social enterprise research (e.g., Dobson et al., 2018; Olofsson et al., 2018; Gibbons and Hazy, 2017). Eisenhardt and Grabner (2007) also advise that the single-case study approach is appropriate for exploratory research where theory development and empirical evidence is limited, the context of the present study. We therefore adopt the single-case study approach to explore the propositions introduced earlier.

In terms of data collection methods, an approach used in this study to collect related observation data during visits to the enterprise is non-participant observation or 'passive presence'. McKinnon (1988) defines 'passive presence' as the approach that researchers are not able to interact with observed subjects; however, the presence of observers is still aware by them. The researchers discussed extensively with relevant top management team members, including its CEO and a shareholder, stakeholders, employees, patients and preventive care clients through semi-structured interviews. These interviewees were chosen on a convenient basis. Details of the interviewees are shown in Table 5.

**Table 5**  Interviewee details

| No. | Informant | No. | Education | Service years |
|---|---|---|---|---|
| 1 | Chairman and CEO | 1 | At least bachelor's degree | Since inception |
| 2 | Director | 1 | At least bachelor's degree | Since inception |
| 3 | Advisor to CEO | 2 | At least bachelor's degree | Since inception |
| 4 | Top manager | 3 | At least bachelor's degree | > 15 years |
| 5 | Podiatrist | 1 | At least bachelor's degree | > 10 years |
| 6 | Nurse | 2 | At least bachelor's degree | > 10 years |
| 7 | Patient and relative | 5 | n/a | n/a |
| 8 | Visitor | 1 | n/a | n/a |
| 9 | Student trainee | 3 | n/a | n/a |
| 10 | General staff | 2 | Below bachelor's degree | > 2 years |
| 11 | Preventive care customer | 1 | n/a | n/a |
| | *Total* | 22 | | |

Open-ended questions were used to start a conversation with members and stakeholders of the sample enterprise. Mobile phones were mainly used in the interviews for field

notes, audio and picture recording, as an extension to the non-participant observed data and observers' reflections (Hein et al., 2011). Three broad interview questions are shown in Table 6.

**Table 6**      Interview questions

| No. | Interview questions | Interviewees |
| --- | --- | --- |
| 1 | Could you please explain why Theptarin Hospital exists? | Organisational member |
| 2 | How do you do to achieve your organisational purpose? | Organisational member |
| 3 | How do you describe your personal experience with Theptarin Hospital? | Stakeholders |

Once data from the multiple sources is collected, we adopt the grounded theory's (Strauss and Corbin, 1990) coding process as shown in Figure 4 to analyse and synthesise the data. First, we use the open coding technique to identify emerging data themes from the collected data, suggesting analysing interview transcripts, observations and reflection notes line by line (Parker and Roffey, 1997). We later aggregate these codes into concepts which we name or label as open codes. The analysis usually reveals multiple open codes (Glaser and Strauss, 2017; Strauss and Corbin, 1990).

**Figure 4**      Coding process
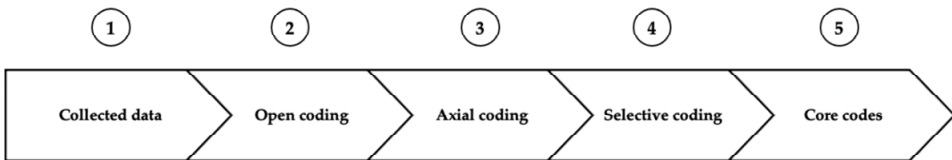


In terms of axial coding, we recombine overlapping and closely related codes from the process of open coding into aggregated core codes or concepts (Parker and Roffey, 1997). Then, we select from among the core codes the focal core code, the selective coding process (Parker and Roffey, 1997). As the central phenomenon, the focal core code emerges naturally from the process of axial coding. All other core codes are associated in some logically justified ways to the focal core code. We next have to identify these core codes (Strauss and Corbin, 1990) as they are influencing concepts.

Since one of our research objectives is also to develop a sustainable social enterprise development model, we adopt a theory building approach, following leading authorities in the theory building field such as Dubin (1978) and Whetten (1989). Once the focal core code and influential core codes are identified, we develop the theoretical model. In this process, we draw upon the identified causal relationships from the coding process by which the essential ingredients of a theoretical model of 'what', 'how' and 'why' are earlier identified (Whetten, 1989). The 'what' is the focal and influential core codes, while the 'how' and 'why' are the causal relationships and the rationales behind them. Within this step, order is added to the conceptualisation of the model while causality is also introduced, constituting theoretical assumptions that glue the theoretical model together.

