
CURRENT CSR AND SUSTAINABILITY TRENDS IN HEALTHCARE: CONCEPTUAL FRAMEWORK PROPOSED BY MAGHSOUDI, CASCON-PEREIRA AND LARA

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Abstract:

Maghsoudi et al., (2020) in their excellent work have proposed a six-dimensional conceptual framework for collaborative healthcare in improving social sustainability. A country like India that is struggling with various problems in health-care including poor access, quality etc., can benefit a lot from this framework by the researchers. In this review, we discuss the framework with a view to make it more popular among researchers, academicians and policy-framers for its implementation in a country like India. We are looking at the framework as some kind of Porter model for strategy building and would like to publicize it to a wider audience. The conceptual model has all the ingredients of being a strong catalyst or a game-changer for the Indian health-care sector with reference to dimensions of sustainability and collaborative efforts. The model is based on a literature review of 45 articles and other literature that have been re-reviewed in this paper to explain the foundations for the conceptual framework proposed by Maghsoudi et al., (2020).

Keywords: CSR, Sustainability trends in Healthcare, Conceptual framework by Maghsoudi, Cascon-Pereira and Lara (2020).

Introduction

Corporate Social Responsibility (CSR) is collaboration between the organization and the society. In India, CSR got a major boost by the introduction of section 135 in the Companies Act, 2013. Healthcare sector is an important beneficiary from this amendment to the Companies Act as it faces steep challenges like poor access, poor quality, high cost, etc. Thus, we have an interesting situation in front of ours where there is a hand ready to help and on the other, a hand that badly needs the help. What is however missing is a rational, and systematic framework to connect the two duly factoring concept like social sustainability. Maghsoudi, Cascon-Pereira and Lara (2020) in their paper “The Role of Collaborative Healthcare in Improving Social Sustainability: A Conceptual Framework” have proposed a six-dimensional conceptual framework in the context of social sustainability of healthcare through a collaborative effort. In this review, we discuss the framework with a view to make it more popular among researchers, academicians and policy-framers for its implementation in a country like India. We are looking at the framework as some kind of Porter model for strategy building and would like to publicize it to a wider audience. The conceptual model has all the ingredients of being a strong catalyst or a game-changer for the Indian health-care sector with reference to dimensions of sustainability and collaborative efforts. The model is based on a literature review of 45 articles and other literature that have been re-reviewed in this paper to explain the foundations for the conceptual framework proposed by Maghsoudi et al., (2020). In the first and main part of this article we present the six-dimensional model posited by the authors along with all the details on which the same is based. We conclude by an evaluation of the six propositions to demonstrate that the model has a strong potential to help a country like India in substantially improving its health care services through collaborative effort. Our review is exhaustively based on the paper written by the authors Maghsoudi, Cascon-Pereira and Lara (2020)

and we thank them for their amazing piece of scholarship that we feel deserves a very wide reach especially in developing countries like India.

The Conceptual Model proposed by Maghsoudi, Cascon-Pereira and Lara (2020)

Worldwide, healthcare systems mean to offer types of assistance to advance, reestablish, and improve the health pointers of the general population (Roussos et al., 2000; Singh, 2019; Mishra et al., 2012). In any case, they do as such with regards to defying various social challenges, for instance, an inappropriate dispersal of assets and expanding healthcare demands (Bernal-Delgado, 2010). In such manner, social sustainability is viewed as a critical pointer of quality (Shelton et al., 2018). The creating gathering of research on the advancement of effective healthcare systems has set more noteworthy accentuation on relevant arrangements and moral ramifications and less on social sustainability issues (Scheirer and Dearing, 2011). There is little research on the authoritative factors adding to the advancement of social sustainability-situated healthcare systems and it is critical to investigate more proper healthcare models installing such standards.

