

The Moderating Effect of Commitment to Service Quality on the relationship between Communications, Customer Relationship Management and Organizational Performance: Evidence from the Kingdom Saudi Arabian Hospitals

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Abstract

The study aim to examine moderating effect of commitment to service quality on the relationship communication, customer relation management and organizational performance. The data were collected by cross sectional collection method from the staff of KSA public hospitals. The analysis and results were drawn by applying PLS-SEM techniques. The result of current study found that there is significant relationship between communication and organizational performance. From the aspect of CRM practices, the study findings were shown consistent with organization performance in the staff of public hospitals in KSA. In the meanwhile, moderating effect commitment service quality were shown insignificant effect on the relationship between communication and organizational performance. However, moderating role of commitment to service quality effects on the relationship between CRM and organizational performance were found significant. This findings helps policy maker and strategist of Kingdom of Saudi Arabia to give priority and standing towards commitment to service quality, which is enhancing the organizational performance of staff of public hospital in KSA. In the last, the study established several limitations and recommendations for Future Avenue.

Keywords: Commitment to Service Quality, Customer Relationship Management, Organizational Performance and Communication.

Introduction

Hospitals play a pivotal role in the economy of the country as it contributes an important role in the basic infrastructure of the country and improves health performance. Hospitals are considered as important units in any country as it ensures delivery of health services to masses and ensuring a healthy society (Al-Adham, 2004). Additionally, a sizable part of GDP of developed and emerging economies is allocated to providing health services through hospitals. Hospitals are viewed as an important part of processing and delivery units of health services, and the function of hospitals is well regarded around the world. However, hospitals remain under a constant scrutiny to raise the efficiency and quality of the health services they provide to people (Alexander, Preker & Harding, 2003). This pursuit of the efficiency and quality of the health service has heightened the attention to the health services provided and to their quality (Farid, 2008). Contrary to this, other researchers have argued that delivering above an average performance is possible even if there are scarce resources.

Moreover, service quality of health services provided to people, has been of Saudi Arabian officials responsible for health services in the country. Saudi Arabia has been actively pursuing plans to improve the infra-structure of the hospitals in the country. As a result, several improvements have been made in Saudi Arabia (Alkhamis, 2011). A study (Almalki et al., 2011) reported the efforts and progress made by the Saudi government in improving the health system. According to the study, the ministry of health (MOH) has drawn a nation-wide plan to address the challenges of health sector in the country and bring about a major initiatives in the quality of health services. However, even after planning and executing strategic plans towards health services, the citizens of Saudi Arabia still perceive that the government funded hospitals to be of low performance. The Saudi residents show a great sense of disappointment for the quality of health services provided at the public hospitals. Their growing disappointment has led many Saudis to seek medical attention in the western and neighboring countries (Algarousha, 2006). While the efforts of the government have not brought about fruitful results, the phenomenon of possible causes behind the failure of hospitals in Saudi Arabia to deliver satisfactory level of health services is yet to be explored (Alharbi, 2014). Thus, the purpose of this study is to uncover possible reasons of continued poor performance of hospitals in Saudi Arabia. Additionally, weak performance and misdealing of employees with customers at public hospital sector that reported in the media that the most important issues faced by the patients, whether man or women related to weakness of performance at public health service sectors and bad dealings with patents (Alriyadh Newspaper, 29 September 2011) hence, current study examined contributing factors, as hypothesized later in this study, and will find empirical proofs of the influencers affecting the quality of health services in Saudi Arabia. The constructs employed here were found in many previous studies, showing positive, significant effect on the overall performance of service and product based organizations around the world (Santos-Vijande & Alvarez-Gonzalez, 2007). This leads towards the understanding that commitment to service quality were considered important in the service related industries. Furthermore, this ultimately effects on the performance of organization in services sector.