## 6 Findings and discussion

Given the research methodology introduced earlier, coded data from the coding process are centred around shared social vision, shared values and norms (shared organisational culture), knowledge creation, well-being, local and international impact. As the largest group of data that every other group refers to, the focal core code is associated with improving quality of health and well-being of the Thais and others, the central phenomenon that has emerged naturally from the process of axial coding. The other five core codes from the process of axial coding are indeed influencing core codes. Both focal and influencing core codes are discussed in detail below. As the findings come from a single enterprise, we improve their external validity by comparing and contrasting them in relation to the existing literature. Indeed, the findings at Theptarin Hospital are grounded in the broader literature to highlight the present study's contribution.

### 6.1 Inspiring a social vision

Our findings indicate that Theptarin Hospital was originated from the vision of Professor Thep Himathongkam who was trained in the USA as an endocrinologist. When Professor Thep returned to Thailand in 1974, he attempted to develop the same multidisciplinary care team he experienced in the USA for Thais and later for others. However, he found that it was not possible to develop such a multidisciplinary team in a major public medical school in Thailand where he worked, due to hierarchical organisational structure and environment where everyone focused on one discipline. He decided to quit his job at the public medical school and started the 'Theptarin Diabetes and Endocrine Center', persevering to create a cross-disciplinary team-based model for diabetes care. Some of his students at the public medical school were enlisted by his vision to join his taskforce.

> "In fact, time has proven that our practices are virtuous practices which create great impact for the society. Consequently, these practices and activities were turned into business opportunities for our hospital. We want people to recognise us as a hospital with ethical practices, not a highly commercial one."
>
> Thep Himathongkam, MD
>
> CEO and Founder

> "We wanted to start a fitness center. Do we want to make it a profit center? No. So, by definition, it is difficult to manage and control. We specialise on diabetes because we want to develop a multidisciplinary care team. It is not because we want to make profits."
>
> Tanya Himathongkam
>
> Deputy Managing Director

Consistent to the transformational leadership theory (Bass and Riggio, 2006) and the sustainability vision theory (Kantabutra, 2020), the transformation at Theptarin Hospital began with an inspiring social vision to improve the well-being and quality of life of Thais and beyond. Having a social vision is consistent to the broader literature that social enterprise can be regarded as a commercial, non-profit enterprise that is passionate about contributing to improving the society and explicit in its social mission (Del Gesso, 2020; Portales, 2019). Also consistent is the definition of a social enterprise in the present

study, an enterprise functions with a prime goal to improve the society at large, as specifically endorsed by the sustainability vision (Kantabutra, 2020) inserting that such a vision contains an imagery about satisfying stakeholders. Therefore, the finding on inspiring a social vision has gained support from the broader literature.

In order to recruit and enlist a team of committed members, Theptarin Hospital creates enthusiasm, via the social vision, that keeps echoing in the minds of organisational members, consistent to the sufficiency thinking mindset (Avery and Bergsteiner, 2020) used to inform individual decisions and actions. This inspiring social vision enables the hospital to attract more members to join forces and maintain a momentum among them in trying to achieve the social vision, endorsed by the organisational change management concept (Kotter, 2012) asserting that an inspiring vision is needed to attract and mobilise people to join a successful change effort. At Theptarin Hospital, the founder's vision has inspired employees for decades. This finding on shared social vision is also endorsed by the sustainable leadership literature where a shared vision is part of a strong organisational culture (Avery, 2005). It is the shared vision and its supportive values that make sustainable enterprises 'a special place' for their members. As a matter of facts, Professor Thep's social vision is consistent to the sustainability vision theory (Kantabutra, 2020) in which stakeholder satisfaction is core. The story of Professor Thep echoes in every employee's mind and continuously reminds them the importance of the work they are doing and how they could take part in enabling the transformational change to create well-being for all, endorsed by the transformational leadership theory (Bass and Riggio, 2006).

## 6.2   Develop a shared organisational culture

Vision is the start of organisational culture at Theptarin. The social vision is widely shared and becomes part of the organisational culture. At Theptarin Hospital, continuous learning and sharing, among other core values, are also integrated deeply in the organisational culture.