Healthcare systems are recognized by numerous players or partners, including professionals (clinicians and non-clinical profession), administrators, patients, suppliers of healthcare products, scientists, and governments/strategy Authors. The multi-partner nature of healthcare systems includes the requirement for a collaboration model. Common interests among partners should be created in characterizing various approaches, methodologies, and destinations. Social sustainability improvement speaks to an open portal for changing such interests. For multi-partner foundations, collaboration infers more prominent believability, responsibility, responsibility, sponsorship, and authenticity of partners. In any case, the healthcare writing shows that the way of life of healthcare associations experiences low trust and restricted collaboration at the two professionals and authoritative levels (Mitchell et al., 2010). Collaborative healthcare has been acquainted with address such challenges and improve the quality of care (Malby et al., 2016). In particular, collaborative healthcare models adds to sustainability advancement (Khayat-zadeh-Mahani et al., 2019). Sustainability has been recognized as a magnet (Beland and Cox, 2010) to mastermind healthcare partners' inclinations and submit them to the regular target of sustainability improvement. Disregarding the way that sustainability includes economic, social, and natural (or biological) dimensions (Boyer et al., 2016), named as the triple basic concern, existing research in this extraordinarily relevant territory has generally been restricted to the economic dimension (Boyer et al., 2016, for instance, the impact of collaborative healthcare models on the financial performance. But social sustainability is fundamental to the healthcare framework, research on this dimension is moderately inadequate and arising (Borgonovi and Compagni, 2013). Henceforth, this study hopes to expand this beginning research line by introducing collaborative healthcare as an elective model for social sustainability improvement. To do in light of everything, Maghsoudi, Cascon-Pereira and Lara (2020) have built up a conceptual framework dependent on a writing review of collaborative healthcare and social sustainability. In doing in that limit, the Authors have unequivocally centered on the social dimension of sustainability.

Integrated literature review

The major reason for integrated literature review is to develop a new frameworks and viewpoint based on existing literature (Torraco, 2005). Integrative writing reviews are commonly expressed for dynamic, adult, and new arising centers with fast development (Torraco, 2016), highlights that show up in the research line of social sustainability in healthcare systems (Hussain et al., 2018).

Not at all like the orderly writing survey, doesn't the integrative writing review restrict dependent on a recommended approach or standardized arrangement for survey (Torraco, 2005; Jesson et al., 2011). Authors have utilized Scopus and Web of Science information bases for leading the review. Authors

moreover defined our survey around three key relevant collections of writing with regards to healthcare, including social sustainability, social performance, and collaboration/maintain rehearses. The accompanying terms were utilized in the inquiry: collaborative/participative healthcare, clinical collaboration, sustainability, social performance, corporate social obligation (CSR), social sustainability, healthcare, collaborative/participative healthcare, collaborative/participative care, collaboration, and collaborative/participative practices (e.g., correspondence). To recognize relevant articles in the information bases, authors coordinated explicit watchwords (e.g., the terms collaborative healthcare and participative health were coordinated with sustainability, social performance, and CSR).

The hidden pursuit of the catchphrases in the two sources and altered works recognized 9813 articles. Authors hence limited the hunt to incorporate just the key relevant writing bodies for their study, which were social performance, social sustainability, participative/collaborative healthcare rehearses. Accepting these limitations delivered an information base of 546 articles. Joining measures for the articles was that they should address at least one collaborative practices, for instance, correspondence and information sharing, they ought to consider researches directed in healthcare, business, and management and they should be written in English language. In view of the above techniques, the last dataset worked by the essayists was made out of 45 articles. Three primary themes have been reviewed and these are collaborative healthcare, social healthcare and collaborative healthcare and social sustainability.

a) Collaborative Healthcare

Update and change of arrangements and approaches in healthcare systems to upgrade regular practices have been stressed to improve the quality and effectiveness of healthcare (Malby et al., 2016; Doyle et al., 2013; Scott and Thurston, 1997). For example, upgrading information trade inside a healthcare framework (Scott and Thurston, 1997), and guaranteeing its social sustainability (Touati et al., 2018) have been featured as foundations of new healthcare framework models. Ideas, for instance, cooperation, collaborative networks, and association have arisen (Scott and Thurston, 2004). Collaboration in healthcare alludes to a planned group activity, where individuals with various information, capacities, and abilities cooperate to direct a progression of tasks for meeting the mutual targets (Patel et al., 2000). Wood and Gray (1991) (p. 146) showed that collaboration happens when a gathering of free partners of a difficult area participates in an intelligent cycle, using shared principles, standards and structures, to act or choose issues identified with that space. The Institute of Medicine (IOM) offers a more thorough definition, when it specifies that collaborative healthcare is intended to create and apply the best proof for the collaborative healthcare decisions of every patient and supplier; to drive the cycle of disclosure as a trademark outgrowth of patient care; and to guarantee headway, quality, wellbeing, and incentive in healthcare (Smith et al., 2013) (p. 436). More promptly than standard models of healthcare, collaborative healthcare can address the creating desires for healthcare clients (Elpern et al., 1983) and momentum healthcare challenges, for instance, an expansion in continuous sicknesses and people developing, the two of which expect of more noteworthy collaboration among healthcare actors to be appropriately tended to (Knowles et al., 2013). The quality collaboration that joins healthcare partners to accomplish normal and improved destinations (Rossiter et al., 2017) is key for healthcare improvement. Collaboration may bring about overhauling the improvement of assets, upgrading correspondence, coordination, and subsequently a superior healthcare performance (Braithwaite et al., 2018). Collaboration inside various healthcare networks, for instance, professionals-patients, between professionals, initiative, and healthcare research, has been acquainted as an inventive model with improve healthcare performance, thinking about various perspectives, for instance, social sustainability improvement (Touati et al., 2018) and exhaustive quality care (Malby et al., 2016; Doyle et al., 2013; Ahgren and Axelsson, 2011). Notwithstanding the normal

