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Harnessing Values for Impact Beyond Profit in MENA

David L Haskell, Janice Hayashi Haskell and Jessica Jinju Pottenger

Introduction

Are values such as love and respect just sentimental marketing slogans? Or is their practice pivotal to sustained impact in societies challenged by chronic unemployment, sectarian conflict, youth marginalization, gender discrimination and overburdened social services? We propose that social enterprises can have an impact on emerging markets such as the Middle East and North Africa (MENA) by the consistent practice of values. Management and economic development literature indicates that the practice of values enhances business performance. An innovative Egyptian social enterprise, Care with Love, made values central to its business model to equip undereducated and marginalized women and young people for employment as home caregivers for the housebound elderly and chronically ill. Encouraging the practice of values with a culturally rooted and spiritually inspired curriculum generated statistically significant improvements in caregiver performance. This case illustrates that values can be defined by participation, designed intentionally, contextualized inclusively and reinforced consistently, resulting in enhanced performance and mission impact. Analysis indicates that integration of values can fuel participation, invite engagement, sustain commitment, foster leadership, multiply returns and transform community. Implications are suggested for the contextualized integration of values in social enterprises in MENA.

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Literature review

A growing body of research affirms that the practice of values plays a significant role in both human development and business outcomes. Terms such as 'value added' and 'value creation' are common, but the definition and role of values remains ambiguous and often controversial. At the outset, therefore, this review defines the term 'value' from the literature.

Williams, a professor of sociology at Cornell University, defines a value as 'criteria or standards of performance,' and elaborates, 'all values have cognitive, affective, and directional aspects' and 'serve as criteria for selection in action' (Williams, 1979, p. 16). Hofstede, an IBM intercultural values researcher, similarly defines values as 'feelings with an added arrow indicating a plus and a minus side' (Hofstede et al., 2010, p. 9). Grondona, a political law professor at the University of Buenos Aires, defines a value as 'an element within a conventional symbolic system that serves as a criterion for selecting among the alternatives available in a given situation' (Grondona, 2000, p. 45). In summary, values are defined as learned, interconnected, informational, affective guidelines that influence decision-making.

On a global level, values surveys indicate that a society's values influence its cultural and socio-economic development. Rokeach pioneered the exploration of values in organizations and social movements, and the role of self-awareness in values assimilation (Rokeach, 1979). Hofstede isolated cultural values in national samples from 116,000 IBM questionnaires in more than 50 countries (Hofstede, 2001; Hofstede et al., 2010). Harrison's global research argues that values shape socio-economic development (Harrison and Huntington, 2000; Harrison and Berger, 2006; Harrison and Kagan, 2006). The 2005 World Values Survey, analyzing data from more than 100 countries, indicated that cultural values, including those expressed in religious terms, significantly impact on human behavior and development (Inglehart and Welzel, 2005).

At the organizational level, management research has identified the strategic role of values in contributing to leadership quality, organizational performance and business outcomes. The GLOBE Study of more than 17,000 people in 62 countries documented the impact of values on the practice of leadership in organizations

(House et al., 2004). Peters and Waterman found that 62 best-in-class US corporations were 'built around a core of "shared values"', concluding that 'excellent companies seem to have developed cultures that have incorporated the values and practices of great leaders' (Peters and Waterman, 1982, pp. 15, 26). Likewise, Collins and Porras discerned that 18 visionary 'built to last' US corporations known for outperforming their peers in shareholder returns also practiced an ideology of uncompromised values and perpetual purpose, not mere profit maximization (Collins and Porras, 1994, pp. 40–79). In a sequel study of 11 'good to great' US companies, Collins discovered that their executives practiced company core values, and prioritized values in management recruitment and discipline maintenance (Collins, 2001, pp. 193–201). Fannie Mae and Circuit City, 'good to great' companies that failed to practice their values, proved unable to sustain performance. Supplementary literature also advocates the integration of authentic values into corporate cultures and operations to improve performance (O'Toole, 1995; Blanchard and O'Connor, 2003; George, 2003; Barrett, 2006; Schein, 2010).

At the small and medium enterprise (SME) level, research also demonstrates that the practice of values has a primary influence on business outcomes. Across Latin America, nearly half of 1330 SME owner-managers in eight countries named ethical and religious values as the primary driver of their CSR practices, and indicated that these enhanced profitability, stakeholder relations and concern for employees (Vives, 2005, pp. 8–9). In Spain, four SME owners recognized for exemplary socio-environmental practices reported similar drivers, generating competitive differentiation, improved employee motivation and better economic returns (Murillo and Lozano, 2006). In the UK, 24 SME owner-managers with exemplary CSR records asserted that 'their values were essential and a powerful driver of ethics and standards in the company', resulting in improved reputation, market position, efficiency, and employee motivation and recruitment (Jenkins, 2006, pp. 249–251).