> "I like the system here. Prof. Thep was an adjunct professor at the Ramathibodi Medical School … At Theptarin, we work with a semi-academic style. I like being an academic too. So, it is good working here."

> Sirinate Krittiyawong

> Head of Physician Department

Being a small hospital, it has done what it can to serve the society. Starting with recruiting and retaining people with the like mind, Theptarin has nurtured a very strong organisational culture with social responsibility as a core value. Realising that there was no demand and supply for endocrine care at that time, it focused on research and education to develop relevant human resources so that it could raise the standard of diabetic care throughout Thailand. The hospital has pioneered in many areas via continuous research. Not only has it created a body of knowledge, but it has also introduced a multidisciplinary team approach and associated endocrine care professionals to the country.

Continuous learning is part of Theptarin's organisation culture that has played a significant role in enabling knowledge sharing. The founder's vision and social responsibility value are the strong foundation for the organisational culture here.

Theptarin Hospital's core values are written as ETHICS, standing for excellence, teamwork, hospitality, integrity, continuous improvement, and social responsibility, reinforcing the practice of continuous learning and knowledge sharing. Indeed, the strong organisational culture and shared values act as unwritten rules to mould people together to achieve the social vision. As a result of members sharing the values, the hospital can ensure effective contamination and pollution management and efficient resource utilisation, very critical as any healthcare services provider needs to ensure all medical tools are sterilised and safe for subsequent medical procedures.

The social responsibility value is shared by Theptarin professionals through leaders acting as a role model. At Theptarin Hospital, employees are encouraged to live the value by sharing for benefits of the society, even sometimes meaning profit reduction.

> "For doctors at other hospitals, we cannot ask a single question even when they prescribed some unknown medications. I am afraid to ask because such doctors could be annoyed. Here, when my doctor added more or reduced medications, he always explained the reason."

> A patient

Noticeably, there is no department of corporate social responsibility at Theptarin because everyone and every function are serving the society, as indicated by a top manager below.

> "We do not have a sustainable development department nor social responsibility department in our hospital because social services are already integrated in our entire operation."

> Tanya Himathongkam

> Deputy Managing Director

Theptarin realises that it needs to have a research culture so that it can continue to innovate both treatment and prevention of endocrine disorders diseases. The top management team has attempted to create a medical school culture here. This includes an establishment of a research department, a career path and a reward scheme for researchers who have done outstanding research.

> "We heavily invest in our research capacity in the past five years because we want to transform Theptarin from a private hospital into an academic hospital … Our physician researchers have gone to present their research in conferences globally. Now other professionals like diabetes educators and nurses are attracted to do research as well."

> Thep Himathongkam, MD

> CEO and Founder

> "Anyone here can do research. In addition to career advancement, we also have a reward scheme for research excellence. If you publish your research in a high-impact journal, you will get 25,000 baht (USD788) for example."

> Ratchata Ratchatanawin, MD

> Advisor to CEO

The organisational culture with the underlying core values indeed acts as a soft rule and a guideline for Theptarin's members as to what to do and not to do to turn the social vision into reality. How Theptarin Hospital has nurtured the strong organisational culture has been reported extensively in Ketprapakorn and Kantabutra (2019).

In terms of endorsement by the broader literature, after Theptarin members are inspired and enthusiastic by the social vision, they need to be mobilised to achieve the shared vision, consistent to the organisational change management concept (Kotter, 2012). One way to mobilise them is through having a strong organisational culture, also a characteristic of a sustainable enterprise (Avery, 2005; Suriyankietkaew, 2019). The finding on strong organisational culture is endorsed by a prior study (Ketprapakorn and Kantabutra, 2019) that indicated that organisational members at Theptarin Hospital shared the value of social and environmental responsibility. Indeed, given that a shared value is a form of intrinsic motivation, they even do better than what is legally required. Also consistent to the sustainable leadership model (Avery, 2005) is Theptarin Hospital's multidisciplinary teams. Sustainable enterprises usually adopt the self-governing teams as part of its self-reinforcing system (Avery, 2005), leading to nurturing innovation. When teams share a common social vision, they become emotionally attached to their organisation and their colleagues, in turn, promoting intra-collaboration among teams toward sustainable development.