Literature Review

Service quality is the combined perception people have regarding products and services. It is widely regarded as a regressor to customer satisfaction (Parasuraman et al., 1988; Zeithaml & Bitner, 1996). Service quality seems to be potential for the organizations to fulfill the expectations of customers (Parasuraman et al., 1988). In fact, service quality lies in between the expectations and perception of the service quality customers have (Zeithaml et al., 1990). As the rule of thumb is, a service quality below the expectations, results in unsatisfactory perceived quality, hence it leads to dissatisfied customers (Parasuraman et al., 1985; Lewis & Mitchell, 1990). According to Babakus *et al.* (2003) and Lytle and Timmerman (2006), organization has commitment to service quality which is manifested through a simultaneous emphasis by management on training, empowerment, and rewards. When management is committed to improving service quality, employees will be provided with more resources for training. Such training may enhance the skills of employees in dealing with unexpected work problems and their competence in making appropriate suggestions for decisions making. Moreover, employees could be given increased control over different aspects of service delivery. In this context, they would enjoy more discretion on the job and be allowed to take more responsibility for solving problems and making decisions relating to service policies and the service environment (Peccei and Rosenthal, 2001; Rees, 1995).

Moderating Effect of Commitment to Service Quality

Employees who are in direct contact with the customers, are liable to providing satisfactory services and attaining customer satisfaction and higher performance as a result (Parasuraman, Zeithaml, & Berry, 1985; Hartline, Wooldridge, & Jones, 2003). It has been cited repeatedly that committed employees who are responsible to serve customers directly have high customer-oriented values, deliver highest quality of service and they have lower level of stress (Hartline & Ferrell, 1996; Hartline, 2000; Maxham & McKee, 2000; Bowen & Schneider, 1985).

Moreover, it is evident from the literature review that commitment to service quality (CSQ) is indispensable to ensure delivery of exceptional service quality (Babakus, Yavas, Karatepe, & Avci, 2003; Hartline, Maxham, & McKee, 2000; Elmadag, Ellinger, & Franke, 2008; Clark & Hartline, 2009). However, the past researches in the context of commitment to service quality appear to have narrow scope, focusing on service industry analysis (Reeves & Hoy, 1993; Hartline & Ferrell, 1996; Babakus et al., 2003; Hartline et al., 2000; Malhorta & Mukherjee, 2004; Subramony, Beehr, & Johnson, 2004; Ashill, Carruthers, & Krisjanous, 2006; Little & Dean, 2006; Kim, Tavitiyaman, & Kim, 2009). These findings have consistently indicated that the committed management of the organization plays a key role in inculcating positive commitment in employees towards their organization.

According to Peccei and Rosenthal (1997) and Worsfold (1999), there has been lack of attention paid to commitment to service quality by employees to fulfill the needs to non-stop improvement in meeting customer's satisfaction. In fact, it is a matter of great importance for organizations to instill high level of commitment to service quality in employees (Asgari, 2014). Irfan & Ijaz (2011). Natasha and Sbroto (2003) identified that contact center employees did not make initiatives to make customers feel indispensable for the organization. The authors suggested that the enhancement of CRM and communication to raise intrinsic motivation of the employees to uplift organizational performance. According to the past literature, enhanced employee commitment may help in bringing the organizational performance to the desired level (Waldman, 1993; Jabnoun, 2002; Natasha & Subroto, 2003;

Hartline et al., 2000; Clark et al., 2009; Hashim & Mahmood, 2012). These findings further recommended to take leverage of CRM and communication in foreseeing broader goals of the organizations and ensuring a positive environment and allocation of resources towards commitment to service quality.

H1: Commitment to service quality has a moderating effect on the relationship between Customer Relation Management and organizational performance

H2: Commitment to service quality has a moderating effect on the relationship between communication and organizational performance.

Communication and Organisational Performance

Shonubi and Akintaro (2016) emphasized that day-to-day interaction among people and declared that the performance and achievements of organizations are equal to the level of effectiveness of communication in organizations. Effective communication is not just required between front line employees and customers (refers to patients in this study), it is as essential between employees and suppliers and among the various functional departments of the organizations. The researcher further stated that a detailed look at the top performing businesses around the world today reveals that those businesses are also expert in internal and external communication. Their outstanding communication expertise appears to be a major force behind their excellent performance. This argument also earned support from Rajhans (2012), whose researched on organizational communication, made a conclusion that organizational communication is a significant characteristic towards high motivational level of employees, hence leading to the above average organizational performance. It is also to be noted that contemporary changes in the job market, such as reduced workforce, multitasking, longer workhours and pressure to produce higher performances, make effective communication even more critical for today's organizations.