Recent evidence from the MENA region also confirms the strategic role of values in business outcomes. Aramex, a CSR pioneer in Jordan, integrated values into its culture and operations by focusing less on 'share value than shared values', investing in developing its people and pursuing sustainability via interwoven stakeholder interests (Jamali and Dawkins, 2011, pp. 5–6). Likewise, six Lebanese

SME owner-managers noted for their CSR engagement reported the influence of the founder's spiritual or religious values on business performance, reinforced by relational stakeholder networks (Jamali et al., 2009). In a job satisfaction survey, 201 white-collar Egyptian workers reported humanistic and collectivist value motivations rather than monetary rewards (Sidani and Jamali, 2010).

Whether the context is global or local, Western or Eastern, corporate or SME, a recurring theme in the literature is the spiritual or religious roots of values driving socio-economic outcomes. World Values Survey researchers advise that 'the traditional secularization thesis needs updating. It is obvious that religion has not disappeared from the world, nor does it seem likely to do so' (Norris and Inglehart, 2004, p. 4). In fact, a growing body of research advocates incorporating spiritual values into organizational behavior and leadership (Kriger and Hanson, 1999; Mitroff and Denton, 1999; Neal and Biberman, 2004; Biberman and Tischler, 2008; Giacalone and Jurkiewicz, 2010). However, spiritual values integration can lead to controversy, especially in pluralist or sectarian contexts. Williams cautioned: 'We must never lose sight of the fact that values are continually used as weapons in social struggles' (Williams, 1979, p. 26). Therefore, the challenge is to sustain consensus around shared values while engaging increasingly diverse stakeholder constituencies (Haskell et al., 2009, pp. 534–538).

MENA sensitivities warrant an indigenous, contextualized business approach that integrates spiritual values while respecting diverse traditions. World Values Survey research indicates that MENA countries uphold traditional religious values and economic survival values more than any other cultural bloc (Inglehart and Welzel, 2010, p. 554). Egypt ranked first globally, with 96 per cent of Egyptians surveyed affirming the centrality of religion in their life (Handoussa, 2010, pp. 71–72). The 2010 Arab Youth Survey confirms these trends, with 82 per cent of Arab youths between the ages of 18 and 24 asserting that 'traditional values mean a lot to me, and ought to be preserved for generations to come' (ASDA'A Burson-Marsteller, 2011, p. 24). The following case study provides empirical evidence to support the literature review's conclusions, and explores how an Egyptian social enterprise incorporated a culturally rooted, spiritually inspired values assimilation process for mission impact.

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Case study: Care with Love, Egypt

Vision and mission

While practicing medicine in Cairo, Dr Magda Iskander discovered the desperate need of elderly and chronically ill patients for affordable, competent and compassionate home healthcare. Iskander noticed that patients ready for hospital discharge were not being taken home because their families were unable to care for them unassisted. Several demographic trends had contributed to this. Between 1976 and 2007, life expectancy in Egypt jumped from age 55 to 71.7 (Handoussa, 2010, p. 257). Between 1988 and 2008, those in Egypt over the age of 65 increased from 3.8 to 4.1 per cent of the population (El-Zanaty and Way, 2009, p. 15). However, between 2002 and 2008, expenditure on healthcare declined from 5.99 to 4.75 per cent of gross domestic product (Ministry of Health Egypt, 2010, p. 16). The numbers and needs of the elderly and chronically ill had increased while the spending on healthcare decreased, with nothing to bridge the growing gap.

At the same time, Iskander observed the dehumanizing weight of unemployment, especially on women and youths. A 2007 survey illustrated Egypt's unemployment crisis: 62.4 per cent over those over the age of 15, with secondary education, were unemployed; 32.8 per cent with university education were unemployed; and women were twice as likely to suffer unemployment (Handoussa, 2010, p. 268). Iskander put these trends together and recognized a sustainable market-driven opportunity to create dignified employment while simultaneously meeting a pressing public health need.

Founded in 1996, Care with Love was her entrepreneurial solution. Conceived as a social enterprise, Care with Love operated under a partner non-governmental organization (NGO) until it received its own NGO registration with the Ministry of Social Affairs in 2003. Care with Love had four aims:

(a) create dignified employment for the marginalized unemployed;
(b) provide loving, competent and affordable home healthcare to house-bound clients;
(c) achieve financial sustainability from earned revenues alone;
(d) establish home and hospice healthcare as a respected profession in Egypt.

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Growth and impact

From 1996 to 2010, Care with Love made laudable progress. First, Care with Love graduated 924 caregivers in 14 years, with 691 employed directly and another 233 employed elsewhere. The marginalized benefited most from these opportunities – of those employed by Care with Love, 85 per cent lacked a secondary diploma, 83 per cent were women and nearly 43 per cent were youths aged between 17 and 25. Second, during those years, Care with Love served 1450 home healthcare clients, with demand generated entirely from satisfied referrals (Figure 2.1).

