

Study of the Relationship Between Management Commitment to Service Quality (MCSQ) and Services Receiving Performance in Public and Private Hospitals

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Abstract: The present study aims to investigate the relationship between management commitment to service quality (MCSQ) and services receiving performance in public and private hospitals of Mashhad. This study is a descriptive research based on survey method which its statistical population selected according to two stage cluster sampling and comprised of 15000 people of all doctors, administrative and nursing personnel of public and private hospitals. A sample of 375 people selected based on Morgan table and studied by using questionnaire in Mashhad. In order to analyze research hypotheses which are including a main hypothesis and four secondary hypotheses, some tables such as frequency and percentage, mean and standard deviation used in descriptive statistics and regression test and analyzing the trend and also Pearson correlative test used for testing the research hypotheses in inferential statistics. In addition, software of Ver 16.0 Spss/pc++ applied for the purpose of calculations. As shown by results of testing four hypotheses, it is confirmed that there is significant relationship between "giving proper reward to personnel", "training personnel regarding customer-oriented services", "transferring more authorities to personnel", "providing customer-oriented services" with therapeutic service quality. As shown by results, holding training courses in hospitals and granting proper rewards to personnel are effective on service quality.

Key words: Service Quality • Managers' Commitment • Service Receiving Performance

INTRODUCTION

Nowadays, many organizations especially service organizations attend to a particular approach of quality and management issues based on their ideals and missions. Undoubtedly, attention to service quality is one of the practical and essential factors in each organization, which is highly dependent on management model of organization. So, it can be expressed that providing the effective therapeutic and health services to society is highly dependent on management and leadership style of these organizations as well as team working of therapeutic and health personnel. In therapy and health sector, hospital is one of major organizations which can provide therapeutic- health services and plays significant role in retrieving mental and physical health of

patients in society by their specific facilities, training expert people in therapy and health sector, medical researches and finally improving health level of society. As shown by some researches, there was high correlation and low job stress among personnel in those departments with participative management style. This low job stress resulted in high quality of nursing services. Participative management increased the satisfaction of personnel and patients. Personnel interference is an important factor in receiving services in HC and FHEs are more involved when management is involved in observation. An organizational culture which emphasizes on routing the customer services, it specifies that it is required to have long term health relationship with customers. It is imperative to route strong services for creating or strengthening an appropriate mutual marketing

performance and it is essential for preserving effective relations, so HC organizations become more customer oriented in services increasingly. As patient satisfaction known increasingly as an important quality reinforcer.

Organizational commitment is a significant occupational and organizational attitude which many scholars of organizational behavior and psychology especially social psychology were interested in it during last years. This attitude has been changed in last three decades which the most important change was perhaps in field of multi-dimensional attitude toward this concept instead of one-dimensional attitude toward it. In conducted researches about organization, scholars mostly focused on three major attitudes including 1- job satisfaction 2- job dependency 3- organizational commitment. Organizational commitment has been defined in different ways such as other concepts of organizational behavior. Most common approach toward organizational commitment is considering it as a kind of affective dependency. Based on this approach, a highly committed person takes his identity from organization, participates in organization and joins with it and enjoys his membership in it [1]. Porter and et al [2] defined organizational commitment as accepting organization values and involving in organization and considered its measuring criteria as motivation, tendency toward working continuation and accepting organization values. Chatman and Oreilly (1968) defined organizational commitment as support and affective attachment with goals and values of an organization, because of organization itself and without its instrumental values (means of reaching to other goals) [3]. Organizational commitment consists positive or negative attitudes of people toward the whole of organization (not job) in which they are working. In organizational commitment, person is firmly faithful to organization and identifies himself by that organization. Sheldon defined organizational commitment as an attitude or orientation which relates or associates person's identity to organization. Kanter believed that organizational commitment means that social agents tend to grant their strengths and loyalties to social systems. According to Salansky, commitment is a state in which human believes that should continue his activities and maintain his effective cooperation on accomplishing these activities though his efforts. Bookanian defined commitment as a kind of biased and affective dependency on values and goals of organization, it means dependency on person roles regarding values and goals and organization itself apart from its instrumental value (ibid). As per Lutaz and Shaw [4] organizational commitment is as an attitude

including strong tendency toward staying in organization, tendency toward hard working for organization, firm belief on accepting values and goals [5]. All above definitions are common in this issue that commitment is a mental state which specifies the relationship of person with organization and implies the decision of staying or leaving organization [6].

