



CORPORATE SOCIAL RESPONSIBILITY, WORK ENGAGEMENT AND HOSPITAL IMAGE: THE ROLES OF HOSPITAL REPUTATION, ORGANIZATIONAL TRUST AND INFORMATION TECHNOLOGY APPLICATION

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Abstract. This study investigates the mediating role of hospital reputation (HOR), organizational trust (ORT), and the moderating role of perceived usefulness of information technology application (ITA) in the relationship between corporate social responsibility (CSR), work engagement (WOE), and hospital image (HOI). Using survey data from 586 healthcare workers employed at public hospitals in Ho Chi Minh City, Vietnam, the study employs partial least squares structural equation modeling (PLS-SEM) to test the measures and hypotheses. The results reveal that effective CSR practices not only foster a positive work environment and enhance WOE but also significantly improve HOI. HOR and ORT partially mediate the impact of CSR on WOE and, alongside WOE, act as crucial mediators in the CSR-HOI relationship. These findings confirm that organizational reputation and trust are foundational to building sustainable relationships between organizations and employees while also strengthening the hospital's image in the community. Furthermore, the study identifies perceived usefulness of ITA as a significant benefit that positively modifies the impact of CSR on HOI. From these results, practical managerial implications are proposed for hospital leaders to enhance WOE and HOI through the implementation of CSR and ITA practices.

Keywords: corporate social responsibility, work engagement, hospital image, hospital reputation, organizational trust, information technology application.

JEL Classification: D23, M14, M31.

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1. Introduction

CSR has emerged as a multifaceted tool that not only a tool to enhance brand image and attracts customers but also brings profound positive impacts on employees. Therefore, examining the complex relationships among CSR, WOE, and organizational brand is highly significant and has attracted considerable research attention across various fields in recent years. However, existing studies in this area can generally be categorized into two main directions. First, some studies have explored the impact of CSR on WOE (Hosseini et al., 2022; Glavas, 2016; Kim et al., 2010). Second, others have explored the influence of CSR on organizational branding (Amoako et al., 2024; Kim et al., 2023; Yan et al., 2022; Pratihari & Uzma, 2018). While these studies provided valuable insights, comprehensive investigations into the interplay between CSR, WOE, and organizational branding remain limited. Furthermore, these

relationships are often mediated by intermediate factors, highlighting the need for further research to explore these mediators and better understand the dynamics involved.

In the context of the healthcare sector facing numerous challenges related to service quality and human resources, CSR has emerged as a critical strategic element. Beyond its social significance, CSR helps foster motivation, strengthen trust among healthcare workers, and create a positive working environment. This not only enhances employee engagement and job performance but also contributes to maintaining healthcare service quality amidst intense competition and high professional standards. Hospitals with strong CSR commitments can improve their reputation and credibility by building trust among employees, patients, and the broader community. Furthermore, effective CSR serves as a vital strategy to attract and retain highly skilled healthcare professionals, ensuring quality patient care and boosting societal trust. However, the relationship between

CSR, WOE, and hospital branding remains underexplored, particularly in developing countries like Vietnam. Investigating and understanding this issue can provide valuable insights for the healthcare sector to achieve sustainable development and enhance service quality.

Vietnam, with a population of over 100 million, requires a robust healthcare system to meet societal demands. Although the number of healthcare workers in Vietnam grew at an average rate of 2.33% annually from 2016 to 2020, the country's ratio of doctors and nurses per capita remains below the regional and global averages. Ho Chi Minh City, as the country's leading economic and healthcare hub, is home to many large and modern hospitals. Nonetheless, challenges related to human resources, particularly employee engagement and satisfaction among healthcare workers, remain pressing issues. These challenges emphasize the urgent need for the effective CSR initiatives to address gaps in healthcare service quality and human resource management.

Based on the aforementioned issues, the objective of this study is to explore the relationship between CSR, WOE, and hospital branding in Ho Chi Minh City. Specifically, the study aims to clarify the mediating roles of organizational trust and reputation, as well as the moderating role of perceived usefulness of ITA. By employing an empirical approach, the study contributes to the theoretical foundation and provides practical evidence to support the development managerial strategies. These strategies are intended to enhance reputation of hospitals in Vietnam, contributing to the sustainable development of the healthcare sector.

2. Theoretical framework and research model

2.1. Research concepts

2.1.1. Corporate social responsibility

CSR is a multidimensional, complex concept that has been defined in various ways by scholars (Dahlsrud, 2008). CSR can be understood as legal responsibility, ethical obligation, or a general social duty, often associated with charitable activities or high standards of conduct. Carroll (1991) developed the CSR pyramid model with four levels, including: Economic responsibility, legal responsibility, ethical responsibility, and philanthropic responsibility. This model emphasizes the need to balance economic goals with societal expectations and has since been widely applied (Amezaga et al., 2017). In the field of hospitals, CSR is particularly important due to the complex relationships between patients, doctors, and managers. CSR not only helps adjust the interests and responsibilities of the parties involved but also ensures patients' rights, reinforces doctors' autonomy, and resolves conflicts of interest. Therefore, this study uses Carroll's four CSR components to measure hospital CSR.

2.1.2. Hospital image

Image can be understood as the overall impression or perception of an individual about an object, organization, or event (Kotler, 1994). In the context of hospitals, the hospital image reflects how the community, patients, employees and stakeholders perceive the hospital, based on real experiences and general impressions. A positive hospital image not only reinforces patients' trust in the quality of service and reputation but also encourages their future decision to choose the hospital (Javalgi et al., 1992). Conversely, if the actual image of the hospital is not well-maintained (poor hospital image), it can negatively impact the hospital's brand. A strong hospital brand, when well-managed, has the ability to build a positive image within the community and strengthen the organization's competitive position in the healthcare industry.

2.1.3. Work engagement

Mowday et al. (1979) define WOE as the extent to which an individual identifies with and actively participates in their organization. Meyer and Allen (1991) further describe it as a psychological state that forms the connection between employees and their organization. Schaufeli and Bakker (2002) offer a multidimensional perspective, explaining that WOE includes a spectrum ranging from burnout to enthusiasm and from skepticism to dedication. They emphasize three key characteristics of engagement: vigor, dedication, and long-term commitment. In the healthcare sector, WOE is particularly significant due to its impact on service quality and patient treatment outcomes. Healthcare workers include all professionals working in both public and private healthcare settings, such as doctors, nurses, pharmacists, technicians, and administrative staff (Ministry of Health & Health Partnership Group, 2015).