Third, although initially capitalized by start-up grants and loans, since 2006 Care with Love has achieved financial sustainability from earned revenues alone, registering double-digit earned revenue growth for each year (Figure 2.2). Fourth, the Egyptian home healthcare profession was officially recognized in 2004 when the Egyptian Ministry of Labor granted social insurance benefits to caregivers. Care with Love was also recognized internationally by Ashoka, Acumen Fund and the Ford and Sawiris Foundations in 2003; Dreams InDeed in 2007; the Arab League Summit in 2009; the US Presidential Entrepreneurship Summit in 2010; and the Clinton Global Initiative in 2011. Well on its way to achieving each of its start-up goals, Care with Love was ready to expand.

The values assimilation process

To ensure Care with Love achieved its mission, Iskander implemented intensive training for caregivers, most of whom were undereducated and marginalized women and young people. After screening for their
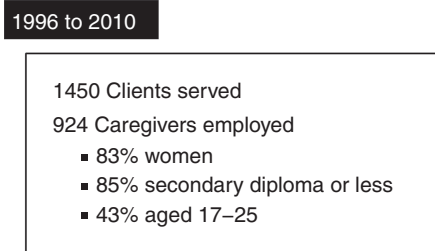
1996 to 2010

1450 Clients served

924 Caregivers employed
- 83% women
- 85% secondary diploma or less
- 43% aged 17–25

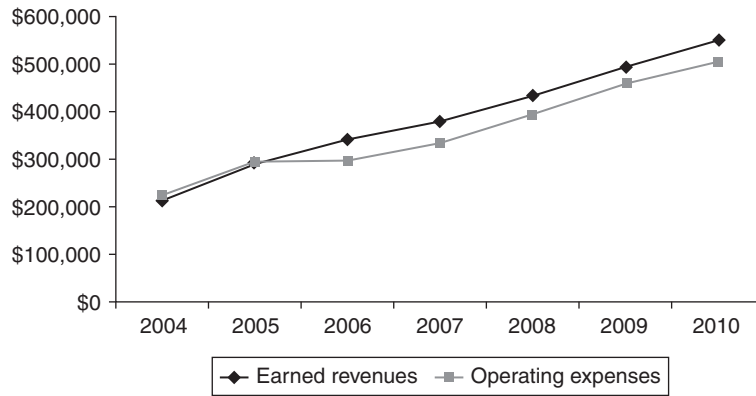*Figure 2.1*   The Social Impact of Care with Love

Figure 2.2   The Sustainable Profitability of Care with Love
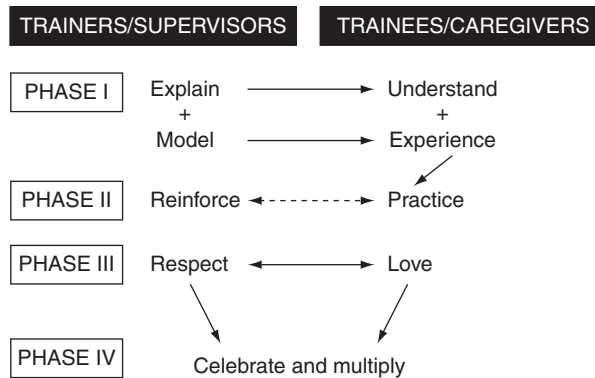
Figure 2.3   The Care with Love Values Assimilation Process

Care with Love relational aptitude, applicants entered a three-month training program on interpersonal and technical skills, including practical fieldwork and a residential retreat. Trainers included brief, ad hoc 'values reflections' at their discretion. This values assimilation process is depicted in Figure 2.3.

During Phase I, trainees were introduced to the importance of values-based behavior in their work. For some, the mere act of learning about values in behavior was profound. One caregiver reported that the training inculcated new habits of polite speech, hygienic

care and responsibility for her workplace and living area. In her own words, values reflections helped her 'to become civilized'. Trainees confirmed, however, that understanding alone was insufficient; seeing the values modeled was essential. One remembered, 'We learned love by example. A caregiver had broken her hand during training; the trainer took her to the doctor and stayed until she was OK.'

Phase II provided trainees a closely supervised opportunity to practice the values and skills they had observed. This critical phase determined which caregivers would go on to work with clients, as living demonstrations of the Care with Love values and mission. Values-aligned behavior and technical skills were systematically reinforced by supervisory support, impromptu client home visits, and quarterly refresher courses. Trainer supervisors transitioned from initiating to supporting values assimilation. Supervisory support and affirmation helped caregivers sustain values alignment and take professional pride in their work. One reported: 'I was with a family and left them because of ill treatment. I did not complain nor ask for anything, but my supervisors did not let it pass and stood by me and made sure I was redressed. They support us in difficult situations.' This phase consolidated mutual benefits, with Care with Love maintaining its reputation and clientele and the caregiver receiving moral and financial support.