In the present article, organizational commitment is a kind of attitude which presents the level of interest and dependency and loyalty of personnel toward organization and their tendency toward staying in organization. So following some scholars, organizational commitment is considered as three parts: 1- affective commitment (challenge of job, role clearness, goals clearness, goal complexity, accepting management, integrity of personnel, organization adherence, justice, personal importance, feedback, cooperation) 2- Continuance commitment (Skills, training, change in place of residence, individual investment, understanding the accessibility of job replacement) 3- task or normative commitment (norm of organizational commitment).

Madani and Zahedi [7] shown that there is the most strong direct and positive relationship between organizational support comprehension and overall organizational commitment (including affective, normative and continuance commitment) and there is a quite strong direct correlation between the variable of organizational justice sense and organizational commitment and there is a quite weak direct correlation between the variable of job security sense and organizational commitment. There are different reasons why an organization should increase organizational commitment of its members [8]. Firstly, organizational commitment is a new concept and it is totally different with dependency and job satisfaction. For example, the nurses may do some work which like it, but they are dissatisfied from the hospital in which they are working, in that case, they will search similar jobs in other similar places. On the contrary, the restaurant servants may have positive sense about their workplace, but they hate waiting at desks or totally their jobs. Secondly, as shown by researches, there is a positive relationship between organizational commitment with some results such as job satisfaction, trans-social organizational behavior and job performance [9] and there is a negative relationship [10] with tendency toward leaving job. There are different views about organizational commitment focuses: one of the first scholars about commitment focus is Richers who believes that general concepts of organizational commitment may be comprehended better when considered them in a set of

commitments. According to Richers, personnel can experience different commitments to goals and values of different groups inside the organization. Therefore, it is not important to comprehend just organizational commitment inside the organization, but it is necessary to consider commitment focuses as well. Richers believes that personnel's commitment focuses are including commitment to senior management, supervisors, working group, colleagues and customers of organization and he believes that personnel can be differently committed to these focuses based on conformity with their goals and values. As per Becker and Billings, there is distinction between committed people to lower levels of organization such as working group and direct supervisor and committed people mainly to higher levels of organization such as senior management and the organization totally. Based on combining each of these low and high levels, they raised four distinct viewpoints. Firstly, they titled uncommitted to those people who are less committed to working groups and supervisors as well as to senior management and organization. On the contrary, they called committed to those people who are highly committed to both focuses. There are some people between these two groups who are completely committed to their working group and supervisor but not committed to senior management and organization, which considered them as partial (local) partial committed people and those people who are completely committed to senior management and organization but not committed to their working group and supervisor called them (universal) general committed people. Now, this question can be raised that whether organizational commitment is a one-dimensional or multi-dimensional concept? In this regard, there are different views presented by scholars such as Porter who defined commitment based on general strength of assimilation (identification) and participation of an individual in the organization. In this attitude, commitment resulted from three factors:

- Accepting goals and values of organization
- Tendency toward cooperating with organization for reaching to its goals
- Tendency toward staying in organization [11].

In this attitude, commitment has been considered as a one-dimensional concept which focused just on affective commitment. According to Mayer and Shorman, organizational commitment has two dimensions: continuance commitment which means tendency toward staying in organization; and value commitment which

means double effort for organization. In this model, continuance commitment is indeed related to intention of staying or leaving the organization, while, value commitment is related to double effort for obtaining organization goals. Whereas, in model of Allen and Meyer, these three components of commitment indicating continuance of staying in organization or leaving it.

According to Allen and Meyer, commitment connects person with organization which this connection decreases the possibility of his leaving job. They presented three components for organizational commitment:

- Affective commitment¹: It includes affective connection of personnel with organization. In a way that, people will introduce themselves with their organization.
- Continuance commitment²: Based on this commitment, person calculates the related costs resulted from leaving organization. In fact, person asks himself this question that in case of leaving the organization, how much expensed will be incurred him. In fact, those people who are continuously committed to organization are those people who stay in organization because of their needs for being stayed in organization.
- Normative commitment³: Hence, employee feels that he should stay in organization and his staying in organization is a right action [12].