## 6.3   Create knowledge

To offer the best service, Theptarin believes in cutting-edge research, a reason it constantly creates knowledge, reviews research findings, closely follows medical development, and applies the knowledge with its services. Its medical staff convene regularly for journal club activities where they discuss interesting cases. Frequently, people from medical schools join these activities.

> "I have just joined the journal club on determinant bone material strength and cortical porosity in patients with type II diabetes mellitus. I have learned a lot."

> A physician

Theptarin personnel participates in numerous national studies on topics related to its specialty, given its large number of diabetes and thyroid patients in hand. It is the only non-medical school to have hosted a National Endocrine Interhospital Conference. In 2013, a research unit was formally established and Theptarin started to gain much visibility in academic conferences worldwide through poster and oral presentations as well as publications in international medical journals. A most recent international journal publication is by Thewjitcharoen et al. (2021) in the *Journal of the Endocrine Society*, entitled 'Serum T3 level and duration of minimum maintenance dose therapy predict relapse in methimazole-treated Graves' disease'.

To raise the standard of endocrine care, Theptarin Hospital has innovated in many areas as reported in their published research. It has been pioneering in both treatment and prevention. In terms of treatment, Theptarin Hospital introduced the multidisciplinary team approach to Thailand. It also introduced to the country new endocrine care professions such as diabetes educators, foot care specialists and dieticians to form a multidisciplinary team to consult a patient. The approach is currently modelled after throughout the nation, which is to be discussed more in the next section.

"At the beginning, we had no knowledge about foot care. We started with foot wound treatment. We went to visit a foot clinic in Boston to learn about distal bypass and others. We brought the knowledge here. Then, we moved on to shoe making … This is the inception of our foot clinic in 1999."

Thep Himathongkam, MD

CEO and Founder

"I worked with Professor Thep before. He initiated the foot care concept and wants to raise the standard of endocrine care in our country. I don't see any other center like what it is here. It is of an international standard."

A visitor from another hospital

Theptarin has recently launched a new diagnosis procedure for diabetic patients and families, called diabetes staging, it has developed and used successfully internally. This is the first kind of diagnosis very possibly in the world. It is Theptarin's belief that the earlier a patient is detected with diabetes, the better for the patient. Moreover, the more accurately a patient is diagnosed with diabetes, the better the treatment he will receive as a different stage of diabetes requires a different care and professionals.

In addition to radical innovation, Theptarin Hospital has also invested in incremental innovation, continuous and small improvements in organisational processes. It has promoted a 'routine-to-research' initiative. Through the R-to-R activity, nurses, for example, come up with new procedures relevant to their jobs, which has helped to deliver better services to patients and customers.

Based on the international Scopus database as of February 2021, Theptarin Hospital has published its research with a total of 32 international journal publications, an unusual, but impressive record for a small private hospital in a non-medical school setting. To create new knowledge, it has worked with a wide variety of 39 collaborating institutions nationally and internationally, leading to endocrine care movements in Thailand, discussed in detail next.

In terms of comparing Theptarin's approach with the broader literature, once the organisational culture with sustainability vision and desirable core values exists at Theptarin, knowledge and innovation must be created and improved continuously, consistent to the sustainable leadership principle of knowledge management (Avery, 2005). Such a creation allows one to assemble knowledge and wisdoms to tackle relevant issues, also consistent to the sufficiency thinking model (Avery and Bergsteiner, 2020) in which relevant knowledge must be acquired to ensure a sustainable development. Collective knowledge and wisdoms at Theptarin have enabled it to achieve its social vision and have attracted others with the like mind to join. Consistent to the sustainable leadership principle of broad stakeholder focus (Avery, 2005) and the sharing practice of corporate sustainability theory (Kantabutra, 2019), internal and external knowledge transfers at Theptarin Hospital increase knowledge reservoirs there (Arsawan et al., 2020), fundamentally enhancing organisational effectiveness, capability for service development, and sustainable competitive advantage (Crhová and Matošková, 2019; Lambert, 2020). Knowledge sharing is also a practice commonly founded in sustainable enterprises (Avery, 2005; Suriyankietkaew, 2019).

Based on the findings, Theptarin Hospital is a champion of innovation, a hallmark of social enterprise (Bose et al., 2019). Indeed, the innovation process at Theptarin can be called social entrepreneurship (Castro-Arce and Vanclay, 2020; Wittmayer et al., 2019)

that drives social change toward lasting, transformational benefits to the society. At Theptarin, new knowledge and wisdoms, including various care models, have been continuously created and collected to improve the health and well-being for all.