In Phase III, caregivers moved beyond training to fieldwork, with the motivation to continue to practice love by receiving the respect of their clients and supervisors. This exchange of love and respect transcended sectarian lines:

> When I first went to my elderly client, she refused to shake hands or relate to me because I was wearing a full veil. It shocked her, so I decided to be patient. If she refused me that was her right, but that I had to try. I removed my veil when I was with her. I was cheerful with her; slowly she accepted me. Now I go with her to church and shopping, and she even trusts me with her purse.

In Phase IV of the values assimilation process, caregivers multiplied the mission impact as they generalized the values to their personal lives outside of work: 'I began to apply these values after my work with Care with Love, such as commitment and being on time.' Because values-aligned caregivers are the heart of their mission, Care with Love also sponsored an annual community festival where

caregivers and their families celebrated trainee graduations and honored outstanding caregivers. The outcome was a successful social enterprise and a burgeoning new profession.

Reinforcing core values

Most of the Cairo team leaders had been with Iskander since she founded Care with Love in 1996, and internalized the values day-by-day as they worked with her. Although they implemented the values assimilation process procedurally, specific values were not codified and presented systematically. Values reflections consisted of a notebook full of clippings, ideas and experiences gleaned over the years by Iskander and her trainers. Then, when Care with Love experimented with expansion in 2007 by franchising in another city, the quality of the care delivery suffered. Technical skills transferred readily, but the hallmark loving relationships were weak. Iskander reflected again how she had learned to demonstrate love without discrimination by religion, ethnicity, gender, age, class and disability, just as had been modeled by Jesus, her own spiritual inspiration. Iskander considered how she had been present to ensure that her Cairo team and caregivers modeled the standard for which she named the organization, *care with love*. In consultation with Dreams InDeed, Iskander concluded that the bottleneck was the current ad hoc approach that relied solely upon direct, sustained engagement with her and her team. If their services were to scale, the definition and practice of its values needed more clarity, structure and reinforcement.

Therefore, in 2007, Dreams InDeed customized and facilitated a participatory rapid appraisal (Theis and Grady, 1991) to assist Care with Love in identifying and defining its values. For the first time, their shared values were brainstormed and agreed by consensus, ranked in priority, defined in words and illustrated by exemplary behavior celebrated in their history. The outcome was clarity and unity among trainers, supervisors, staff and the board on the values that they had been practicing but which until then had not clearly codified. The resulting six Care with Love core values included:

- **Faithfulness, integrity in word and deed** is vital to earn trust when taken into a family home, such as when a caregiver found and returned a lost gold bracelet to a client who had forgotten about it.

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- **Humility, equal respect for all** focuses on service not status, such as during the residential training retreat, when the managing director played with us with all humility, not acting as if she was a manager at all.
- **Commitment, honoring rights in word and deed** is essential to sustain endurance, such as when a caregiver persevered in serving an Alzheimer's patient for an entire year until her death, winning over her son's bad temper because she had the right to live and receive care.
- **Teamwork, collaboration for one goal** is required to achieve synergy across roles, as a caregiver expressed, 'They protect women, follow up on them, and take necessary measures with bad clients; this gave me the confidence to continue this work with patience.'
- **Acceptance of the Other, engagement with all our differences** is critical to ensure unity in diversity, such as when a caregiver noted, 'Three of four families I have served are Copts; if I had not learned to accept the Other, I would not have continued in these homes.'
- **Sacrificial love, giving without limit or condition** is 'the golden clasp that holds the string of all the other values together', such as when 'a caregiver saw an elderly patient's health deteriorate rapidly, but had no car to take him to hospital. He ran into the streets to find an ambulance, and then remained with his patient for three days straight.'

All agreed that the development of a structured values curriculum was needed. A formalized values curriculum was a novel concept and required months of discussion, piloting and revision, including a review of cultural appropriateness by religious and educational advisors. The content for this was researched from indigenous cultural sources, including the Bible, Islamic texts, Egyptian folklore and organizational history. An Egyptian educational consultant compiled 60 values topics in four sequential sections on understanding, exploring, applying and sustaining values (El-Rifai, 2010). Values pedagogy included illustrative stories, personal reflection and non-directive group discussion to raise the awareness of values and deepen the understanding of their application.

Quantitative research

To ensure the quality of the caregiver service remotely from Cairo, Care with Love deployed a rigorous performance review system that ensured that supervisors call clients weekly, visit client homes quarterly, maintain caregiver telephone contact, require quarterly refresher courses and conduct quarterly performance evaluations. Quarterly performance was rated on a five-rank scale: excellent, very good, good, acceptable and on-list (unrated, if absent).