Affective commitment¹

Continuance commitment²

Normative commitment³

"Meyer" and "Allen" believe that the definition of organizational commitment is connected with three general issues including affective dependency, understanding the charges and sense of duty. As resulted from conceptual differences between three components of organizational commitment which are partly independent from each other, each of these components are outcome of specific preopportunities. Preopportunities of affective commitment are classified into four groups: personal traits, occupational traits, structural traits and working experiences. As shown by many researches on organizational commitment, there is a direct (positive) relationship between organizational commitment with job performance and behaviors indicating organizational dependency, but there is a reverse (negative) relationship between organizational commitment with leaving job, absence and delay of personnel. Therefore, the

relationship of person is different in each of three components of affective commitment, continuance commitment and normative commitment. Personnel with strong affective commitment will stay in organization because they want to stay. Personnel with strong continuance commitment will stay because they need to stay. Personnel with strong normative commitment will stay because they feel that they should stay. As medicine and health sector has 4.4% of national gross product and considerable governmental personnel, so it is necessary to notice to the principles of productivity and efficiency in this sector. This thinking that improving productivity is required to be as priorities of organization should be reinforced among managers and personnel. The program for improving efficiency and effectiveness should be administered and processed regularly and in addition to support of senior managers, all organizational levels should participate in it. Health of people and medicine-healthcare servicing method is an important issue in all countries regardless of their size or richness. Those people who are involved in providing medicine-healthcare services try to provide the highest quality health care services based on available resources. Hence, it is required to assess medicine-healthcare services.

Concept of Medicine-Healthcare Services Means Total Quality Assurance in Hospital: Total quality assurance of medicare is a new expression defined as "checking medical affairs", it is basically related to study medical reports currently or retrospectively. Total quality assurance of cares is a special program preplanned for assessing clinical performance of all nursing and medical personnel objectively, through which provides opportunities for improving remedy and diagnostic efforts. If using medicare checkings considered as a source for checking the quality of services, it can be as a guide for next stages of medicare. This checking is based on reviewing the medical records through which some questions raised about medical treatment done on patients, taken decisions, made mistakes, necessary or unnecessary remedial efforts, provided logical services and their results. The process of checking medical services and quality assurance basically includes estimating the credit level and evaluating the performance of specialized and medical personnel which will be done for assuring the results of treatments and complying with standards. The related activities to checking cares are including evaluating hospital bed utilization, stay length of patients in bed and reception. Evaluating some

specific activities are including checking the prevention of hospital infections, examining surgery cases, checking in blood bank, checking the tests and accuracy of test results, documentation of medical records and medicines application.

The purpose of quality assurance of medicare includes:

- Providing better services to patients through recognizing the deficiencies of services and removing them
- Evaluating the scientific and practical qualification of medical personnel, nurses and ...
- To draw the attention of hospital management to the present deficiencies and problems and planning based on them.

There are many definitions about the concept of quality in health services which are sometimes different from each other considerably. It is not possible to state a unique definition on health services quality which would be acceptable by all scholars, because quality is a concept related to values, attitudes, thoughts of people and their special social and economical status. As Total quality management emphasized on needs, expectations and attitudes of customers (patients) and satisfying these needs and obtaining the patients satisfaction is a principle in this thinking, so it can be said that seven factors stated by common commission granting credit to American hospitals are highly compatible with concepts of Total quality management because the concept of quality considered according to patients' views in this definition. In this definition, at least five factors are directly related to patient's expectations and two criteria of efficiency and qualification are indirectly related to this issue [13]. Remedy- health care is a systematic process. System is a combination of structure, process and results. Quality emphasizes on studying each of these parts and developing and joining them. Remedy- health system connects with its components and there is no part more important than other parts for patient in order to achieve better results. Therefore, all components of system should be considered in improving quality. This is an important principle that remedy- health quality will be obtained via data and quality can not be measured without data. Remedy- health quality requires training on using data effectively through right and proper ways, collecting and proper analysis [14]. Range of hospital efforts for reaching better care standards will be measured according to effective factors on hospital services quality.

Services presented by hospital includes some elements which can be assessed objectively and subjectively or both. All efforts in these fields are done for the purpose of services quality assurance and it is required to specify services quality and it should be tangible for consumers and attract their highest satisfaction.