concession to the constructive outcomes of collaborative models in healthcare, there is less concurrence on what precisely collaborative practices comprise of (Huerta et al., 2006). Correspondence among colleagues (Patel et al., 2000), sharing data (Wald et al., 2018), sharing experience, force and duty, inclusion in dynamic cycle, and sharing assets (Bourgeault and Mulvale, 2006) have all been featured. Wald et al., (2018), proposed the Mayo Clinic model as an inventive and versatile model that shows the significance of collaboration in the improvement of quality of care. In their model, clinical collaboration arises through sharing data by methods for innovation and includes eConsults, the AskMayoExpert (AME), eBoard meetings, and healthcare counseling. On the other hand, Bourgeault and Mulvale (2006) showed that collaborative healthcare includes related groups sharing force and duty. These various perspectives on what collaboration is and, explicitly, on what is shared through collaboration, regardless of whether it be simply data or also incorporates dynamic, obligation, or capacity to achieve these duties, show the requirement for shared belief or understanding to make the consequences of various models equivalent. Another relevant issue identifies with who teams up. Past examinations have recognized various partners associated with the healthcare framework, for instance, professionals (tallying clinicians, for instance, attendants, clinical masters, physiotherapists, specialists), and non-clinical professionals, (for instance, bookkeepers and managerial staff among others), directors, and patients, suppliers of healthcare products, healthcare scientists, and strategy Authors. The accessible investigations have zeroed in extraordinarily on a couple of partners in characterizing the healthcare organization. For example, some research has zeroed in on the function of patients in this organization (Doyle et al., (2013); Ahgren and Axelsson (2011)). Another huge stream of research alludes to the collaboration among medical attendants and specialists (Zwarenstein and Bryant (2000); Caricati et al., (2015)). Also, Buchanan (1996) characterized collaboration in this setting as an associated relationship among various healthcare suppliers, including attendants, specialists, and other unified healthcare laborers, who have a mutual target of giving quality patient care while having varying specialists and duties. This view thusly prohibits different actors, for instance, scientists or strategy producers. These investigations speak to simply a midway perspective on what collaborations and networks might be remembered for the healthcare area. The collaboration among various actors brings about the development of a wide scope of conceivable healthcare networks, for instance, between professionals, professionals-patients, administration, and research networks. Further clarification should be made regarding what actors work together when alluding to collaborative healthcare models. The thought of a more extensive scope of relevant actors, which may include directors, clinical and non-clinical professionals, scientists, suppliers of healthcare products, political actors and patients will permit thought of more and shifted impacts of collaborative healthcare networks on social sustainability.

b) Social Sustainability

The ever-changing ways of life and conditions have since a long time back comprised the significance of regular just as social sustainability since health and security status of individuals are influenced by both natural and social factors and a network must organize the health and wellbeing of its general population to help itself (Vuong et al., 2017). Having the focal point of a lot of past research on the part of unhealthy natural factors in supporting networks, human health moreover relies upon social issues (Vuong et al., 2017).

Because of the idea that it comprises the precursor for natural sustainability, the idea of social sustainability has been under-guessed (Colantonio, 2009) in sustainability writing (Hardoy et al., 1992). As of late, in any case, there have been a couple of endeavors to present social sustainability as an autonomous segment (Colantonio, 2009). Three key methodologies can be recognized in social sustainability; (1) social sustainability as equivalent to ecological sustainability; (2) social sustainability as a natural arranged factor alluding to a fundamental precondition for meeting ecological

sustainability; (3) social sustainability as a people-situated dimension which accentuates the prosperity of individuals and the sensible dissemination of assets (Chiu, 2003). Given the attributes of the healthcare setting, in which the idea of social sustainability is investigated, the third, individuals situated methodology is decided as the most fitting. In particular, since this setting infers both the improvement of the prosperity of patients and workers and the requirement for equity in the flow of assets, so the individuals situated dimension of social sustainability gets key in this specific circumstance.