## 6.4   Generate a national momentum

Clearly, social responsibility is a major part of the strong organisational culture at Theptarin Hospital, a cultural legacy of the founder's vision. Social responsibility means being responsible for the lives of others. This social responsibility value appears to drive all activities at Theptarin.

> "One of our top management team members always says that no matter what, we have to save patient lives. This makes me feel warm working here since even some unknown patients, the hospital helps them. So (looking proud), there is no need to talk more about social responsibility at this hospital."

> A marketing coordinator at Heart Center

To attain the founder's social vision, the hospital cannot work alone. It needs to collaborate with others with a potential to accelerate the pace. Theptarin Hospital has collaborated with many national organisations whose mission is to raise the quality care for Thais, including the Ministry of Public Health, national health agencies, universities and even competing hospitals through knowledge sharing.

> "For example, we have developed a dietitian training process, and then we share. But our training capability here at Theptarin is limited so we have signed agreements with a number of relevant university faculties to share our knowledge as part of their core subjects."

> Thep Himathongkam, MD

> CEO and Founder

Given its social responsibility value, Theptarin Hospital has through the years disseminated the research to relevant organisations which have played a role in improving the quality of life in Thailand and abroad. It also partners with other healthcare institutions nationally and internationally to serve the broader community. Theptarin Hospital's reputation for its expertise and determination to fight against chronic diseases are evidenced by its performance in attracting grants from several international and national agencies. A good example for Theptarin's outstanding performance in terms of knowledge contribution is when it has been one of a very few private hospitals to receive funding from pharmaceutical manufacturers and the World Diabetes Foundation to support its teaching activities.

> "We started a diabetes school. It offers such courses as foods for good health … We have a supermarket for them to shop to see what are available and good or bad for their health."

> Sirinate Krittiyawong

> Head of Physician Department

Findings also indicate that Theptarin Hospital has been helping to improve the quality of life of endocrine disorders patients, particularly diabetic patients, and their families through being a model for the multidisciplinary diabetes team approach. The success of

the multidisciplinary team approach was recognised by other healthcare institutions so much so that they have headhunted for Theptarin professionals.

> "In the past, our staff were headhunted buy others private hospitals which paid them more. They (other private hospitals) need to find those who were well trained in the multidisciplinary care team, so Theptarin's employees were targeted first because we pioneered the multidisciplinary team approach. But we do not care (about headhunting) anymore because our training process is currently systematic, resigned employees can be replaced at no time."

> Somsong Polchart

> Advisor to CEO

Theptarin takes pride in training dieticians and diabetes educators, two professions it introduced to the country, for the National Health Security Organization and the Ministry of Public Health in Thailand. It has also collaborated with pharmaceutical firms and medical instrument providers in developing diabetes educators, dieticians and nutritionists. Theptarin is a place for numerous internships for students from major Thai universities. Training at Theptarin has included such professionals as endocrinologists and doctors from ASEAN countries. Evidently, Theptarin Hospital is recognised as a leading endocrine care provider in its region.

> "Many of my friends also wanted to take an internship here, but they didn't have the opportunity since there was a limited quota. They really want to come here because it is the best."

> An internship student I

In addition, Theptarin Hospital also works with a competing hospital to expand endocrine care to communities around the country. Although the two hospitals are competing in the Thai healthcare market, they have different strengths to capture on and expand the market. In doing so, they share mutual benefits not only for themselves, but also for the society.

> "Theptarin joins forces with Vimut Hospital to carry out the community healthcare development policy. Among the non-communicable diseases, diabetes is the most important."

> Thep Himathongkam, MD

> CEO and Founder

> "We choose Thaptarin Hospital as our partner because although we have capital and human resources, we need more experience. We have discussed this partnership for over a year. We have a capital to build clinics in communicates, while Theptarin has expertise in the non-communicable diseases, particularly diabetes. We can compliment each other."