To assess the impact of the new values curriculum (VC) after 18 months of use, Dreams InDeed assembled researchers from Egypt, Jordan, Lebanon and the US.[1] The research hypothesis was that VC training positively correlated with improved caregiver performance. Four tests were conducted to assess the strength of the relationship between these two variables.[2] The first test measured the effect of VC training on overall caregiver performance, and found that VC training had a statistically significant influence on improved average performance (Figure 2.4).
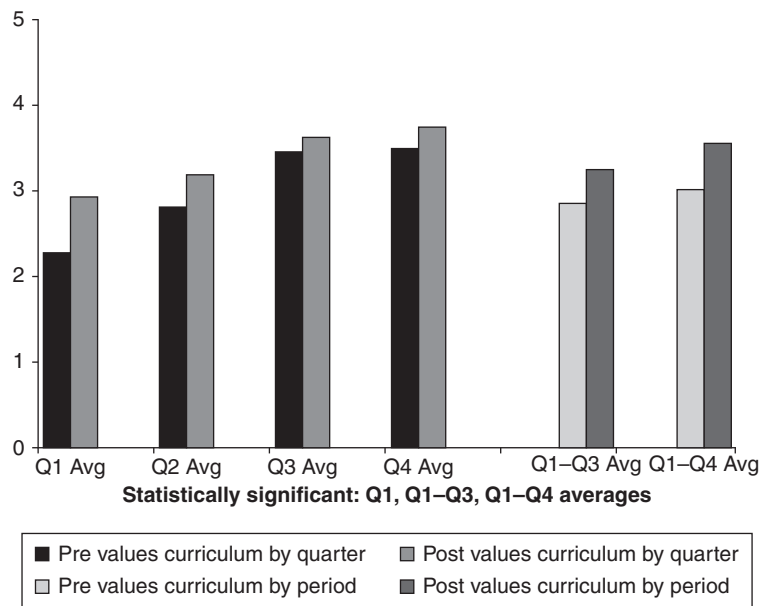

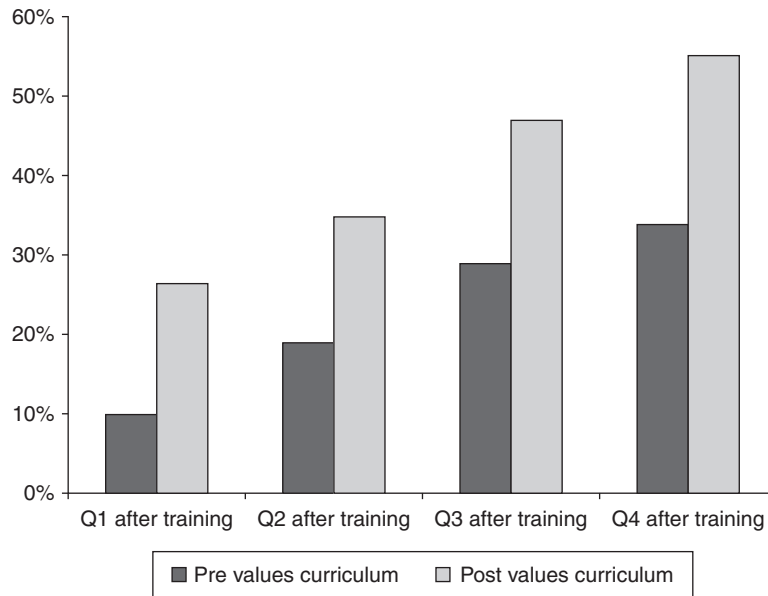*Figure 2.4*   Improvement of Average Caregiver Performance

Figure 2.5   Acceleration of Excellent Caregiver Performance

The second test measured the impact of VC training on top caregiver performers, finding that VC training was particularly effective at increasing the number of caregivers performing excellently (Figure 2.5). These results indicate that VC training may accelerate performance improvements, possibly due to a more rapid building of caregiver–client trust.

The third test studied the effect of VC training on caregiver bonuses awarded, and found that the post-VC group did not receive higher bonuses after completing the training. In fact, the pre-VC group's bonuses the first year after training were larger and inconsistent with performance ratings, indicating that caregiver motivation is unrelated to monetary incentives.

Finally, tests of correlation between caregiver performance and the control variables of caregiver gender, age and education level identified no statistically significant relationships. While there might have been performance gaps on other measures, both genders and all ages and educational levels competently demonstrated Care with Love

values and skills. Beyond the physical strength to lift a patient and the mental capacity to learn, the critical qualifier for Care with Love employment appeared to be values alignment, a choice available to all. With fortunate irony, those most marginalized from employment prospects – the undereducated, women and youths – often became the star caregivers.

Qualitative research

Questionnaires were also administered to caregivers, who had to rank ten factors by their influence on work performance on a five-point scale, ranging from 1 as 'none' to 5 as 'very strong'. In addition, extensive qualitative interviews were held with a full range of Care with Love stakeholders.[3] Due to the qualitative nature of the data gathered and the small sample size, statistical analysis was not appropriate, but the results clearly indicated caregiver motivation trends (Figure 2.6).