Hence, as explained in the introductory section about the general performance and type of environment in the hospitals of Saudi Arabia, public or private, the country hosts a large number of foreigner workers rendering their medical expertise in the Saudi hospitals. As the foreigner workers are of different races, religions, cultures and languages, communication among the employees and between the employees and patients is definitely a challenge. In Saudi Arabia, the common language to communicate used by the employees and patients is English in most cases and Arabic in rare cases. However, communication in English remains a challenge due to the low English proficiency of the employees and patients in Saudi hospitals. This creates a huge language gap and may result in effective delivery of the services demanded by the patients. Another challenge in the context of communication in Saudi hospitals is the cultural segregation of females and males in the country. While both males and females are employed by the hospitals, the cultural norms in the country demand male and female to work separately under one room, to ensure minimal interactions between the two.

This is why communication is very important in the Saudi context. Another thing that may be considered as a challenge to achieving effective communication between employees in the Saudi healthcare context is the nature of the relationship between males and females in workplaces. Although, employees in the Saudi public hospitals constitute both males and females. The cultural divide between females is not limited to the hospitals, instead it is strictly implemented outdoors to avoid free interactions between males and females (Almutairi and McCarthy, 2012). Such social behaviors evidently prevent to achieve effective communication. Through the means of communication, information reaches swiftly which

positively affects tasks performance. On the basis of these arguments from the literature, this study hypothesizes that:

H3: Communication of hospital professionals in Saudi Arabia is significantly positively related to organizational performance.

Customer Relationship Management and Organisational Performance

Past studies (Richard and Ronald 2008) admitted that Customer Relationship Management (CRM) is the most important element of the performance of health care service providers. It has been argued that management of relationship between the provider and customers (patients) is a major factor that creates mutual understanding, patient involvement and a relationship that shows customer's trust to the provider. In addition to this, skilful management of CRM between the healthcare service providers and patients adds to greater satisfaction in patients. The customers satisfaction (patients) leads to customer loyalty which in turn raises organizational performance.

The efficacy of CRM raises the life standards of patients and subsequently enhances the performance of healthcare centers (Arora, 2003). He states that effective and friendly relationship between the health service providers and patients help elevate satisfaction and creates effective communication between these two. It ultimately leads to improving health, quality of life of patients, especially those suffering from chronic disorders. Investigating further, the author finds that not being able to manage friendly relationship between the patients and health service providers causes dissatisfaction among the patients and eventually leads towards distrust on the healthcare system. In addition, a negative and unattended relationship will cause the patient to feel cast-off while being treated at the hospital. To conclude the significance of CRM, healthy and active relationship management between healthcare providers and patients is widely seen all-important. Sustaining such relationships can improve the performance of the business. Therefore, this discussion leads us to the hypothesis:

H4: Customer Relationship Management (CRM) has a significant positive relationship with organizational performance in hospitals of Saudi Arabia.

Methodology

Considering the context and nature of the phenomenon, a quantitative research technique has been applied for this study. To collect primary data, a questionnaire was designed and used. Recent studies on public sector of Saudi Arabia opted for Balance Score Card (BSC). BSC was employed by Omira (2014), who examined various factors effecting organizational performance in Saudi Arabia covering a number of ministries in the country by 31 items scale. For CRM, the study used scale from Demo Rozzett (2013) with required amendments of words selections and the items to bring the scale in line with the current study. Especially, the original scale consisted of 14 items which were narrowed down to 12 items for this study – excluding 2 items not relevant to the current study. In the present study, two sets of items have been used to measure the construct of communication; the first set comprises 6 items measuring the communication among the team members (teamwork) and the second set of items comprises of 4 items measuring communication between the team members and the patients. All the items are adapted from Ashill, Krisjanous and Carruthers (2004), who conducted a study that aimed to investigate the antecedents and outcomes of service quality performance of hospitals in New Zealand. To measure commitment to service quality, a questionnaire, originally developed by Mowday, Steers, and Porter (1979), containing 9 items