> Krittavit Lertusahakool, MD

> CEO, Vimut Hospital

> (Pattarat, 2021)

Consistent to the broader literature, after new knowledge and wisdoms have been created and assembled at Theptarin, generating a national momentum is required to create an impact. As discussed in the literature review, social enterprise is characterised by collaborative efforts among beneficiaries, local, regional, and global development finance

institutions, foundations, volunteers, government agencies, non-profits, community and commercial businesses (Bose et al., 2019). Theptarin Hospital as a social enterprise collaborates with internal and external stakeholders via public-and-private partnerships to create an impact nationally.

To improve the quality of life and well-being, Theptarin needs to promote change inside and outside the organisation. Creating a quick win or a small-scale implementation of a change initiative at Theptarin Hospital is required before spreading out the success nationwide, consistent to the change management approach by Kotter (2012). Not only can quick wins provide a clear evidence for future benefits, but they can also become an attractive portfolio to enlist more people to embark on the change journey. A small-scale implementation at one's own institution is underlined by the sustainable leadership principles of long-term perspective and managing organisational change (Avery, 2005). In addition, Theptarin's partnership with a competing hospital to expand its endocrine care services to the grass-root, community level is also endorsed by the sharing practice of corporate sustainability theory (Kantabutra, 2019) and the coopetition practice that brings about improved operational efficiency, quality and innovation (Luo, 2007; Gnyawali and Park, 2009).

## 6.5   Create an international impact

Theptarin's contribution to improving the well-being does not stop in Thailand. To achieve the good health and well-being for all, the hospital has started, with some success, to expand its scope of work to other countries. Theptarin Hospital has been creating an impact internationally through partnerships with organisations in other locations, including non-profit organisations, international development agencies and educational institutions.

> "We promoted foot care while other countries were not interested in it. And then, we started the foot clinic, the first in Thailand. So, it has become a model for others in Thailand and abroad."

> Sirinate Krittiyawong

> Head of Physician Department

> "When we take an elevator, we can see many foreign students. Dietetics here is well recognized (regionally). Another mission is to develop a network since we know we cannot work alone. We need partnerships with a large variety of institutes in Thailand and abroad."

> Ratchata Ratchatanawin, MD

> Advisor to CEO

Although the process of creating a global impact has just started at Theptarin, the hospital has formed international alliances. These alliances have sent students or partners for extended rotations on multidisciplinary teamwork, foot care, dietetics and prevention and lifestyle modification at Theptarin. Moreover, Theptarin Hospital has been a destination for many training programs for people from over 15 countries.

In 2019, the hospital was awarded an ASEAN Business Award in the 'Priority Integration Sectors – Healthcare' since it has performed an outstanding role in promoting economic growth in the ASEAN region. An observation in the judging committee was made by our researcher below.

"We should give the award to Theptarin, as opposed to (a competing hospital) since Professor Thep is a good person."

<div align="right">Chairman</div>

<div align="right">ASEAN Business Award committee</div>

Clearly, Theptarin Hospital's attempt and determination in improving quality of life and well-being of endocrine disorders patients and their families in Thailand and abroad have contributed to the attainment of good health and wellbeing. To create a global impact, partnering with other organisations in different geographical locations is needed, endorsed by the social enterprise's collaborative nature (Bose et al., 2019). Theptarin Hospital collaborates with a wide range of regional and global organisations to create an impact. This partnership approach is also endorsed by Lambert (2020) who suggest that traditional enterprises are able to contribute to the attainment of SDGs via public-private partnerships.

Theptarin's collaborative approach is consistent to the transformational collaborations concept, the most advanced stage of collaboration, by Austin and Seitanidi's (2012). Within this stage, shared learning relevant to dealing with social issues and collaborative roles of partners in fulfilling the social needs exist. Partners agree on the social issues and intend to provide a transformation via social innovation that improves the lives of people involved. According to Christensen et al. (2006) and Kanter (1983), the objective of this transformation is indeed to create 'disruptive social innovations'. Essentially, this most advanced stage of collaboration signifies collaborative social entrepreneurship that creates and deliver value to collectively benefit a significant portion of society or the whole society at large through a form of large-scale transformation (Castro-Arce and Vanclay, 2020; Wittmayer et al., 2019).

Since the findings from the present study are endorsed by the broader theoretical, conceptual and empirical literature introduced earlier, the following theoretical model (Figure 5) on sustainable social enterprise is developed, by adopting the theory building approach (Kantabutra, 2019).