In the sustainability writing, the terms social performance and social sustainability are once in a while applied conversely (Awan et al., 2018). Given that there is genuinely not a specific definition for social sustainability in the writing (Granovetter, 1973), the idea can allude to key subjects that encapsulate social issues relevant to sustainability, for instance, admittance to basic requirements (Fine, 2001), social equity (Avery and Swafford, 2009), and value (Min et al., 2008). In such manner, a framework is supportable when a wide scope of human necessities are tended to in a way that makes sure about its tendency and its regenerative capacities over the long run, considering focusing on social equity, human regard, and commitment (Konovsky and Pugh, 1994). Social sustainability stresses the human side of sustainability including basic freedoms, and health and security (Hussain et al., 2018; Anisul et al., 2014). Social sustainability identifies with "something individuals esteem, make progress toward or plan to accomplish" (Thompson, 1997) (p. 75).

Accordingly, to address social sustainability in the healthcare setting, a healthcare framework must give adequate assets and exercises to meet individual and general health needs (Oslen, 1998). Social sustainability in the healthcare setting has been characterized as a "cycle of making an available, coordinated and evenhanded network that effectively addresses the issues of health and prosperity of clients" (Capolongo et al., 2016) (p. 16). Essentially, Awan et al. (2018) demonstrated that social sustainability infers both the sensible scattering of health and security assets and giving equivalent occasions to get to these assets. These targets of social sustainability in healthcare systems may make sure about the perseverance of a healthcare framework as they address the desires for partners.

Social sustainability can bring about a chain of interconnected positive results. For example, it may upgrade individuals' fulfillment (Masocha, 2019) and fulfilled individuals would feel greater responsibility and be more prepared to share their insight in an association (Cugueró-Escofet et al., 2019), which in this way can create manageable performance (Jilani et al., 2020). Along these lines, social sustainability may shape the apparent authoritative assistance (POS) among individuals in healthcare framework as its key concern, similar to POS (Eisenberger et al., 1986), is regarding individuals through sensible assignment of care offices and headway of prosperity (Awan et al., 2018; Capolongo et al., 2016). At the point when workers see association care about them, their hierarchical ID may increment and this can build up their collaboration, task performance, and extra-job helping conduct, in particular authoritative citizenship practices (OCB) (Shen and Benson, 2014). Quality of performance and OCB are the key in healthcare systems that are individuals arranged and accept a basic part in giving and making sure about health and security of networks. Given the sparsity of hypothetical and observational investigations concerning social sustainability in the healthcare setting (Hussain et al., 2018), existing examinations have acquainted various pointers with assess it. For example, Capolongo et al., (2016) distinguished safe and security, prosperity, health progression, availability, and sensible flow, and quality of relationships as the rule pointers of social sustainability in healthcare. Awan et al. (2018), Capolongo et al. (2016), Chiu (2003), Capolongo et al. (2013) have talked about patients' openness to the healthcare offices its and reasonable circulation, Faezipour and Ferreira (2013) have examined fulfillment among patients.

Likewise, Malby et al. (2016) guaranteed that a better collaborative healthcare framework needs than include the idea of social sustainability in its practices and approaches. Thus, social sustainability is

furthermore a mutual worry of healthcare actors, which advances collaboration among them (Khayatzadeh-Mahani et al., 2019; Béland and Cox, 2010; Wald et al., 2018; Dohlman, 2016; Browning et al., 2011; Okpala, 2018; Shrivastava and Guimarães-Costa, 2017). It has been considered as a collaboration magnet among various actors, improving their collaborative soul and practices (Béland and Cox, 2010). Additionally, Khayatzadeh-Mahani et al. (2019) called attention to that multi-actors collaboration is a vital supporter of value and quality of health at the social level, and this, subsequently, shows that social sustainability expects the part of a magnet for collaboration among the various actors of the health framework. Also, Wald et al., (2018) proposed a collaborative healthcare model, to be specific the Mayo Clinic model. Their model demonstrated that working collaboratively with an organization of specialists can bring about social sustainability improvement. From an alternate methodology, Browning et al. (2011) showed that the collaborative initiative style can add to sustainability advancement. This administration style suggests an aggregate activity as opposed to an individual activity, where all individuals from an organization share the initiative obligation to fulfill the mission. They presented it as a ground-breaking methods for achieving social sustainability since it adds to diminishing opposition and investigating new bearings, openings, and choices which finally apply a beneficial outcome on the healthcare framework, regarding quality. Essentially, Okpala (2018) researched collaborative authority as a methods for upgrading the quality of care. He found that the patient-focused and between authoritative collaboration techniques advanced by collaborative administration are savvy without adversely influencing the quality of care. His outcomes validated the proposition that collaborative administration in healthcare can improve social sustainability, finding that health administrations become more moderate and subsequently more open to patients.