was used and modified to fit the context of the study, as suggested by Clark et al., (2009). Pursuing the recommendations of Sekaran (2003), responses from 154 hospital directors in Saudi Arabia were collected as a sample. It has been stated by Sekaran (2003), that for a population above 259, a sample of 154 is representative to the total population.

4. Results

4.1 Demographic Profile

As presented in the Table 5.5, the region and the associated percentage of people included in the sample are: Riyadh, 17.9 percent; Mecca, 12.6 percent; Madina, 7.3 percent; Eastern, 12.6 percent; Qassim, 7.3 percent; Hail, 4 percent; Aljouf, 4.6 percent; Northern, 3.3 percent; Tabouk, 6.6 percent; Aseer, 9.9 percent; Jazan, 7.3 percent, Nairan, 4 percent, and Baha, 3.3 percent. The age of respondents under 30 years, less than 2 percent; between 46 and 50 years, 27.2 percent; between 51 and 55, 16.6 percent and between 56 and 60, 9.3 percent. The statistics of number of beds available in the hospitals included in the sample are: number of beds 50 – 100, 34.4 percent; 101 – 200, 29.1 percent; 201 – 300, 21.2 percent and number of beds 301 – 500, 15.2 percent. The statistics of the types of hospitals included in the sample are: general hospitals, 67.5 percent; paediatric and maternity, 6.3 percent; referral centres, 7.3 percent and the specialized health units, 6.6 percent. The statistics of the total time of establishment of hospitals are: 1- 5 years, 17.9 percent; 6 – 10 years, 19.2 percent, and 10 years and above hospitals, 62.9 percent. The statistics of hospital administration experience included in the sample are: 1 – 5 years, 28.5 percent; 6 – 10 years, 30.5 percent and 10 years and above are 41.1 percent.

Measurement Model

To put the hypothesis to the empirical tests, first the validity of model was ensured by applying two – step Structure Equational Modeling (SEM), confirming to the recommendation by Anderson and Gerbing (1988). Pursuing the recommendations, the author first assessed the internal reliability through the means of convergent validity and discriminant validity of the constructs used in the study. The results of the convergent validity and discriminant validity are shown in table 1 and table 2 in the respective order. These findings of measurement models permit to proceed for further examination.

1.1 Table of Factor loadings, validity and reliability

Latent Variable	Items	loadings	Average	Composite Reliability
Organizational Performance	OP11	0.8507	0.5657	0.9014
	OP18	0.7723		
	OP19	0.5767		
	OP20	0.6427		
	OP21	0.6647		
	OP22	0.6647		
	OP23	0.6783		
	OP24	0.6483		
	OP25	0.6746		
	OP26	0.6624		

	OP27	0.8685		
	OP28	0.7740		
	OP29	0.7337		
	OP30	0.7597		
	OP9	0.7814		
Communication	CM10	0.8495	0.6134	0.7241
	CM2	0.7018		
	CM3	0.8064		
	CM4	0.8353		
	CM5	0.8389		
	CM8	0.7309		
	CM9	0.7260		
Customer Relationship Management	CR10	0.8431	0.5134	0.8595
	CR11	0.7747		
	CR12	0.7369		
	CR2	0.7624		
	CR3	0.8090		
	CR4	0.8623		
	CR5	0.7027		
	CR6	0.7807		
	CR7	0.7721		
Commitment to service quality	CS2	0.7802	0.5611	0.8830
	CS3	0.7223		
	CS4	0.7587		
	CS5	0.7587		
	CS6	0.7712		
	CS7	0.7690		
	CS8	0.8744		
	CS9	0.8862		

The prescribed cross loading and composite reliability value is 0.70 = 70 percent or above. While the average variance extracted (AVE) is recommended to be above 0.50 = 50 percent (Bagozzi et al., 1991). Further, to determine discriminant validity of the constructs, it is recommended that the shared AVE between each construct and its items must be higher than the AVE between the constructs and other constructs included in an instrument (Fornell & Larcker, 1981). The Table 1 presents the AVE values derived are above the recommended threshold, 0.50 = 50 percent (Bagozzi et al., 1991; Chi, 1998).