2.1.4. Organizational reputation

The reputation of an organization is defined as "the collective, stakeholder group-specific assessment regarding an organization's capability to create value based on its characteristics and qualities" (Mishina et al., 2012, p. 460). According to Van Riel and Fombrun (1997), reputation is an intangible asset formed by consistency in behavior, communication, and stakeholder experiences over time. Walker (2010) expands on this definition, stating that an organization's reputation is a "relatively stable, specific perception of the organization," influenced by direct interactions with stakeholders and indirect sources of information such as media and word of mouth.

2.1.5. Organizational trust

ORT refers to the trust of employees, stakeholders, or outsiders in an organization's reliability, integrity, and ability to act fairly, ethically, and consistently. ORT is "the willingness of a party to be vulnerable to the actions of another party based on the expectation that the other will perform a particular action important to the trustor, irrespective of

the ability to monitor or control that other party" (Mayer et al., 1995, p. 712). Searle et al. (2011) argue that trust acts as a social glue that enhances coordination and reduces uncertainty, making it a foundational element for sustaining long-term organizational success. Meanwhile, Robbins and Judge (2013) highlight that organizational trust is an essential factor in promoting collaboration, innovation, and engagement, as it reflects the level of psychological safety and predictability within the organization.

2.1.6. The perceived usefulness of information technology application

ITA encompasses a range of technologies designed to process, store, and disseminate information, often tailored to meet the specific needs of an organization, such as enterprise resource planning systems, customer relationship management, and supply chain management (Laudon & Laudon, 2021). Therefore, ITA are valuable business tools that enable organizations to optimize operations, gain a competitive edge, and respond effectively to market dynamics through innovative solutions (Turban et al., 2018). Perceived usefulness is defined as "the degree to which a person believes that using a particular system would enhance his or her job performance" (Davis, 1989, p. 320). To measure this construct, Davis (1989) developed a six-item scale that captures various aspects the perceived usefulness of ITA, including helping to work faster, improving job performance, increasing productivity, enhancing effectiveness, making tasks easier, and overall usefulness. This scale was subsequently refined and adapted by Mazzoleni et al. (1996) for use in hospital management information systems.

2.2. Hypothesis research

2.2.1. Work engagement and hospital image

According to the Employee Brand Equity theory, when employees feel strongly committed and engaged with the organization, they become reliable representatives of the hospital brand. Their behaviors and interactions with patients reflect the hospital's values and positive image. Employees are a direct bridge between the hospital and the community, so their engagement level significantly impacts the hospital's brand (Giovannini et al., 2015). Moreover, engaged employees tend to provide higher quality service, creating positive experiences for patients. When patients experience good service, they are more likely to return and recommend the hospital to others, directly influencing the building of the hospital's brand (Brammer & Millington, 2005). Furthermore, employee satisfaction and engagement contribute to enhancing service quality, thereby improving the hospital's image and reputation (Kim et al., 2010). Employees take pride in working for a reputable organization, which not only strengthens patient trust but also boosts the organization's brand image in the community (Glavas & Piderit, 2009). Therefore, WOE plays a crucial role in maintaining a dedicated workforce that

delivers high-quality service, creating a good impression with patients and the community. Based on these insights, Hypothesis H_1 is proposed:

H_1 : WOE has a positive direct impact on HOI.

2.2.2. Hospital reputation, work engagement and hospital image

The social identity theory suggests that when employees work in a hospital with a strong reputation, they feel prouder and more connected to the organization. If the hospital's success and reputation reflect their personal values, employees will feel responsible and committed to the organization. A hospital with a strong reputation not only attracts talented employees but also helps create a positive work environment, fostering unity and loyalty. Studies show that employees tend to be more engaged with reputable organizations because they perceive that the success of the hospital creates a motivating work environment, increasing job satisfaction and long-term employee retention (Kim et al., 2010). Therefore, Hypothesis H_2 is proposed:

H_2 : HOR has a positive direct impact on WOE.

A good reputation is often associated with a positive image in the eyes of the public and stakeholders. A hospital with a high reputation will easily attract patients and the community, thereby strengthening and developing its brand. Positive reputation helps build trust and loyalty (Du et al., 2010). The positive reputation of a hospital is achieved through the actions of engaged employees. Engaged employees are capable of creating better service experiences, leading to patient loyalty and trust from the community (Glavas & Piderit, 2009). Employee satisfaction in a work environment supported by a strong reputation also leads to maintaining a high-quality workforce, thus building a more sustainable hospital image (HOI). Therefore, the following hypotheses are proposed:

H_{3a} : HOR has a positive direct impact on HOI.

H_{3b} : HOR has a positive indirect impact on HOI through the mediation of WOE.

2.2.3. Organizational trust, work engagement and hospital image

The Organizational Trust theory suggests that trust is a key element in building long-term engagement between employees and the organization. When employees perceive that the organization they work for is reliable and honest, they will feel more secure and committed to their work. Research has shown that trust between the organization and employees can create a positive work environment, promoting satisfaction and engagement (Gould-Williams, 2003). This trust can increase collaboration, improve participation, and reduce conflict within the organization, thereby fostering a more engaged workforce. Meyer and Maltin (2010) indicate that higher trust in the organization leads to stronger engagement. These studies imply

that organizational trust not only enhances healthcare work engagement (WOE) but also contributes to building a positive work environment and strengthening employees' commitment to the organization. Therefore, the hypothesis regarding Organizational Trust and employee engagement is proposed:

H₄: ORT has a positive direct impact on WOE.

ORT plays a crucial role in building and strengthening HOI. According to the Organizational Trust theory, when a hospital creates a reliable environment with consistent commitments, it not only enhances the trust of employees but also reinforces the trust of patients and the community. An environment with a high level of ORT helps improve the reputation of HOI, attracting recognition from customers and partners (Fombrun, 1996). At the same time, a clear commitment to social responsibility and service quality in a trustworthy environment contributes to improving the image of HOI.

