

The relationship between the Quality of Working Life with Customer Relationship Management

Seyed Pouria Hedayati¹, Fateme Mohabati^{1*}, Somayeh Baqheri², Naser Hashemi³, Abolfazl Qoum Dust Nouri¹

¹Department of health management and Economics, School of public health, Zabol University of medical sciences, Zabol, Iran.

²Department of Epidemiology and Biostatistics, Zabol Medical Sciences University, Zabol, Iran

³Department of health care services management, Tehran Medical Sciences University, Tehran, Iran

Corresponding author:

Fateme Mohabati,
Department of health management and Economics,
School of public health,
Zabol University of medical sciences,
Zabol, Iran,
E-mail: mohabatif@gmail.com

Received: 01-Sep-2022,

Manuscript No. AMHSR-20-7819;

Editor assigned: 05-Sep-2022,

Pre QC No. AMHSR-20-7819(PQ);

Reviewed: 15-Sep-2022,

QC No. AMHSR-20-7819;

Revised: 28-Sep-2022,

Manuscript No: AMHSR-20-7819(R);

Published: 30-Sep-2022,

DOI: 10.54608.annalsmedical.2022.57

Abstract

Background: The customer Relationship Management is an important variable in the study of organization management. This study aimed to survey the relationship between quality of working life of employees with customer relationship management in hospitals of Zabol university of medical sciences. **Methods:** This cross sectional and descriptive-analytical study was conducted among hospitals employees in 2015. 205 persons were randomly selected among them. A questionnaire was used as the data collection instrument including three parts (demographic, working life quality and customer relationship management). Data were analyzed using the SPSS18 software. **Results:** The results show that there is a significant relationship between the quality of working life and customer relationship management ($r=0/49$, $p\text{-value}=0.001$). Customer relationship management had correlation with fair and adequate payment, secure and healthy working environment, provision of opportunities for continued growth and security, law orientation in the work, social involvement of work life, integration and social cohesion in the work organization, extended human capabilities but had not correlation with overall living space. **Conclusions:** Quality of working life is influencing factors Customer Relationship Management. Therefore, attempts to implement quality of working life as a process for improving hospitals performance and improving communication between service providers and customers.

Keywords: Management; Quality of working life; Customer relationship management; Hospitals

Introduction

Nowadays, organizations are focusing on human resources from different dimensions. Training and promotion of abilities and skills level, quality of working life, maintain of motivation and work ethics, customer relationship management, job satisfaction, promotion and rewarding practices and has become important and current subjects ^[1].

The understanding of the term Quality of Working Life (QWL) is multidisciplinary, and its limits and concepts are in the process of being defined; thus, definitions of the term are common, but not always in agreement. Regarding the workplace, there is the concept of Quality of Working Life (QWL), which is a comprehensive understanding of quality of life at the workplace, including aspects of well-being, assurance of health, physical, mental and social safety and training for conducting tasks safely and with suitable use of personal energy ^[2]. The construction of QWL begins when businesses and individuals are perceived as a whole, promoting workers well-being and safety with the aim of guaranteeing higher productivity, work quality and higher satisfaction with family and personal life.

There is a belief in every organization that Customer satisfaction is the core of all its activities. Customer Relationship Managements (CRM) is a strategic necessity for all of the organizations. Its efficient implication can increase customers' satisfaction and loyalty, attracting them and as a result increasing

organizational productivity. Therefore, managers need to be aware of factors of success in customer relationship management and identify its key elements. There is no doubt that attracting new customers is always more expensive than keeping them, thus, organizations intend to build strong, efficient, interactive and long-term relationships with their customers in order to have more efficient and useful performance. Customer relationship management is a competitive advantage for organizations, and organization seeking the competitive advantage are looking for implementing technologies such as CRM ^[3].

Studies show many factors influence customer satisfaction for example employees satisfaction, employees loyalty and services quality. Health care jobs are among the jobs in which the two mentioned variables are significant ^[4-6]. The goal of the health care system is to provide the physical, psychological, and social health of the people, and at the same time create an environment that the health staff can deliver higher quality and more effective services ^[7].