**Figure 5** Sustainable social healthcare enterprise development model
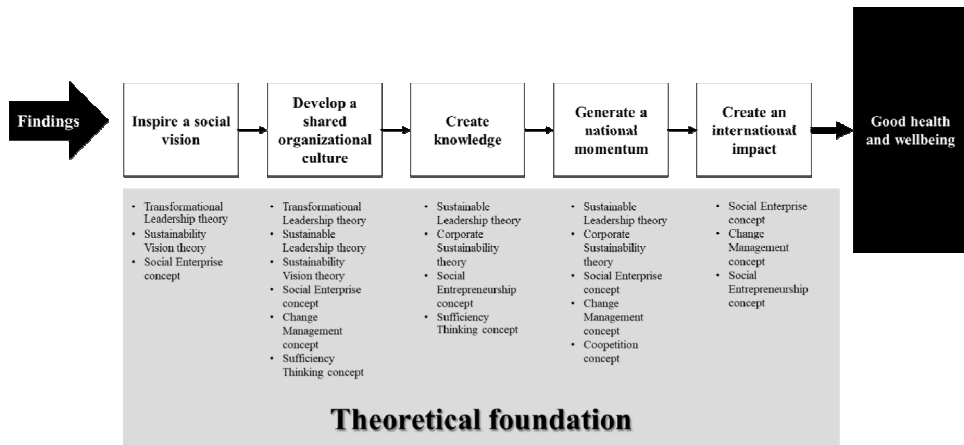
## 7    Managerial implications

Based on the findings from the present study, a social enterprise at least in Thailand can be sustainable in the healthcare services sector with a supportive leadership and management approach to achieve the goal of good health and wellbeing. We draw from the findings five stages of sustainable social healthcare enterprise development as shown in Figure 6.

**Figure 6**    Sustainable social healthcare enterprise development stages
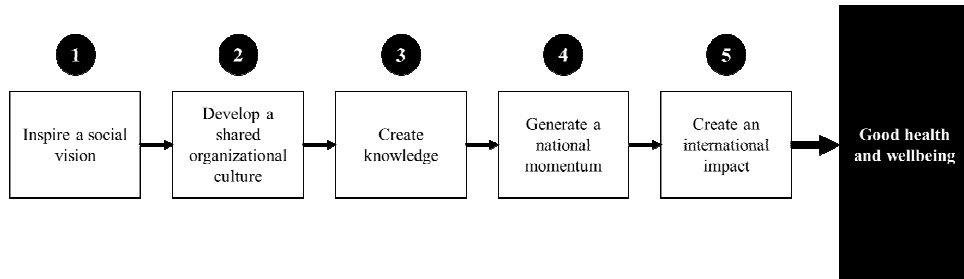


To ensure well-being for all, healthcare corporate leaders should inspire a social vision, develop an organisational culture, prepare knowledge, generate a national momentum, and partner to create an international impact. More precisely, they should inspire a social vision to enlist more members to join the taskforce. Once more members join, an organisational culture is needed to mobilise them to achieve the common vision, after which relevant knowledge is acquired and/or created via research. To create an impact outside the organisation, healthcare corporate leaders should create a quick win by implementing a small-scale initiative inside their organisation. Once the implementation is successful, the success should be communicated and rewarded to gain support from employees. Only after then, the healthcare corporate leaders can generate a national momentum by sharing the knowledge with partners to create an impact nationwide. To expand the scope of impact to other nations, they should collaborate with relevant agencies in different geographical locations to replicate the success elsewhere. Toward this end, the goal of good health and wellbeing can be achieved.

## 8    Future research directions

Future research may consider quantitatively examine the findings and their causal relationship with the goal of good health and wellbeing with a larger sample size from the healthcare industry. Future findings could potentially help to support the external validity of the present study's findings, leading to improving the sustainable social healthcare enterprise development model.

## 9    Conclusions

The present study aims to explore the process that a sustainable social healthcare enterprise adopts to attain the goal of good health and wellbeing and to develop a

sustainable social healthcare enterprise development model. Adopting the grounded theory approach, findings indicate that a sustainable enterprise can be sustainable in a healthcare setting and achieve the goal of good health and wellbeing via the five stages of inspiring a social vision, developing a widely shared organisational culture, creating relevant knowledge, generating a national momentum, and creating an international impact. Grounded in the broader literature, a sustainable social healthcare enterprise development model is developed. Managerial implications and future research direction have been discussed.

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