Structure Model

Structural Equational Model (Ringle et al., 2005) results followed the validity tests, as shown in Table 3 and Figure 2. Table 3 explains the relationship between communication and organization performance ($b=0.3126$; 0.00). Extract from the table, the relationship between

the CRM and organization performance were significant ($b=0.3959$; 0.00). The values in the table show that moderating effect of Commitment service quality on the relationship of communication and organizational performance was not supported. ($b=0.1599$; 0.0623). However, the moderating effect of commitment to service quality on the relationship between CRM and organization performance were found significant ($b=0.3012$; 0.00).

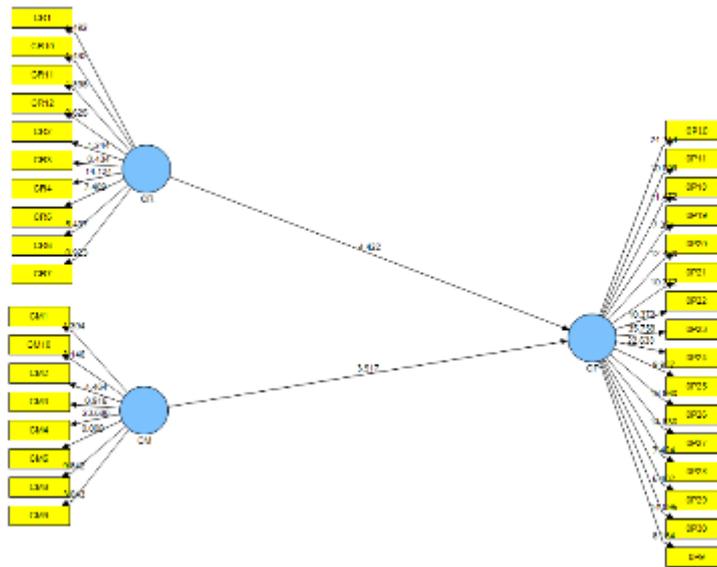


Figure 1.1 Measurement Model

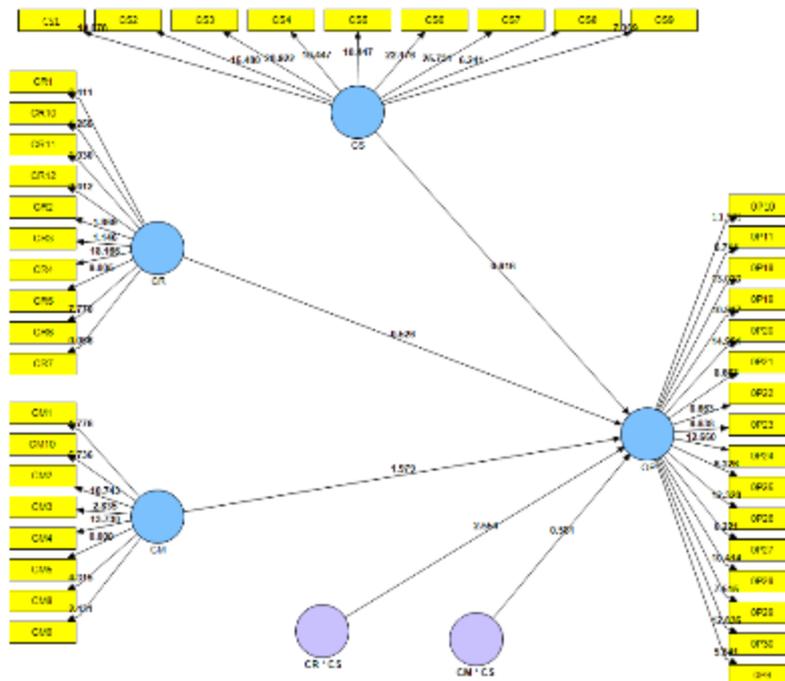


Figure 1.2 Structural Model

1.2 Table of Results

Relationship	Beta value	Sample Mean (M)	Standard Deviation (STDEV)	P value	T Statistics (O/STERR)	Decision
CM -> OP	0.3126	0.2976	0.0462	**0.0000	4.4222	Supported
CR -> OP	0.3959	0.4630	0.0623	**0.0000	3.9172	Supported
CM * CS -> OP	0.1599	0.1710	0.1032	0.0623	0.5809	not supported
CR * CS -> OP	0.3012	0.1513	0.1179	*0.0010	2.5543	Supported

7. Discussion

The effect of commitment to service quality on the relationship between CRM and communication and organizational performance were examined. This study investigated the staff of Saudi hospitals in this context. The theory of Cognitive Dissonance (Festinger's (1957), says that CRM and communication shapes the commitment to service quality. The hospitals that had committed leaders tend to leverage highest commitment of employees towards service quality (Clark et al., 2009; Hashim & Mahmood, 2011). The findings of this study explains that CSQ functions as a moderating factor between CRM and communication in the context of organization performance in the healthcare sectors of Saudi Arabia. The results of the study confirm to the previous studies (Hashim & Mahmood, 2011; 2012).

The studies relative to the communication as antecedents of organization performance. The internal and external communication within the organization and outside organization are considered very critical success factors for any organization (Zohar & Polachek, 2014). The current study highlights and discussing the issues and challenges facing by the public hospitals in KSA. The current study endorsed previous findings of studies, who claimed that communication effects on other associated aforementioned variables (Wu, Straub & Liang 2015; Oyemomi, Liu, Neaga & Alkhuraiji, 2016). The management of organization and specifically in this case of hospitals management and administrator of KSA hospitals, communication has positive effect on the organizational performance. Hence, it is concluded that communication in the hospitals effect organization performance. From the commitment of service quality, employee's communication and organization performance can be intervene by the commitment to service quality. This argument reaches to the point that communication can have a positive effect on organizational performance, if commitment of service quality is enhanced.