Several studies have highlighted the mediating role of ORT in the relationship between CSR, WOE, and HOI. CSR activities aimed at employees not only enhance the organization's reputation but also build strong trust, which has been identified as a mediating factor in the relationship between CSR and brand reputation (Yan et al., 2022). Similarly, CSR initiatives significantly build ORT, thereby strengthening the overall brand image (Glavas, 2016). In the healthcare sector, these findings suggest that CSR can be an essential tool in promoting ORT, thus shaping WOE and the credibility of HOI. ORT not only directly affects the brand but also indirectly impacts it through WOE, acting as an important mediating factor. Therefore, when considering the relationship between organizational trust, WOE, and HOI, the following hypotheses are proposed:

H_{5a}: ORT has a positive direct impact on HOI.

H_{5b}: ORT has a positive indirect impact on HOI through the mediating role of WOE.

2.2.4. CSR, hospital reputation, organizational trust, work engagement and hospital image

According to Stakeholder Theory, when hospitals engage in CSR activities, they not only demonstrate a commitment to ethics but also show their involvement in the community and contribution to social welfare. These efforts enhance the hospital's reputation by building trust and goodwill, particularly when they address important social issues (Porter & Kramer, 2006). Yan et al. (2022) confirm that CSR positively affects social reputation, while also reinforcing Petrenko et al. (2016) view on the significant role of CSR in organizational effectiveness. Hospitals engaged in CSR activities are often regarded as more reliable, which helps build a stronger reputation (Du et al., 2010). Therefore, CSR is expected to positively influence the hospital's reputation, aligning with the values and expectations of patients and the community at large. Thus, the hypothesis regarding CSR and hospital reputation is proposed:

H₆: CSR has a positive direct impact on HOR.

The Organizational Trust Theory suggests that CSR actions demonstrate the organization's commitment and transparency to stakeholders, thereby establishing strong trust. CSR strongly influences ORT through initiatives such as ensuring welfare, providing a safe and fair work environment, and supporting personal development, which helps employees feel valued and appreciated by the organization. Studies have shown that when an organization sincerely and responsibly carries out CSR initiatives, it not only improves the company's image but also strengthens the trust of employees, the community, and business partners (Du et al., 2010). Hospital CSR actions, such as community care and environmental protection, help build strong trust with stakeholders, including both patients and employees, thereby reinforcing engagement and support for the hospital's brand. Therefore, the hypothesis regarding CSR and hospital trust is proposed:

H₇: CSR has a positive direct impact on ORT.

According to Stakeholder Theory, implementing CSR helps hospitals strengthen positive relationships with key groups such as patients, employees, and the community, thereby enhancing reputation, trust, and loyalty. Social Exchange Theory further explains that transparent and effective CSR activities make employees feel respected and proud of the organization, thus increasing engagement. CSR also contributes to improving working conditions, promoting skill development, and encouraging employee participation in community programs, which increases their satisfaction and commitment (Brieger et al., 2020). CSR strongly influences employees' attitudes and behaviors, including their satisfaction and commitment to the organization (Turker, 2009). CSR and sustainable human resources help increase WOE (Hosseini et al., 2022; Glavas, 2016). Employees are more likely to stay long-term when they perceive the positive impact of CSR activities (Glavas & Piderit, 2009). In the healthcare sector, where job pressure is high, CSR helps reduce stress, create a positive work environment, and enhance employee engagement (Kim et al., 2010). Therefore, hypotheses between CSR and WOE are proposed:

H_{8a}: CSR has a positive direct impact on WOE.

H_{8b} and H_{8c}: CSR has a positive indirect impact on WOE through the mediating role of ORT and HOR, respectively.

The Organizational Image Theory suggests that CSR directly influences how stakeholders perceive an organization, thereby enhancing the hospital's image. When a hospital is recognized for its positive contributions to the community, its brand becomes more trustworthy and is preferred by stakeholders (Du et al., 2010). Empirical studies show that CSR is a key driver of brand performance (Amoako et al., 2024), as well as brand loyalty (Pratihari & Uzma, 2018).

CSR activities in the healthcare sector, such as organizing free medical check-up programs, supporting

vulnerable groups, or committing to environmental protection, are often highly regarded by the public. These actions not only build the image of a compassionate organization but also leave a strong impression of the hospital's credibility (Porter & Kramer, 2006). Additionally, Maignan et al. (1999) suggest that when CSR activities align with the hospital's core business objectives, the effectiveness of improving its image and brand reputation is significantly enhanced. Besides bringing value to the community, CSR also positively impacts patient experience. Brammer and Millington's (2005) research indicates that CSR not only positively affects employee satisfaction but also positively influences the hospital's brand image. Thus, the following hypotheses are proposed when considering the relationship between CSR and HOI:

H_{9a}: CSR has a positive direct effect on HOI.

H_{9b}, H_{9c}, H_{9d}: CSR has a positive indirect effect on HOI through the mediating role of HOR, ORT and WOE, respectively.

H_{9e}, H_{9f}: CSR has a positive indirect effect on HOI through the mediating role of HOR and WOE, ORT and WOE, respectively.

2.2.5. The role of perceived usefulness of information technology applications

ITA plays a crucial role in enhancing the effectiveness of CSR on healthcare WOE and HOI. Systems like intranets, enterprise social networks, or mobile applications help quickly, transparently, and interactively communicate CSR information. This not only raises awareness but also encourages employees to feel proud and more engaged with the organization (Glavas, 2016). When healthcare workers perceive the usefulness of ITA, they proactively adopt ITA in their work. ITA also allows employees to directly participate in CSR activities, track progress, and share opinions, which increases their sense of belonging and engagement,

especially in large hospital settings. ITA also spreads CSR values through social media, increasing recognition and support for the brand from the community. It not only supports the implementation of CSR but also amplifies its impact on healthcare employee engagement and the value of HOI. Therefore, the following two hypotheses regarding the moderating role of ITA are proposed:

H_{10a} and H_{10b}: Perceived usefulness of ITA enhances the positive impact of CSR on WOE and HOI, respectively.

Based on the theoretical framework and the hypotheses developed, the research model is summarized in Figure 1.