One of the most important factors effective on th quality of hospital cares are hospital personnel who classified into four groups: medical personnel, nursing personnel, paramedical personnel and ordinary and unskilful labours. It is evident that each of these classes should be in sufficient number according to the given standards. For example, one physician or one nurse for looking after a few patients, one laboratory technician for administring some tests, one radiographer for performing some radiographies, one ward with a few beds and etc. Then, utilization¹ of these personnel should be practical for making sure that duties designated logically and responsibility and accountability is logical as well. As stated that physical facilities and equipment are as one of the other effective factors on quality of nursing cares which specifying the location of different wards in hospital, designing wards and comminucating nursing stations with patients' beds should be in a way that caring patients be handled as easily as possible. Sufficient room, good design, functional arrangement for equipment and pleasant and neat environment play significant role in improving services. In addition, availability of required equipments whether common or technical which be in a good working condition and in a proper place influence on caring patient. One of the other factors which are the most essential requirement for caring patients as optimum as possible are clinical and service facilities which form the existential reason of hospital. Clinical parts should be complemented by services of support and diagnostic parts. These complementary parts are pathology ², radiology, blood bank, histology services, nutrition services³ and etc. Coordination and synchrony among the activities of these units will increase efficiency.

Utilization¹
 Pathology²
 Nutrition services³

Working load of hospital is one of the other factors effective on quality of hospital cares. Service load of hospital and its different parts including diagnostic and remedial wards influences on the quality of caring and it is used as an index for increasing the consumption rate of resources and staff [15]. As a result of developed medical technology and imported complicated and high-level remedial- diagnostic procedures, the below issues have been particularly focused; these issues including how much is efficiency rate and high level of hospital services? How much is patients' satisfaction? What is the final outcome or result of these services in respect of some indices such as improvement level of patients, relative improvement, death rate, complications, ...?

It is very difficult to measure the results of hospital services because of wide range of daily activities, diversity of variables and subjectivism. Hence, perceptible and imperceptible results should be measured along with each other and they can not be definitely separated from each other at all. Because of this issue in most cases, evaluation process depends on qualitative judgment along with quantitative data.

Total quality management on a system is an effective cost for integrating the efforts of continuous quality improvement of people in all levels of organization. Art of managing organization is for achieving the best. It is responsible for coordinating and facilitating activities in an organization. Total quality management is the philosophy and principles of guidance based on which the organization can be improved continuously. In fact, Total quality management implies this story that do for others in such a way that you expect others do for you [16].

مدل مفهومی تحقیق :



Research Method: This research is practical, non causal and correlative.

Statistical Volume and Sample: In the present research, a simple random sampling method without replacing selected according to the statistical population (15000 people including all doctors and nurses in public and private hospitals in Mashhad), Krejcie and Morgan table used for determining the required sample volume, about 375 people selected as a sample randomly from statistical population based on details of Krejcie and Morgan table.

Based on formula of Morgan table, the number of sample volume among the statistical population would be as per the below formula:

$$n = \frac{N.t^2.p(1-p)}{N.d^2 + t^2.p(1-p)} \quad \text{Morgan formula}$$

- n = Sample Volume
- N = Total number of statistical population
- t² = Amount of t student, while the significance level is lower than 0.05
- d² = Approximation in estimating the parameter of population which is equal to 0.05²
- P = Probability of feature presence
- (1-P) = Probability of feature absence

Hence, by calculating the values of present study and noting to this formula, the volume of sample will be as below:

$$n = \frac{15000 \times 1.96^2 \times 0.5(1-0.5)}{15000 \times 0.05^2 + 1.96^2 \times 0.5(1-0.5)} = 3750 \quad \text{Morgan formula}$$

Therefore, sampling was done by selecting 375 people of statistical population.

Data Gathering Instrument: Considering to research objectives, applying questionnaire recognized as the best way for gathering data. Following several studies and interviews with people and experts, a questionnaire determined for this research. In this research, a standard questionnaire was applied. Management commitment in service quality comprised of 17 questions in 4 headings and each question is coded as per five- choice measure of Likert.