From the CRM background, this practice was considered important in the hospitals (Rodriguez, Peterson & Ajjan, 2015). This CRM has been studied from organizational perspective to explore the effect of other variables such organization performance etc (Mohamad, Musa, Othman, Jabar & Majid, 2015; Garrido-Moreno Lockett & Garcia-Morales, 2014). This study concluded that hospital employees CRM effects on the organizational performance. From the aspect of moderation of commitment to service quality, the results do not effects on the relationship between the CRM and organizational performance. This highlights that commitment to service quality might effects on the CRM practices which ultimately effects organization performance. It can be concluded that KSA hospitals performance can be achieved if employees' have high level of commitment to service quality.

8. Conclusion and Recommendation

Overall, the findings of this study identify the moderating effect of commitment to service quality on the relationship between CRM and organizational performance on medical staff in the hospitals of Saudi Arabia. These findings would be instrumental for owners, managers, decision and policy makers of healthcare centers and hospitals in the country. The findings of the study would help the hospitals administration by enriching their knowledge about the role of communication and how it raises commitment of employees to promise service delivery to patients. When the role of effective communication applied, the manager of hospitals would be able to inspire medical staff, promote collaboration, tap employees' potential and enforce an affirmative attitude in employees. Additionally, the study has some possible limitations that demand following discussion. First, the sample drawn for the study only focused the medical staff in Saudi Arabia. That makes the findings not suitable to generalize over other sectors of the country. Hence, research in other sectors of the country needs to be conducted to validate the phenomenon of this study. Further, the data for this study was collected at one point in time which requires future studies to conduct longitudinal studies to validate the findings. Third, the collected data may have personal biasness as the questionnaires were self-administered. Finally, the total variance explained by this study is 0.481.

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