3. Scales and data

3.1. Scales

The measurement scales in this study were adapted from previous research and refined through consultations with five healthcare experts to ensure relevance and reliability in the hospital context. Specifically, the four dimensions of CSR were developed based on the scale by Maignan (2001), which is rooted in Carroll's theoretical model (1991) and has been widely applied in various studies (e.g., Amezaga et al., 2017). Two items were excluded, "play a role in our society that goes beyond the mere generation of profits" (CSR – Philanthropic) and "Permit ethical concerns to negatively affect economic performance" (CSR – Ethical), as they were deemed ambiguous and unsuitable for the hospital setting. The HOI construct was measured using four items derived from Kim et al. (2008), which were built on earlier studies. For WOE, a shortened version of the scale by Schaufeli et al. (2006) was used, reducing the original 17-item scale. The HOR construct was adapted from the four-item scale by Ponzi et al. (2011). For ORT, this study incorporated six dimensions from Kask and Titov (2022) comprehensive 36-item scale, which originally in-

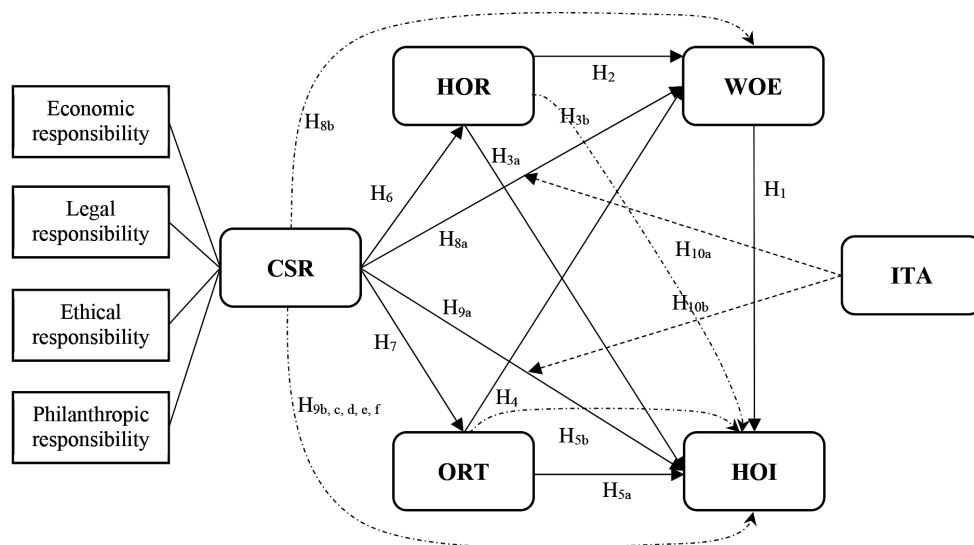


Figure 1. Proposed research model

cluded eight dimensions (trust in line manager, fairness, communication, organizational management, control, technology, and integrity). After consultation with experts, the "control" and "technology" dimensions were excluded to better align with the study's focus. Lastly, the perceived usefulness of ITA construct was measured using six items from Mazzoleni et al. (1996). All scale items are detailed in Appendix Table A1. The survey questionnaire, developed based on these scales and validated with healthcare experts, employed a five-point Likert scale. Additionally, questions capturing respondent characteristics were included.

3.2. Data collection

The survey participants in this study were healthcare professionals working in public hospitals in Ho Chi Minh City, which accounts for approximately 90% of the hospital beds in the city. The study aimed to evaluate their perceptions of the working environment and related factors at their hospitals. The surveyed hospitals included central hospitals, grade I hospitals, and grade II hospitals (3, 28, and 25 facilities, respectively), excluding grade III hospitals (5 facilities). Based on the number of hospitals and healthcare staff, the study distributed survey questionnaires proportionally across centrally managed hospitals, grade I hospitals, and grade II hospitals in a 20/50/30 ratio.

To ensure an adequate sample size for quantitative analysis, in accordance with the recommendations by Hair et al. (2010) requiring a sample size at least ten times larger than the number of observed items, a total of 650 questionnaires were distributed. A purposive sampling approach was employed, targeting healthcare professionals from various departments to ensure the diversity and comprehensiveness of the data collected. The surveys were conducted directly at the participating hospitals by a research team from a medical university in Ho Chi Minh City as part of a scientific research project between May and August 2024. In total, 602 responses were collected, of which 586 were deemed valid after excluding incomplete or inappropriate responses, achieving a rate of 97.3%. Key demographic and descriptive information about the sample is summarized in Table 1 below.

Table 1. Summary of survey sample (source: results analysis data)

No		Total	
		%	
Total		586	100.0
Sex	Female	372	63.5
	Male	214	36.5
Age	< 27	58	9.9
	27 → 36	242	41.3
	37 → 47	198	33.8
	> 47	88	15.0

End of Table 1

No		Total	
		%	
Education	Below university	116	19.8
	University	281	48.0
	Above university	189	32.3
Professional	Doctor	194	33.1
	Nurse	236	40.3
	Other	156	26.6
Position	Board of directors	10	1.7
	Department head	33	5.6
	Faculty board	51	8.7
	Medical staff	492	84.0
Seniority	<5 years	138	23.5
	5 → <10 years	136	23.2
	10 → <20 years	211	36.0
	≥20 years	101	17.2
Hospital class	Central	105	17.9
	I	303	51.7
	II	178	30.4

4. Results and discussion

4.1. Evaluation of measurement scales

The measurement scales were evaluated using Smart-PLS 4.0 software through two stages. In the first stage, the quality, reliability, and convergent validity of the second-order constructs (the components of CSR) as well as the discriminant validity of all constructs were assessed. In the second stage, after transforming the second-order constructs into first-order variables, the quality, reliability, and convergent validity of the first-order constructs were similarly evaluated. The quality of the variables was assessed through outer loadings, as shown in Appendix Table A1. The outer loadings for second-order constructs ranged from 0.885 to 0.935, while those for first-order constructs ranged from 0.719 to 0.930. Since all these values exceeded 0.7, the variables demonstrated sufficient quality to proceed with further reliability assessments using Cronbach's Alpha (CA) and Composite Reliability (CR), as well as convergent validity through Average Variance Extracted (AVE). Table 2 below provides these coefficients for the constructs across both stages.