c) Collaborative Healthcare and Social Sustainability

Collaboration adds to expanding more practical practices or approaches, long stretch perseverance, and giving sufficient capacities and assets to improving social sustainability performance (Chen et al., 2017). Social sustainability and collaborative healthcare are ideas that cooperate (Khayatzadeh-Mahani et al., 2019). Somewhat, they follow normal grounds as far as improving the health level of individuals, availability of healthcare administrations, and offer a similar target which is proceeding or improving health advantages or results for healthcare framework clients (Shelton, 2018; Scheirer, 2010; Scheirer, 2008; Stirman et al., 2012). For example, the Institute of Medicine (Smith et al., n/d) showed that guaranteeing the quality, security and incentive in healthcare are the purposes of collaborative healthcare, and these goals are in accordance with social sustainability targets, regarding prosperity. Surely, the idea of collaboration appears to be key in building up the "open, coordinated, and evenhanded network" where individuals profit by both current and future enthusiastic genuine thought (Capolongo et al., 2013). This moreover affirms tending to social sustainability goals through collaboration focuses. Essentially, Capolongo et al., (Capolongo et al., 2016) demonstrated collaboration is one of the way to get social sustainability targets. Collaboration inside the healthcare organization may address all social sustainability pointers through its practices; it includes correspondence (Patel et al., 2000), sharing assets and data (Burnap et al., 2012), shared obligation, participation, and trust (Arcangelo et al., 1996). These attributes of collaboration improve health and security pointers, and the openness of various sorts of assets. Quality correspondence, as a sort of collaboration, can encourage the way toward sharing data, information, experience, and assets among partners and then this can improve the quality of care and the openness of care administrations for patients. For example, Vuong et al. (2017) demonstrated that quality correspondence gives patients more clinical data, both in quality and sum, and this outcomes in improved client prosperity. Moreover, if client needs were investigated, the healthcare framework would be better ready to fulfill them. Collaboration among partners is key in guaranteeing that their dissimilar requirements are distinguished and tended to (Capolongo et al.,

2016). Along these lines, clinical centers can convey to share their assets and encourage the reference cycle of patients to keep up a vital good ways from negative results brought about by postpone treatment, for instance, twofold exchange, and additional weight (Rush et al., 2018). Therefore, collaboration is a fundamental attribute of the improvement of social performance (social sustainability) of the healthcare framework.

Persistent fulfillment is recognized as the critical pointer for social sustainability, as it includes the prosperity of the patient, quality of administrations, productivity of staff, and the availability of assets (Faezipour, M.; Ferreira, 2013). Notwithstanding, past research appears to have been more centered around investigating authoritative issues or legitimate and political rights while tending to social sustainability (Khan et al., 2018). As Hussain et al. (2018) has just recognized, there is a need to investigate what makes a healthcare framework all the more socially economical, particularly from the patients' point of view as they are the essential clients of the healthcare framework. Association of patients in collaborative models will bring about higher assistance quality and more prominent fulfillment of the two patients and professionals (Doyle et al., 2013; Ahgren and Axellson, 2011). Along comparable lines, Greenfield et al. (1985) found that collaboration among patients and professionals through correspondence, mutual data, and joint dynamic improves prosperity, fulfillment, and information, particularly because of continuous care (Montori, et. al., 2006). They showed that professionals and patients may team up in all means of the dynamic cycle, from sharing treatment inclinations to agreeing on a typical treatment. Such inclusion of patients in healthcare can expand their commitment with the treatment cycle and, therefore, their fulfillment. Also, sharing data among patients and professionals can add esteem, for the patients, yet moreover for the professionals (Joosten et al., 2008). Professionals are given correlative data permitting them to distinguish more effective medicines and expand their insight and experience.