Post-VC caregivers ranked technical factors (in medium gray) as less influential on their performance than all relational factors (in light gray) and values reflections themselves (in white). Relational engagement surfaced as a primary motivator for post-VC caregivers, replacing the technical training and support as the primary motivators for

Pre-values curriculum

Rank	Factor	%
1	Skills training	98
2	Client respect	96
3	Management recognition	94
4	Supervisor evaluation	90
5	CWL uniform	90
6	Supervisor home visit	90
7	Value reflections	80
8	Role models	73
9	Compensation	71
10	Prizes	71

Post-values curriculum

Rank	Factor	%
1	Management recognition	100
2	Client respect	95
3	Supervisor evaluation	95
4	Value reflections	90
5	Skills training	90
6	Role models	85
7	CWL uniform	80
8	Supervisor home visit	75
9	Compensation	75
10	Prizes	65

Figure 2.6   Self-Reported Caregiver Motivation Rankings

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pre-VC caregivers. VC training may have helped improve caregiver performance because it clarified and explained values modeled by respected supervisors, affirmed with peers and publicly honored at annual festivals. Compensation and prizes (in dark gray) were ranked least influential by both pre-VC and post-VC groups, indicating that monetary incentives are not a significant motivator of caregiver performance. As one caregiver said: 'Being happy and satisfied in a place where I find respect and human treatment is more important than money.'

In summary, the research findings suggest that a culturally rooted and spiritually inspired values curriculum, integrated as part of a holistic training process, is more likely to initiate and sustain a better performance from all trainees, and to accelerate the development of top-performers. The effect of formal values training on performance is unrelated to monetary incentives and is irrespective of the caregiver's age, gender and education level.

Analysis and implications

Empirical and interview findings are consistent with the literature indicating that the practice of values plays a significant role in both human development and business performance. We now analyze these findings to explore reasons for the relationship between the practice of values and enhanced performance, and to suggest the implications for the application of values in the emerging markets of MENA.

Aligned participation

Voluntary participation based on mutual respect helps transform business relationships from services 'bought' by compensation, to performance motivated from the heart. One veteran caregiver stressed: 'The values we have acquired are not "outside us" for work alone, but "inside us", practiced in our lives both on the job and outside work.' The values implicit in participatory processes foster a spirit of ownership, inspiring volitional alignment rather than compliance with external controls. With the advent of the information age, and now in the wake of the 2011 Arab Spring, centralized management control paradigms are proving increasingly ineffective and obsolete. Social enterprise leaders in the MENA region would do well

to add participatory facilitation to their skill repertoire to discover, agree and collaborate around shared values. The effectiveness of participatory approaches is confirmed not only in this Care with Love social enterprise case, but also in many diverse international development contexts (Duraiappah et al., 2005). The key is to ensure that all stakeholders are included in the process; not only investors and directors, but also employees, clients, the public – and especially the often unheard but not insignificant voices of the marginalized. Inviting participation need not unleash disorder. The spirit of participation is deeply rooted in the Arab tradition of mutual aid (*aouneh*), when neighbors volunteer to build houses or harvest fields together. MENA social enterprises, as modeled by Care with Love, can harness and reactivate this tradition of cooperation for the common good. Participatory collaboration offers a viable option to balance and complement competitive approaches. As the Arab proverbs say, 'One hand cannot clap' (Bestourous, 2005, p. 81), and 'The hand of God is with the group' (Madanat, 2011).

Diversity dialogue

The cultural and ethnic diversity within MENA is one of its greatest treasures and yet at the same time one of its greatest dilemmas. Wise social enterprise leaders in MENA will mine the treasure while disarming the dilemma, avoiding the extremes of tyranny and anarchy as they walk the tightrope toward unity in diversity. Rather than ignoring inevitable controversy as taboo, social enterprise practitioners can explore centuries of experience together in the diverse traditions in MENA to search for shared values across all spectra. Culturally rooted and spiritually inspired values can encourage *all* stakeholders to engage while they also call upon *all* to change. A caregiver reported: 'While working with a Christian client, I listened with her to her Christian tapes and TV programs, and in return, she played the Islamic call to prayer on TV for me. This reinforced our mutual trust and communication and her family still contacts and asks about me.' The caregiver and her client were altered by the discovery of their shared value of respect, enabling them to differ on other principles and yet still be unified in a relationship. An Egyptian proverb aptly advises, 'He grasps the stick in the middle' (Bestourous, 2005, p. 97). That wise middle ground at Care with Love is where shared values are forged in the cauldron of honest

dialogue about differences in sustained relationships. If and when that trust is broken, archetypical Arab hospitality and generosity affirm that the treasure of unity in diversity still warrants the painful, uphill journey back: 'If your enemy comes to your door, say "Welcome!" ' (Bestourous, 2005, p. 117), and 'Reconciliation is the master of judgments' (Madanat, 2011).