Table 2. Reliability and convergent validity of the constructs (source: scale evaluation results)

Order	Construct	CA	CR	AVE	Adjust R ²
1	CSR – Economic (ECO)	0.934	0.937	0.834	
	CSR – Legal (LEG)	0.932	0.934	0.832	
	CSR – Ethical (ETH)	0.900	0.902	0.834	
	CSR – Philanthropic (PHI)	0.905	0.905	0.840	

End of Table 2

Order	Construct	CA	CR	AVE	Adjust R ²
2	Corporate social responsibility (CSR)	0.932	0.933	0.832	
	Hospital image (HOI)	0.940	0.941	0.736	0.839
	Hospital reputation (HOR)	0.926	0.927	0.818	0.627
	Information technology application (ITA)	0.907	0.910	0.683	
	Organizational trust (ORT)	0.905	0.929	0.674	0.467
	Work engagement (WOE)	0.938	0.939	0.670	0.762

As reported in Table 2, the CA, CR, and AVE coefficients in Stage 1 ranged from 0.900 to 0.934, 0.902 to 0.937, and 0.832 to 0.840, respectively. These values satisfy the criteria outlined by Hair et al. (2010), which require CA and CR to be greater than 0.7 but less than 0.95, and AVE to exceed 0.5, ensuring the reliability of the constructs for inclusion in Stage 2 evaluation. Similarly, in Stage 2, the CA, CR, and AVE coefficients ranged from 0.905 to 0.940, 0.910 to 0.941, and 0.670 to 0.832, respectively. These values confirm that the constructs meet the requirements for reliability, and convergent validity.

Next, to assess discriminant validity, this study employs the Fornell-Larcker criterion. This traditional method examines the relationships between latent constructs (Fornell & Larcker, 1981) and is considered suitable for models with clearly defined structures and minimal conceptual overlap. Table 3 presents the relationships between the constructs based on the Fornell-Larcker criterion. Specifically, the square root of the AVE for each construct (diagonal values) is greater than the correlation coefficients between

that construct and others (off-diagonal values in the same rows and columns). Therefore, the discriminant validity of the constructs is confirmed (Fornell & Larcker, 1981).

The results of the variable quality assessment and the evaluation of reliability, convergent validity, and discriminant validity for both first-order and second-order constructs confirm that the constructs meet the reliability standards required for hypothesis testing using SEM. Furthermore, the measurement model demonstrates acceptable fit indices. Specifically: SRMR = 0.064 (< 0.08); d_ULS = 2.690 and d_G = 0.989, which are relatively small; Chi²/df = 3.075 (< 5); and NFI = 0.845 (> 0.8).

4.2. Testing hypotheses

SEM, based on the partial least squares (PLS) technique, was applied to estimate and test the hypotheses. The model was estimated using bootstrapping with 5000 samples and is illustrated in Figure 2, while the estimation results for hypothesis testing are reported in Table 4.

Table 4. Results of hypothesis testing (source: hypothesis test results)

Hypothesis	Impact	Coefficient	p-value	Conclusion
	Direct			
H _{9a}	CSR → HOI	0.194	0.000	Accepted
H ₆	CSR → HOR	0.792	0.000	Accepted
H ₇	CSR → ORT	0.684	0.000	Accepted
H _{8a}	CSR → WOE	0.261	0.000	Accepted
H _{3a}	HOR → HOI	0.271	0.000	Accepted
H ₂	HOR → WOE	0.260	0.000	Accepted
	ITA → HOI	0.321	0.000	
	ITA → WOE	0.294	0.000	

Table 3. Fornell-Larcker criterion (source: scale evaluation results)

	CSR – Economic	CSR – Ethical	Hospital image	Hospital reputation	Information technology application	CSR – Legal	Organizational trust	CSR – Philanthropic	Work engagement
CSR – Economic	0.913								
CSR – Ethical	0.720	0.913							
Hospital image	0.793	0.714	0.858						
Hospital reputation	0.711	0.749	0.841	0.904					
Information technology application	0.694	0.660	0.845	0.755	0.826				
CSR – Legal	0.700	0.867	0.706	0.714	0.647	0.912			
Organizational trust	0.729	0.584	0.777	0.724	0.753	0.539	0.821		
CSR – Philanthropic	0.729	0.813	0.723	0.712	0.656	0.822	0.628	0.917	
Work engagement	0.743	0.716	0.824	0.802	0.797	0.710	0.736	0.711	0.818

End of Table 4

Hypothesis	Impact	Coefficient	p-value	Conclusion
H _{5a}	ORT → HOI	0.132	0.000	Accepted
H ₄	ORT → WOE	0.142	0.001	Accepted
H ₁	WOE → HOI	0.112	0.002	Accepted
	Indirect			
H _{8b}	CSR → ORT → WOE	0.097	0.001	Accepted
H _{9e}	CSR → HOR → WOE → HOI	0.023	0.006	Accepted
H _{8c}	CSR → HOR → WOE	0.206	0.000	Accepted
H _{9d}	CSR → WOE → HOI	0.029	0.008	Accepted
H _{9c}	CSR → ORT → HOI	0.090	0.000	Accepted
H _{3b}	HOR → WOE → HOI	0.029	0.006	Accepted
H _{9b}	CSR → HOR → HOI	0.214	0.000	Accepted
	ITA → WOE → HOI	0.033	0.006	
H _{9f}	CSR → ORT → WOE → HOI	0.011	0.023	Accepted
H _{5b}	ORT → WOE → HOI	0.016	0.023	Accepted
	Moderating effect			
H _{10b}	ITA x CSR → HOI	0.017	0.025	Accepted
H _{10a}	ITA x CSR → WOE	-0.015	0.125	Rejected

Table 4 provides the impact coefficients related to the hypotheses for both direct and indirect effects, all of which have positive values with p-values less than 1%, except for H_{9f} and H_{5b}, which are below 5%. Therefore, all hypotheses regarding direct and indirect effects (H₁ to H_{9f}) are accepted. Additionally, it shows that HOR, ORT, and WOE all play a partial mediating role between CSR and HOI, and WOE also partially mediates the relationship between HOR, ORT, and HOI.