The six propositions

Proposition 1. Collaboration healthcare model, through the collaboration network between experts and patients, can contribute to social sustainability improvement in healthcare.

Cooperation among the other stakeholders contribute to the development of social sustainability. For instance, inter-professional cooperation enhances social sustainability. This type of cooperation adds value for experts, yet additionally for patients as a quality cooperation among experts improves the quality of caring services and consequently the satisfaction of the two patients and experts (Bartunek, 2011; Fisher et al., 2017). Inter-professional cooperation allows these experts to "work cooperatively, share responsibility for problem tackling, address conflict management, perform joint decision-making and use open communication" (Nair et al., 2012) (p. 1) just as share their knowledge and experience (Wald et al., 2018). In the same vein, inter-professional cooperation results in more efficient access to specialist services and sources of new knowledge and experience (Berendsen et al., (2006), which, thusly, expand the experience, knowledge, and specialties of experts and contribute to their satisfaction. In this way, collaboration practices may improve the social performance of healthcare; initially for patients (Fisher et al., 2017) who may receive services that have been improved by professional cooperation's. Secondly, for experts as healthcare employees, who will feel more engagement and satisfaction from their consequent professional growth.

Proposition 2. Collaboration healthcare model, through the collaboration network among experts, can contribute to social sustainability improvement in healthcare.

Similarly, cooperation among scientists working mutually to see the issues from different angles may contribute to social sustainability improvement in healthcare. They may share their knowledge and then different scientific techniques, and views can be combined to address the issues more effectively

(Raza, 2005). Previous studies find that cooperation in a clinically-oriented research has helped in resolving health-related problems and through demonstrative criteria, improved care, treatment, and preventive alternatives, and enhancement of policies and standards in healthcare (Raza, 2005; Gu et al., 2003). For instance, Gu et al. (2003) emphasized the need for cooperation among various researchers to find out the prevalence of undiagnosed and diagnosed diabetes. Their findings significantly contribute to health improvement as the presence of diabetes substantially increases the risk of other constant diseases, for example, vascular complications, and eventually, lead to a considerable economic burden. What's more, cooperation among researchers may result in not just the improvement of current treatment methods or drugs yet in addition the development of new ones which, thusly, improves the quality of services as well as the accessibility and accessibility of healthcare resources. Accordingly, cooperation among the scientists leads to improvements in the social sustainability of healthcare, namely accessibility of resources, wellbeing, and satisfaction.

Proposition 3. Collaboration healthcare model, through the collaboration network among scientists, can contribute to social sustainability improvement in healthcare.

Together with multidisciplinary cooperation (namely inter-professional cooperation and cooperation among scientists), transdisciplinary cooperation seems to be key for the development of social sustainability. The involvement of authorities, including policy-framers, managers, and experts (WHO, 2007), in collaboration healthcare models results in the delivery of higher quality care services (Boswell et al., 2015) as they can verify the chance and relevance of the views proposed by experts or scientists to the real world. In the same vein, Dabelko (2006) (p. 1) indicated that "if the field is to have the sort of effects on the real world that it has consistently looked for, it must move toward a more serious engagement with policy-framers." likewise, since they have the primary responsibility and authority for this objective, policy designers and managers can set rules to ensure and even facilitate the implementation of the proposed views (Vlek and Steg, 2007).

Furthermore, policy designers and managers can collaborate to establish a supportive environment contributing to the productivity and effectiveness of healthcare experts. Al-Dweik et al., (2016) pointed out that cooperation among policy designers and managers is key in the development of an empowering environment that contributes to enhancing a nurse's productivity. Similarly, policy designers and managers can work to facilitate the implementation of collaboration practices among other stakeholders. For instance, managers and policy designers can facilitate communication between experts through the application of structural devices for communication (Wang et al., 2018). A network of authorities, including policy designers, managers, and experts (WHO, 2007) can contribute to social sustainability development.

Proposition 4. Collaboration healthcare model, through the collaboration network among managers, policy designers, and healthcare experts, can contribute to social sustainability improvement in healthcare.

Inter-organizational cooperation additionally constitutes a type of cooperation that contributes to developing social sustainability in healthcare. It contributes to the accessibility of medical resources through sharing resources (Lomi, et al., 2014) and knowledge between experts (Okpala, 2018). This type of cooperation contributes to social sustainability improvement by enhancing the accessibility of resources and keeping up the quality of care (Okpala, 2018). Inter-emergency clinic cooperation, that may include sharing of patients, provides the patients with better quality care (Lomi et al., 2014). Patients benefit from this occasion to transfer from lower to higher quality emergency clinics with better resources. In this regard, inter-organizational cooperation is strongly recommended to increase social sustainability in health systems as suggested in the next proposition:

Proposition 5. Collaboration healthcare model, through the collaboration network among healthcare organizations, can contribute to social sustainability improvement in healthcare.