In the health market, with increasing competition among service

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

How to Cite this Article: Mohabati F, et al. The relationship between the Quality of Working Life with Customer Relationship Management . Ann Med Health Sci Res. 2022;12: 258-261.

providers organizations, their numbers are increasing day-to-day. Health care centers identify and meet patients' needs with use of customer relationship management. The CRM in employees is an attitude which understand whatever interrelated with viewpoints and expectations of patients, in order to supply appropriate information and follow up of provided services to them, lead to customer faithfulness and obtain more gain [8-10].

There is a pleasant interrelation between health suppliers and patients that in addition to maximize customers' satisfaction enhances health quality. The influence of this topic is insofar as subjects of QWL and CRM have been classified within 9 essential precedence in health care centers.

Customer relationship management in most hospitals has not been well understood and implemented in previous studies. It is vital to explore and pay attention to relationship of CRM with QWL. This research objective to examine QWL and CRM dimensions relationship in hospitals in order to help managers identify influential dimensions.

Nowadays, the quality of working life is the key success in each organization, and any effort in this regard has led to positive results, not only in the field of mental health, but also in organizational participation and economic efficiency. In this study, by improving the quality of working life, there will have any activity in any organizational level in order to increase organizational efficiency through staff development and promotion of their human dignity.

Any improvement in customer relationship which support organizational growth and excellence is part of the quality of working life. Therefore, the value system consider the quality of working life and customer relationship management as major variables in studying strategic management. Satisfying customers' requirements will lead to improvements in long-term performance of the organization. According to the significance of the subjects, the present study aims at investigating the quality of working life and its relationship with customer relationship management in Zabol niversity of medical sciences hospitals.

Methods

This study was descriptive and analytical among hospitals employees in 2015 and designed with relationship purpose of quality of working life with customer relationship management. The study was carried out in 3 hospitals affiliated to University of medical sciences in Zabol. The total number of participants was 205 employees; the participants were randomly selected through stratified sampling using proportional allocation and applying the $n_h = \frac{N_h}{N} * n$ formula, from Amiralmomenin hospital 136 employees, Imam Khomeini hospital 35 employees and 34 employees from Zahak's Sydalshhda hospital were selected.

The data has been collected using three questionnaires, Demographic information of participants, quality of working life and customer relationship management. The CRM questionnaire used by Heidari and Akhavan consisted of 14 questions in 3 areas—attraction, preservation and development of the relationship with customers (1-5 questions), infrastructure aspect (6,7 questions) and customer orientation aspect(8-14

questions), outlined the 5-point Likert based composed of 5 to 1 point. The questionnaire validity was the cumulative verdict based of academic and specialists that validity was determined 83%. Furthermore, for the reliability assess, the Cronbach's alpha determined to be 93%.

As to measure Quality of working life, the questionnaire used by Recharad Walton was used which consisted of 27– items questions is perceived as consisting of eight components. This questionnaire follows a Likert-type, 5-choice response format from (Very low, low, to some extent, high, very high). The questionnaire contains 8 components including, adequate and fair compensation (questions 1 to 3), safe and healthy working condition (questions 4 to 6), opportunity for continued growth and security (questions 7 to 9), constitutionalism in the work organization (questions 10 to 13), social relevance of work life (questions 14 to 16), work and total life space (questions 17 to 19), social integrity in the organization (questions 20 to 23) and opportunity to use and develop human capacities (questions 24 to 27). The questionnaire validity was the cumulative verdict based of academic and specialists that validity was determined 86%. The questions reliability was determined *via* Cronbach's alpha as 0.83.

The SPSS version 18 was used for data analysis and statistical technique of inferential. Statistics of descriptive were practice to tables drawing of frequency and statistics of inferential were practice to examine relationship of variables. The test of Kolmogorov-Smirnov was practiced to determine the distribution normality. Furthermore correlation of Pearson's test were practiced to determine the variables correlation. The study ethical approval was obtained with letter of the relevant university. As well, the contributors were assured that their responses to the questionnaires will remain confidential and they did not need to mention their names. The researcher gave all the necessary explanations to the participants and asked them to carefully reflect about the questions.