Regarding the moderating role, the p-value for the moderating effect of ITA on CSR's impact on HOI is less than 5%, thus it is accepted. On the other hand, the moderating effect of ITA on CSR's impact on WOE is rejected because the p-value is greater than 10% (Table 4). Figure 3 below further clarifies the results of the moderation analysis of ITA's effect on CSR's impact on HOI.

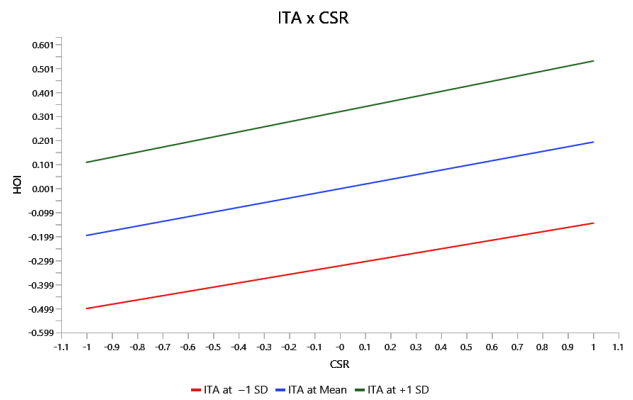


Figure 3. ITA's moderation in the impact of CSR on HOI

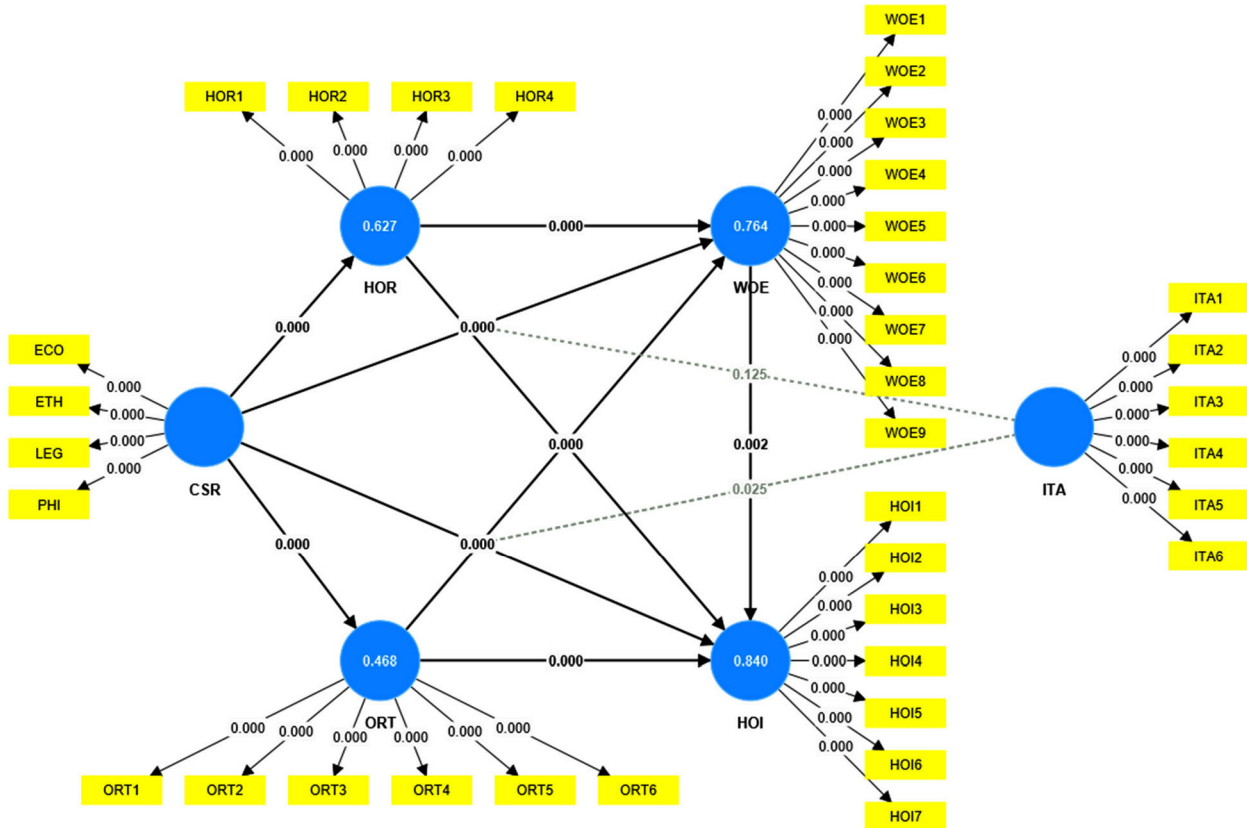


Figure 2. Estimated structural model

and blue represent the moderation effect of ITA at low, medium, and high levels. Since the moderating effect is positive (0.017) and the line for the high moderating value (PSQ at + 1 SD) has a slightly steeper slope compared to the line for the low moderating value (PSQ at - 1 SD), the impact of CSR on HOI becomes stronger as ITA increases. In other words, ITA amplifies the effect of CSR on HOI. However, looking at Figure 3, it can also be observed that the level of ITA's moderating effect is not substantial.

According to the suggestion of Sarstedt et al. (2014), the fit of the PLS-SEM estimation model in this study is evaluated by the predictive power of the variables in the model through the path coefficients, adjusted R^2 values (predictive strength), and f^2 (effect size). Table 5 provides the total effect coefficients of the relationships in the research model along with the f^2 and inner VIF values to further support the evaluation of the model's fit.