A multi-disciplinary collaboration network of healthcare scientists, suppliers of healthcare products, and healthcare experts may result in increased satisfaction for the two experts and patients. The different stakeholders can come together to see the health-related issues from different views to explore/uncover more efficient alternatives as technology or theory. This, thusly, enhances the quality of treatment methods just as the accessibility of healthcare services, reduces hurtful practices, and consequently results in social sustainability improvements. The specialties of experts may likewise expand due to their sharing different views, which results in increased job satisfaction. For example, it has been discovered that the involvement of vendors of products and services in a collaboration model can lead to a higher social sustainability performance as they have knowledge, and work together to create value and improve social performance (Sancha et al., 2016; Awan, 2019; Awan 2018).

Proposition 6. Collaboration healthcare model, however the collaboration network among healthcare experts, scientists and suppliers of healthcare products, can contribute to social sustainability improvement in healthcare.

A rundown of the collaboration networks and the collaboration practices which may be used in each network to develop social sustainability can be drawn from different works.

Ahgren and Axelsson (2011), Doyle et al. (2013), Greenfield et al. (1985), Joosten et al. (2008) have discussed a collaboration network between patients and experts with emphasis on practices like shared decision-making, sharing of information, etc. Nair et al. (2016), Wald et al. (2018), Berendsen et al. (2016) Bartunek (2011), Fisher et al. (2017), have discussed a collaboration network between inter-experts with impetus on practices like joint decision-making, shared responsibility, shared problem-solving, etc. Raza (2005), Gu et al. (2003) have discussed a connect between scientists with sharing of views and knowledge. Lomi et al. (2014), Okpala (2018) have discussed inter-organizational networking by way of sharing of knowledge and resources. Boswell et al. (2015) Dabelko (2012) Al-Dweik et al. (2016), Wang et al. (2018) have discussed cooperation between managers and policy designers-experts with practices of sharing views, knowledge, responsibility and power, and joint decision making. (Source: Maghsoudi et al., 2020, Table 2).

The conceptual model thus proposed by Maghsoudi et al., 2020 is as under:

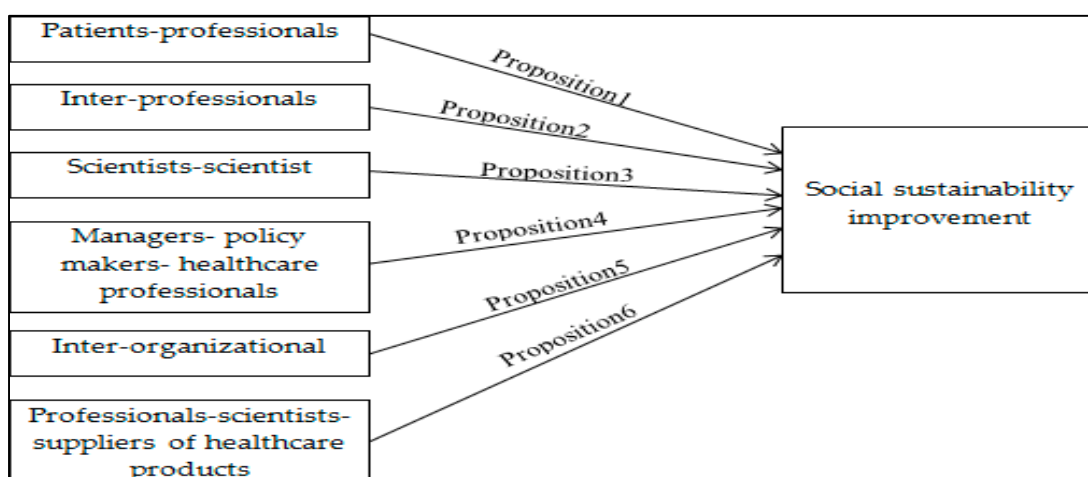


Figure 1: Proposed six-dimensional conceptual framework by Maghsoudi et al., 2020

(Source: Maghsoudi et al., 2020, Figure 1).