Coherent policy

Values must be built in, not tacked on. Care with Love values are not brochure slogans, but essential behaviors that its people practice, its policies require and its systems support. Both supervisors and caregivers alike know that they are expected to live by the values, even if on occasion that results in lost clients, lost revenues and lost opportunities. As one caregiver reported: 'A family and client were very rude with me; I had decided to quit if my supervisors did not act justly. They investigated and then stood by me, so I realized that influence and power do not control Care with Love decisions.' This is particularly relevant in MENA, where extended family owned and operated SMEs are common. The influence of the founder's values and example can become diffused when the enterprise expands beyond the founder's relational network, as discovered during Care with Love franchising. To maintain the potency of values and sustain growth, we advise MENA social-enterprise leaders to codify and integrate their core values through coherent operating policy and systems organization-wide, defining for all the latitude of acceptable means in pursuit of the mission. Infusing values into policy and systems will leverage their impact; however, this does not replace the imperative of the living example of founders and directors. Values are better not proclaimed if they are not applied equitably for all, regardless of blood or friendship connections. The hypocritical application of values, as noted in the Egyptian folk saying, is 'Water under straw' (Bestourous, 2005, p. 271).

Adaptive leadership

The Care with Love values assimilation process helped create an environment in the MENA region where adaptive leadership emerged and developed. In spite of the stigma of manual labor in MENA, it is worth noting that all Care with Love trainers and supervisors, including the founder herself, got their hands dirty in service to the

elderly and chronically ill. Caregivers internalized the values they had heard articulated and seen modeled, and took the initiative to put them into practice in new contexts, both on and off the job, monitored or solo. Values internalization equips and ensures that people can innovate to serve the mission in the face of complexity, rather than waiting for orders as compliant followers. The outcome is that the whole person engages to serve with heart and mind, not merely hands. One trainer recounted:

> Fire broke out in a building where a caregiver was at work with an elderly, disabled, sick grandmother. Her grandchildren deserted her and fled, screaming for the caregiver to save herself for the sake of her own children. However, at the risk of her life, the caregiver wrapped her patient in a blanket and carried her down the stairs, shouting, 'She's like my family; I have to save her!'

It is through values internalization that adaptive leaders multiply and take action to serve the common good, translating poetic visions of dignity into tangible results on the ground: 'Yesterday we obeyed kings and bent our necks before emperors. But today we kneel only to truth, follow only beauty, and obey only love' (Gibran and Cole, 1997, p. 30).

Shared benefit

Business has tremendous potential to serve the common good with the sustainable production of goods and services. In fact, each year since 2006, Care with Love has averaged more than half a million patient-care hours annually. They served, employed and graduated a yearly average of 137 clients, 162 caregivers and 60 new trainees, respectively. Mere statistics, however, do not express the social impact that the Care with Love practice of values has had on stakeholders. One caregiver reported:

> During practical training in a disadvantaged home, an elderly woman was dying while nurses were ignoring her. Our trainer and we trainees, who until then had feared touching anyone dying, insisted on bathing her. Her face relaxed; tears rolled down her cheeks. Stunned, we realized what our attention and care meant for her.

While Care with Love is financially profitable, its social impact in human terms arguably multiplies even more significant returns: improved health, respected elders, sustained families, effective education, dignified employment, inter-sectarian understanding, reduced government dependency and increased equity by gender, class and age. To understand the value of such social impact, a change of paradigm from myopic fixation on profit maximization to a holistic vision of shared benefit for all stakeholders is required. The beauty and complexity of shared benefit cannot be reduced to the single bottom line of profit, nor even captured in triple economic–social–environmental bottom lines. To be effective and sustainable, stakeholder value analysis and business design must be inclusive, integrated and holistic. The Care with Love values-driven model confirms the feasibility of generating not only economic profits but also diverse stakeholder benefits in the MENA region. The Arab Youth Survey lists healthcare and jobs as only two emerging markets; others cry out for enterprise innovations offering security, safety, family, marriage, housing, education, credit, jobs, gender rights, Internet, travel and more (ASDA'A Burson-Marsteller, 2011). We encourage MENA practitioners to pursue not only financial returns, but also other dimensions of market demand and mission impact, including, but not limited to, social, environmental, aesthetic, spiritual and cultural factors. Avoiding reductionist materialism, we heed the wisdom that 'the most pitiful among men is he who turns his dreams into silver and gold' (Gibran, 2010, p. 21).