Table 5. Total impact, f^2 and inner VIF (source: scale evaluation and hypothesis testing results)

Impact	f^2	Coefficient	p-value	Inner VIF
CSR → HOI	0.065	0.562	0.000	3.635
CSR → HOR	1.684	0.792	0.000	1.000
CSR → ORT	0.879	0.684	0.000	1.000
CSR → WOE	0.086	0.564	0.000	3.346
HOR → HOI	0.121	0.300	0.000	3.779
HOR → WOE	0.082	0.260	0.000	3.491
ITA → HOI	0.184	0.354	0.000	3.507
ITA → WOE	0.117	0.294	0.000	3.140
ORT → HOI	0.038	0.148	0.000	2.842
ORT → WOE	0.031	0.142	0.001	2.757
WOE → HOI	0.018	0.112	0.002	4.238
ITA x CSR → HOI	0.004	0.015	0.042	1.290
ITA x CSR → WOE	0.002	-0.015	0.125	1.287

According to Table 5, all the total effect coefficients are positive with $p < 1\%$, except for the two moderating coefficients related to the role of ITA. Similar to the results in Table 4, ITA only plays a positive moderating role in the relationship between CSR and HOI ($p < 5\%$), but no significant moderating effect of ITA is found on the relationship between CSR and WOE ($p > 10\%$). Although the moderating coefficient of ITA on CSR and HOI is relatively small ($\beta = 0.015$), the other coefficients have a minimum value of 0.112, with the direct effect of CSR on the remaining factors being particularly high ($\beta \geq 0.564$). The f^2 effect size coefficient shows varying levels of impact between the variables. According to Cohen's criteria (1988), CSR has a strong influence on HOR and ORT ($f^2 \geq 0.35$), while the effect of HOR on HOI, ITA on HOI, and WOE is at a moderate level ($0.15 \leq f^2 < 0.35$). The remaining effects are classified as small ($0.02 \leq f^2 < 0.15$), except for the impact of WOE on HOI and the moderating role of ITA, which are considered insignificant ($\leq f^2 < 0.02$). Furthermore, the adjusted R^2 values in Table 4 indicate that the independent variables explain a large portion of the variation in ORT,

HOR, WOE, and HOI, with values of 46.7%, 62.7%, 76.2%, and 83.9%, respectively. Additionally, the inner VIF coefficients in the model in Table 5 range from 1.000 to 4.238, all less than the threshold of 5, indicating that the independent variables are minimally affected by one another in explaining the dependent variable. In other words, the model has a low likelihood of multicollinearity (Hair et al., 2019). These results confirm that the estimation model is reliable and the hypothesis testing results are suitable.

4.3. Discussion

The research results confirm that CSR has a strong impact on HOR ($\beta = 0.792$), ORT ($\beta = 0.684$), work engagement ($\beta = 0.564$), and hospital image ($\beta = 0.562$). This shows that CSR is not only a marketing strategy but also a critical factor in building trust and reputation, while improving WOE in healthcare organizations. When hospitals implement CSR, it helps them gain a good reputation and trust from their employees, which, in turn, enhances employee engagement and improves their image of the hospital. These findings align with previous research, emphasizing the intrinsic role of CSR across various fields. Specifically, CSR has been shown to be a key factor in building and maintaining business reputation. Additionally, CSR contributes to enhancing ORT and reputation, thereby promoting sustainable business performance (Yan et al., 2022). When employees clearly perceive CSR commitments, they feel prouder and more engaged with the organization (Glavas & Piderit, 2009). Furthermore, CSR enhances WOE, especially when moderated by the employer brand's reputation (Hosseini et al., 2022). CSR also promotes WOE by creating value alignment between individuals and the organization, increasing loyalty and alignment with the organization (Kim et al., 2010; Glavas, 2016). Moreover, in terms of branding, CSR drives long-term brand performance (Amoako et al., 2024), and enhances brand loyalty by increasing emotional connections with customers (Pratihari & Uzma, 2018).

The research results also indicate that ORT and HOR both play a partial mediating role in the relationship between CSR and employee work engagement. Furthermore, ORT, HOR, and employee work engagement all partially mediate the relationship between CSR and hospital image. These findings highlight the importance of creating a trustworthy and reputable work environment to optimize the impact of CSR on employee work engagement, as well as CSR's impact on hospital image. They further reinforce previous studies, such as CSR having a positive impact on hospital brand advocacy, with trust being an important mediating factor (Limbu et al., 2020). Additionally, employees working in hospitals with a high reputation tend to feel more engaged and enthusiastic about their work, thereby improving service quality and work performance in the hospital (Şantaş et al., 2020). CSR also improves alignment between employees and the organization, thereby indirectly strengthening the organization's image in the eyes of the community (Kim et al., 2010). Moreover, when

employees clearly perceive CSR commitments, they feel more proud and engaged with the organization, as indicated by Yan et al. (2022).

Perceived usefulness of ITA plays a positive but limited mediating role in the relationship between CSR and hospital image. However, it does not show a significant moderating effect on the relationship between CSR and employee work engagement. This finding suggests that, in this study, ITA, such as mobile applications, intranets or digital dashboards designed to support CSR initiatives, can help employees easily access information, track progress, or participate in CSR activities. For example, a hospital's mobile app can provide updates on volunteer programs or sustainability efforts, while intranets can host platforms for employees to propose or collaborate on CSR projects. These tools can increase employee awareness and engagement in CSR, but they may not be enough to fundamentally transform employee engagement, as engagement depends on deeper factors such as intrinsic motivation or organizational culture. On the other hand, ITAs significantly enhance a hospital's image by ensuring transparency and communication about CSR efforts to both employees and external stakeholders. For example, healthcare workers can use ITAs to share success stories, performance metrics, or patient feedback on CSR programs can strengthen a hospital's reputation, align with its socially responsible values, and foster trust in the community.

The main difference between this study and previous research lies in its comprehensive approach, analyzing the complex relationship between CSR, work engagement, and hospital image. By examining the mediating roles of HOR and ORT, and evaluating the moderating role of perceived usefulness of ITA, this study provides nuanced insights into these dynamics. The specific impact coefficients identified illustrate the role of each factor in this relationship, particularly in the context of healthcare employees' perceptions in Ho Chi Minh City, Vietnam.

Vietnam's socio-economic and cultural context plays a critical role in shaping CSR implementation and its outcomes. As a rapidly developing country with a collectivist culture, Vietnam emphasizes community-oriented values, which align well with CSR initiatives focused on improving public health and social welfare. However, challenges such as limited awareness of CSR concepts and uneven enforcement of regulatory frameworks can affect both the implementation process and the perception of CSR effectiveness.

In the healthcare sector, CSR activities (such as free medical check-ups, public health education campaigns, or environmental sustainability efforts) resonate strongly with the cultural emphasis on social harmony and mutual support. At the same time, the socio-economic disparities in Ho Chi Minh City can amplify the positive impact of CSR by directly addressing community needs, thereby enhancing the hospital's image. These findings provide a deeper understanding of how CSR, when integrated with Vietnam's cultural and socio-economic context, can influence employee perceptions and strengthen trust and reputation in the healthcare industry.