Researchers have created six propositions identifying with the collaboration networks that exist in the healthcare setting and their expected commitment to social sustainability, as an early phase or a guide for growing further observational research. This establishes the major hypothetical commitment of this conceptual paper. Future observational research should test the legitimacy of these propositions.

Yet past research has underlined the significance of economic and natural sustainability in the healthcare setting, social sustainability has been less examined (Hussain et al., 2018 ; Awan et al., 2018; Capolongo et al., 2016). This scanty regard for social sustainability may be expected to considering social sustainability as the trailblazer for other sustainability dimensions, specifically ecological sustainability, and neglecting its autonomous Characteristics (Hardoy et al., 1992). Notwithstanding the interrelationships among the three dimensions of sustainability in healthcare systems, since the framework is individuals based and individuals situated, social sustainability needs in result to be respected autonomously. In such manner, this study has added to the scant writing on the connection between collaboration networks and social sustainability in healthcare by setting the explanation behind leading further experimental research dependent on the proposed conceptual framework.

Drawing on past examinations in the healthcare setting, Maghsoudi et al., (2020) have recognized six collaboration networks that can add to building up a social manageable situated healthcare framework. Of these, the collaboration network among healthcare professionals, particularly among clinicians, is the one which holds more proof in the writing to add to social sustainability improvement (Reeves et al., 2017). To support this, Reeves et al. (2017) showed that the significance of between proficient collaboration originates from the intricacy and multidimensional nature of patients' health and care prerequisites. Subsequently, between proficient collaboration may expect a vital part in the plan of a social supportable healthcare framework, with an expanded patients and professionals' drawn out prosperity. In any case, supposedly, the vast majority of past examinations have been restricted to the collaboration among specialists and attendants (Caricati et al., Koerner et al., 1985) while likely collaborations among other clinical professionals appear to a great extent to be overlooked. For example, collaboration between restorative specialists and advisors can be investigated for creating social sustainability through improvement of the health, security, and prosperity of patients. Narcissistic and dramatic character problems and body dysmorphic jumble are the standard inspiration among patients looking for restorative medical procedure (Shridharani et al.,2010). Such patient gatherings are bound to rehash restorative medical procedure or become dependent on other corrective medical procedures (Mulken et al., 2012), and this can negatively affect their health (Sarwer et al., 1998). Consequently, these potential collaborations among clinicians should be investigated corresponding to patients' drawn out prosperity as a critical marker of social sustainability. Likewise, in our framework, collaboration networks between scientists, among scientists and strategy Authors, and even among scientists and patients are recommended to upgrade social sustainability. For example, scientists can team up, they can convey and share their insight to study the health-related challenges from various logical perspectives, and then join them to propose conceivably more effective choices to expand patients' prosperity (Raza, 2005). In addition, a collaboration network including healthcare professionals and scientists can improve patients' prosperity and fulfillment, through finding more effective treatment strategies or improving the availability of individuals to healthcare information through contribution another model of healthcare framework, for instance, e-health. Besides, along with this multidisciplinary collaboration, collaboration among scientists and strategy Authors and directors (transdisciplinary) is by all accounts fundamental in checking this present reality practicality and suitability of any perspectives proposed by scientists (Dabelko , 2006). Authors along these lines propose further research to investigate the possible function of different partners in social sustainability improvement. Since they show up in each collaboration organization, correspondence and the sharing of data are recommended as the basic and fundamental collaboration rehearses.

Correspondence establishes the guideline forerunner for other collaboration practices of sharing assets, data, and understanding (Patel et al., 2000). All in all, with the proposed conceptual framework, the authors have offered a guide for leading future exact research to test the propositions.

Evaluation of the conceptual framework and conclusion

The six-dimensional conceptual framework offers a holistic view on putting in place a collaborative network in healthcare taking into account social sustainability. The propositions, if implemented in the Indian healthcare context can produce a synergetic effect and lead to a highly effective healthcare management in the context of social sustainability. The different networks suggested as those between patients and professionals, with the organizations, between the scientists, between the professionals and policy-framers are the need of the hour for a country like India to improve the overall performance and delivery of healthcare. The framework offers a strong footing for CSR mechanism to leverage benefits of collaboration and come out with accessible, affordable and quality health-care services that are wanted by millions of Indians. We strongly feel that the model should be put into practice by the Indian medical professionals, government, medical professionals and policy-framers. It has immense potential to guide the flow of an initiative like the mandatory CSR by way of section 135 of the Companies Act, 2013 to an optimum utilization in the right direction.

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