Results

Based on the consequences, in the group of respondents were 62% female, 85/9% married and 66/3% had degree of BSc. The average age of the nurses was $31/7 \pm 4.64$ and their job experience average was $6/8 \pm 4/41$ years.

In the number of 3 hospitals, the mean score of quality of working life was 2/8 and the mean score of customer relationship management was 3.16 (Table 1). The results of the Pearson test at error degree of minor than 0.05, with 0.95 confidence interval indicate a positive and significant correlation quality of working life with customer relationship management ($r_p=0.49$, $P=0.001$) (Table 2).

According to the results of table2, customer relationship management had correlation with fair and adequate payment ($r_p=0.41$, $p\text{-value}=0.002$), secure and healthy working environment ($r_p=0/33$, $p\text{-value}=0.005$), provision of opportunities for continued growth and security ($r_p=0/42$, $p\text{-value}=0.001$), law orientation in the work ($r_p=0/39$, $p\text{-value}=0.000$), social involvement of work life ($r_p=0/26$, $p\text{-value}=0.001$), integration and social cohesion in the work organization ($r_p=0/36$, $p\text{-value}=0.003$), extended human

Table 1: The descriptive statistics of the quality of working life and customer relationship management.

variables	Number	Mean	SD	Maximum	Minimum
the quality of working life		02-Aug	08-Apr		
customer relationship management	205	Mar-16	07-Nov	5	1

Table 2: The Pearson correlation coefficient between quality of working life and Customer relationship management.

Quality of Working Life	Customer Relationship Management	
	Pearson Correlation Coefficient	p-value
fair and adequate payment	41/0	002/0
secure and healthy working environment	33/0	005/0
provision of opportunities for continued growth and security	42/0	100/0
law orientation in the work.	39/0	000/0
social involvement of work life	26/0	100/0
overall living space	031/0	66/0
integration and social cohesion in the work organization	36/0	003/0
extended human capabilities	46/0	004/0
Quality of working life	0/49	0/001

capabilities (rp=0/46, p-value=0.004) but had not correlation with overall living space (rp=0/31, p-value=0.66).

Discussion

This study was conducted in hospitals of Zabol University of medical sciences. There was a positive and significant relationship between quality of work life and customer relationship management based on the finding of this study. Test of Pearson correlation showed relationship of variables in study was middling. It states that the quality of the work life of better in employees, the more affirmative CRM in hospitals of Zabol university of medical sciences. Ahmadi et al (2010) investigated and analyzed the quality of working life among the staff of Iran Auditing Organization and its relationship with their performance. Their results indicated a significant relationship (sig =0.00) and (p-value>0.05) between the staff’s quality of working life and their performance. Also Mohebinia (2016) has studied the relationship between the staff’s quality of working life and customer relationship management in governmental organization of Marivan city in Kurdistan province and this confirms the results.

The results revealed a significant relationship between adequate and fair compensation and customer relationship management with (sig=0/002) and (rp=0.41) which shows the equality is quite influential on constructing a trustworthy relationship between customers and employees and accountability. In addition to compensating for their services with money, staff management must also improve the quality of life of employees (advantages of non- financial and indirect).

The results of the present study have also shown the existence of a significant relationship between safe and healthy working condition and the customer relationship management in the studied hospitals with the significant level of rp =0/33p-value =0/005. These results are in consistent with the results of Ghalavandi et al (2010) study Providing suitable physical conditions in the workplace and working with minimal safety risk can make the personnel notice that safe and healthy

working conditions can positively influence their relationship with customers.

There is has been reported also a significant relationship between providing the opportunities for growth and promotion and customer relationship management in affiliated hospitals to Zabol Medical Sciences University with the significance level of r =0/42 and p-value =0/001. The results of the previously mentioned study of Ghalavandi et al (2010) suggested a positively significant relationship between providing the opportunity for continued growth and security with all of the organizational performances’ perspectives. The organizations need to focus on providing suitable conditions and equal opportunities for acquiring necessary skills and trainings for their personnel, so that the organizations would be able to meet their customers’ needs through the coordination between staff and missions, objectives and plans and strategies.