5. Conclusions

CSR practices are not only a marketing strategy to attract customers but also a crucial factor in building trust, enhancing employee engagement with the organization, and improving the organization's image with its employees. This study examined and confirmed the roles of CSR, ORT, HOR, WOE, and perceived usefulness of ITA in influencing HOI. The results indicate that a strong perception of CSR practices by the hospital not only has a direct impact on HOR, ORT, WOE, and HOI, but also an indirect effect on WOE through the mediating roles of HOR and ORT, as well as an indirect effect on HOI through the mediating roles of HOR, ORT, and WOE. While the moderating role of perceived usefulness of ITA was found to have a positive effect in the relationship between CSR and HOI, it was not found to have an effect in the relationship between CSR and WOE.

The contributions of this study are both theoretical and practical. Theoretically, it clarifies the complex relationship between CSR, WOE, and HOI, supplementing theories on CSR, WOE, and brand image. It provides valuable insights into how CSR, WOE, HOR, and ORT influence each other and contribute to building the hospital's image and brand. The findings from the study not only confirm the important role of CSR in building HOI but also emphasize the significance of creating a positive and engaging work environment for employees. Reputation and trust are fundamental factors that strengthen the relationship between the organization and its employees, providing a solid foundation for the future development of the hospital's brand. Information technology applications bring many practical benefits, but they must be implemented systematically and effectively to avoid reducing WOE.

In practical terms, the results of this study provide an important basis for hospitals to develop sustainable development strategies. Hospitals should fully implement all aspects of CSR, including economic, legal, ethical, and philanthropic, and raise employees' awareness of them to build trust and reputation, thereby enhancing engagement and hospital image. Additionally, investment in and application of information technology are essential to improving the work environment and promoting CSR communication. Furthermore, CSR practices should be directed towards employees to enhance their satisfaction and motivation. This not only helps build trust and reputation among staff but also improves work engagement and the hospital's image in the eyes of the community.

Although this study provides significant contributions, there are some limitations that need to be addressed in future research to enhance transparency and comprehensiveness of the findings. Firstly, the geographic scope of this study is limited to public hospitals in Ho Chi Minh City, Vietnam. This region has unique economic, social, and healthcare system characteristics, which may restrict the generalizability and applicability of the results to other contexts with different conditions. Future research

should consider expanding the geographic scope to include hospitals in other regions or countries to provide a more comprehensive understanding. Secondly, this study employed a cross-sectional survey design, which captures the perceptions of healthcare workers at a specific point in time. While useful for identifying associations between variables, this approach does not allow for the examination of changes in these relationships over time or the potential long-term impacts of CSR practices in a dynamic context. Longitudinal studies would be beneficial in future research to address this limitation and provide insights into how these relationships evolve over time. Finally, the relationship between CSR, WOE, and HOI is inherently complex and could be influenced by additional mediating and moderating factors not explored in this study. While the roles of HOR and ORT, and perceived usefulness of ITA have been examined, other factors such as organizational culture, leadership style, and job satisfaction levels may also play significant roles. Future research should aim to incorporate and explore these variables to build a more holistic understanding of these dynamics.

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APPENDIX

Table A1. Item and outer loadings of constructs

Construct	Item	Code	Outer loading
Stage 1			
CSR – Economic	Maximize profits	ECO1	0.907
	Control their production costs strictly	ECO2	0.934
	Plan for their long term success	ECO3	0.903
	Always improve economic performance	ECO4	0.908
CSR – Legal	Act within the standards defined by the law	LEG1	0.929
	Strictly comply with contractual obligations	LEG2	0.885
	Obey the law even if it does not improve performance	LEG3	0.902
	Submit to the principles defined by the regulatory system	LEG4	0.932
CSR – Ethical	Ethical principles have priority over economic performance	ETH1	0.911
	Be committed to well-defined ethics principles	ETH2	0.935
	Avoid compromising ethical standards to achieve goals	ETH3	0.893
CSR – Philanthropic	Solve social problems	PHI1	0.914
	Participate in the management of public affairs	PHI2	0.920
	Allocate some of their resources to philanthropic activities	PHI3	0.916
Stage 2			
CSR	CSR – Economic	ECO	0.869
	CSR – Legal	LEG	0.926
	CSR – Ethical	ETH	0.930
	CSR – Philanthropic	PHI	0.921
Hospital image (HOI)	High-quality hospital service	HOI1	0.881
	Excellent facilities	HOI2	0.890
	Comfortable environment	HOI3	0.882
	A long history of the hospital	HOI4	0.781
	Low fees	HOI5	0.854
	Proper attitudes of doctors	HOI6	0.836
	The most advanced medical equipment	HOI7	0.878
Work engagement (WOE)	Feel bursting with energy in work	WOE1	0.827
	Feel strong and vigorous in job	WOE2	0.804
	Enthusiastic about the job	WOE3	0.848
	The job inspires	WOE4	0.857
	Feel like going to work when getting up in the morning	WOE5	0.825
	Feel happy when working intensely	WOE6	0.807
	Proud of the work	WOE7	0.777
	Immersed in the work	WOE8	0.813
	Get carried away when working	WOE9	0.806
Hospital reputation (HOR)	Have a good feeling about the hospital	HOR1	0.914
	Trust the hospital	HOR2	0.915
	Admire and respect the hospital	HOR3	0.909
	Has a good overall reputation about the hospital	HOR4	0.878
Organizational trust (ORT)	Trust in line manager	ORT1	0.855
	Fairness in the organization	ORT2	0.738
	Trust in communication in the organization	ORT3	0.884
	Trust in organizational management	ORT4	0.851
	Trust between colleagues	ORT5	0.862
	Integrity in the organization	ORT6	0.719
Information technology application (ITA)	Allow to accomplish tasks more quickly	ITA1	0.834
	Improves job performance	ITA2	0.803
	Increases productivity	ITA3	0.837
	Enhances effectiveness in the job	ITA4	0.862
	Makes it easier to do the job	ITA5	0.755
	Useful in the job	ITA6	0.861