Sustained trust

Care with Love values respect all people as responsible agents who participate in the creation of both economic value and social capital, the cohesion of trust which is the true wealth of any community (Fukuyama, 1995). People are not objects to be exploited for economic-value extraction. Through this lens, Iskander perceived the dignity and worth of both the chronically ill and the chronically unemployed, and their potential to create value together by serving each other. The chronically ill need and can afford to pay for some health services, but really desire loving care. The chronically unemployed need and can afford to learn some technical skills and earn a livable wage, but they really desire dignity and respect. Trading technical skills for modest wages creates some value, but
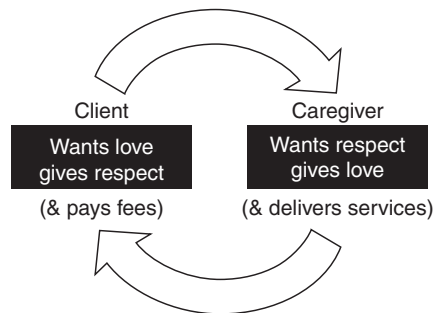
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Figure 2.7   Value Exchange of Respect and Love

the primary value creation is in the relational exchange of caregiver love and client respect in a sustained way (Figure 2.7). Values-driven development is sustainable because love and respect are both blind – unconditional and non-discriminatory.

Conclusion

Trust is the soil in which such development grows. Without trust, business is a burden and finance flees. As Gibran perceived: 'Work is love made visible. If you cannot work with love but only with distaste, it is better that you should leave your work and sit at the gate of the temple and take alms of those who work with joy' (Gibran, 1996, p. 14). The Arab Spring was an unmistakable call for well-placed trust in the MENA region. Social enterprise innovators can lead the way forward by defining complementary needs, negotiating shared benefits, forging shared values and nurturing trust back to life in pursuit of a shared vision of community, one in which there is an active exchange of higher-valued relational intangibles such as love and respect.

Acknowledgements

Appendix – Research methodology

Hypothesis: **The introduction of a formal, structured values curriculum (VC) positively correlates with improved employee performance, as measured by (a) employee performance ratings and (b) employee bonuses received.** As noted in the text, caregiver performance is rated quarterly on a five-rank scale. Bonus eligibility is based on refresher-course results. Quarterly performance rating and bonus data were available from Q2 2006 to Q1 2011. For optimal comparability, data were chosen for the first four quarters after each caregiver's training, resulting in cohorts of 121 pre-VC and 49 post-VC caregivers. Four tests were run on the data gathered from these sample populations.

Test One: To test the effect of VC training on overall caregiver performance, ratings were converted to 0 (absent), 1 (on list, unrated), 2 (acceptable), 3 (good), 4 (very good), and 5 (excellent). Quarterly ratings and average ratings across quarters 1–3 and quarters 1–4 were computed, and an independent samples t-test was then conducted. *Results*: The average quarterly performance scores of the post-VC caregiver cohort exceeded the pre-VC cohort by statistically significant margins [Q1, $t(78) = -2.29$, $p < 0.05$; mean of Q1–Q3, $t(168) = -1.98$, $p < 0.05$; and mean of Q1–Q4, $t(159) = -2.65$, $p < 0.01$]. The lack of statistical significance for quarters 2–4 can be explained due to small sample sizes spread over multiple categories. These results indicate that VC training contributed to improved average overall performance (see Figure 2.4 in the chapter).

Test Two: To test the effect of VC training on top caregiver performers, performance ratings for pre- and post-VC cohorts were cross-tabulated for each of the first four quarters of the VC program, and a chi-square test was performed. *Results*: More of the post-VC cohort was rated excellent in each of the four quarters after training. Cross-tabulations for pre-VC and post-VC cohorts rated

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excellent generated statistically significant chi-squares for the first quarter after training [χ^2 (4, $N = 170$) = 10.23, $p < 0.05$]; and the third quarter after training [χ^2 (5, $N = 170$) = 11.51, $p < 0.05$)], but not for the second and fourth quarters, again likely to the small sample sizes spread across multiple categories. As Test One showed, the improvement effect for excellent performers was clearest in the first quarter. This suggests that VC training may be linked to a faster performance ramp-up of caregivers already performing excellently (see Figure 2.5 in the chapter.)

Test Three: To test the effect of VC training on caregiver bonuses awarded, an independent samples t-test was conducted. *Results*: The hypothesis that the post-VC group would receive higher bonuses after training completion was not supported, indicating that monetary incentives did not significantly influence caregiver performance.

Test Four: To test relationships between caregiver performance and control variables of caregiver gender, age and educational level, Pearson correlations were performed. *Results*: Tests indicated no statistically significant correlation between caregiver performance and the control variables of caregiver gender, age and education level.

Notes

1. Team expertise included international development, social entrepreneurship, participatory appraisal, public policy, developmental economics, organizational development, business valuation, impact investment and statistical analysis.
2. Using PDI Ninth House software, the methodology, data collection and statistical analysis were supervised by Joy Hazucha PhD, the senior vice-president for leadership research. The quantitative research methodology is recorded in the appendix.
3. Interviews were conducted and questionnaires were administered by Al-Fustat Center for Studies and Consultation to a sample of 49 pre-VC caregivers and 20 post-VC caregivers.

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