According to our hypothesis, there is a significant relationship between law orientations in the work and the customer relationship management in the in affiliated hospitals to Zabol Medical Sciences University. Yet, the results showed no significant relationship between these two factors with the significant level of r=0/39 and p-value =0/000. Considering to the regulations and preparing a context for intellectual and practical partnerships among the personnel can lead to organizational integrity regarding the relationship with customers.

Furthermore, the results showed a significant relationship between social involvement of work life and extended human capabilities with customer relationship management in the hospitals affiliated to Zabol Medical Sciences University with the significance level of r =0/26 and p-value =0/001 and r =0/46 and p-value =0/004. These results suggest that with the growth in social relevance of work life and the opportunity to use and extended human capacities, increase the customer relationships management. It can stem from the fact that lack of social responsibility in organizations would lead to despising the value of work and profession of their staff and consequently would result in employees’ tendency to increase their customers’ trust regarding the provided services, and their quality.

Limitations are circumstances out of the researcher's control that furnish extent for the conclusions. The inherent limits of using few hospitals for the study suggest that the results of this study are not necessarily transferable to other groups or geographic locations.

Conclusion

These results showed that quality of work life affects customer relationship management. We can improve customer relationship management by increasing quality of work life. Moreover improvement of working life in employees and more contributing them with organization goals, increasing social communication networks with customers, providing excellent service quality, and customer satisfaction.

Managers can improve the quality of work life by providing opportunities for growth and development of employees' abilities, providing conditions for employees' more engagement, promoting teamwork, planning for fair and just payment. So it can directly affect customer relationship management, three areas including attraction, and development of the relationship with customers, infrastructure dimension and customer orientation are considered as factors influencing customer relationship management in hospitals.

Conflict of interest

The authors declare that there is not competing interests.

References

1. Vagharseyyedin SA, Vanaki Z, Mohammadi E. The nature nursing quality of work life: an integrative review of literature. *West J Nurs Res*. 2011; 33:786–804.
2. Hipolito MCV, Masson VA, Monteiro MI, Gutierrez GL. Quality of working life: Assessment of intervention studies. *Rev Bras Enferm*. 2017; 70:178-86.
3. Kim KH, Jeon BJ, Jung HS, Lu W, Jones J. Effective employment brand equity through sustainable competitive advantage, marketing strategy, and corporate image. *Journal of Business Research*. 2012; 65: 1612-17.
4. Panchapakesan P, Prakash Sai L, Rajendran Ch. Customer Satisfaction in Indian Hospitals: Moderators and Mediators. *Quality management journal*. 2017;21: 10-29.
5. Caruana, A. Service loyalty: The effects of service quality and the mediating role of customer satisfaction. *European Journal of Marketing*. 2002; 36:811-828.
6. Al-Neyadi H, Abdollah S, Malik M. Measuring patient's satisfaction of healthcare services in the UAE hospitals: Using SERVQUAL. *International journal of healthcare management*. 2018; 11: 96-105.
7. Choi W, Rho MJ, Park J, Kim KJ, Kwon YD, Choi IY. Information system success model for customer relationship management system in health promotion centers. *Health care Informatics Research*. 2013; 19:110-20., [Indexing]
8. Choi W, Park J, Kim K, Choi I. Successful use of customer relationship management system in hospital healthcare centers. *Journal of the Korean Medical Association*. 2012; 55:748.
9. Hung SY, Hung WH, Tsai CA, Jiang SC. Critical factors of hospital adoption on CRM system: Organizational and information system perspectives. *Decision support systems*. 2010; 48:592–603.
10. Asadi-Lari M, Tamburini M, Gray D. Patients' needs, satisfaction, and health related quality of life: Towards a comprehensive model. *Health Quality of Life Outcomes*. 2004;2:32.