Table 1: Cronbach Alpha Indices for the research variables

Row	Headings of Questions	Alpha Index
1	Giving Appropriate Reward to Personnel	0.7408
2	Training Customer-Oriented Services to Personnel	0.7491
3	Transferring More Authorities to Personnel Empowering Personnel	0.7549
4	Providing Customer-Oriented Services	0.8036
5	Management Commitment in Service Quality	0.7451

Reliability: Reliability or credibility of measuring instrument interprets as authenticity, accuracy and dependability, which means that measuring instrument designed for assessing a variable and feature. Cronbach Alpha method is one of calculating methods for reliability. This method is applied for calculating the internal coordination of measurement instrument such as questionnaires or tests which measure different features. In this kind of instrument, answer of each question can have different values. In order to calculate Cronbach Alpha Index, firstly variance of obtained values from subcategorized questions in questionnaire should be obtained through subtest and total variance, then the Cronbach Alpha Index should be calculated by using the below formula:

$$ra = \frac{j}{j-1} \left(1 - \frac{\sum S^2_j}{S^2} \right)$$

In which:

- J = number of subcategorized questions in questionnaire or test
- S²_j = Variance of subtest J-th
- S² = Total variance of test

Since Cronbach Alpha index is suitable for measuring the reliability of measuring instrument and internal coordination among components, so the reliability of used questionnaire in this study was assessed by Cronbach Alpha. So, Cronbach Alpha index calculated for each question in other word for each heading separately.

Statistical Methods: In this research, inferential and descriptive statistical methods used for analyzing data. Some tables such as frequency and percentage, mean and standard deviation used in descriptive statistics. And in inferential statistics, regression test and analyzing the trend and also pearson correlative test used for testing the research hypotheses. In addition, software of Ver 16.0 Spss/pc++ applied for the purpose of calculations.

Table 2: Results of analyzing variance related to dependent variable of service receiving performance from clients and independent variable of indices related to mangement commitment in service quality

Model	SS	df	MS	F	P	R	R ²
Regression	161.898	4	40.475	28.055	0.000	0.48	0.23
The Rest	541.007	375	1.443				
Total	702.905	379					

Table 3: Results of regression indices related to dependent variable of service receiving performance from clients and independent variable of indices related to mangement commitment in service quality

Variable Index	B	SE	Standard Beta	t	sig
Service receiving performance from clients	B ₀ -1.181	0.493		-2.393	0.017
	B ₁ 0.145	0.105	0.044	1.379	0.169
	B ₂ 0.456	0.089	0.358	5.148	0.000
	B ₃ 0.474	0.096	0.444	4.939	0.000
	B ₄ 0.227	0.077	0.135	2.934	0.000

Table 4: Result of Pearson correlative test for examining the relationship between two variables of "giving reward to personnel" dimension and services receiving performance from clients

Services Receiving Performance from Clients		
	Pearson Correlative Coefficient	Significance Level
" Giving Reward to Personnel " Dimension	0.261	0.000

Testing the Hypothesis of Variables' Normality: Therefore, considering to standardized Beta, it can be stated that:

- Effectiveness of giving rewards to personnel on personnel commitment is 4.4%.
- Effectiveness of training customer-oriented services on personnel commitment is 35.8%.
- Effectiveness of empowering personnel on personnel commitment is 44.4%.
- Effectiveness of giving customer-oriented services on personnel commitment is 13.5%.

As observed in Table 4, correlative coefficient value between two variables of this study is equal to 0.261 and the probable value of significance level is equal to 0.000 which is smaller than 0.05. Therefore, the statistical null hypothesis stating that there is not any significant relationship between two variables of this study is rejected, it means that there is a significant relationship between these two variables.

Secondary Hypothesis 2: There is no significant relationship between " training customer-oriented services " dimension and "services receiving performance from clients" (p>0.05)

Table 5: Result of Pearson correlative test for examining the relationship between two variables of "training customer-oriented services" dimension and "services receiving performance from clients"

Services Receiving Performance From Clients		
	Pearson Correlative Coefficient	Significance Level
Training Customer-Oriented Services	0.349	0.000

If we hypothesize that:

- Y : Dependence variable of "services receiving performance from clients"
- X : Independence variable of "training customer-oriented services " dimension
- ρ : Real Pearson correlative coefficient between two variables of "training customer-oriented services" dimension and "services receiving performance from clients" in the selected statistical population.

As observed in Table 5, correlative coefficient value between two variables of this study is equal to 0.349 and the probable value of significance level is equal to 0.000 which is smaller than 0.05. Therefore, the statistical null hypothesis stating that there is not any significant relationship between two variables of this study is rejected, it means that there is a significant relationship between these two variables.

Secondary Hypothesis 3: There is no significant relationship between " transferring authorities to personnel " dimension and "services receiving performance from clients" (p>0.05)

If we hypothesize that:

- Y : Dependence variable of "services receiving performance from clients"
- X : Independence variable of " transferring authorities to personnel " dimension
- ρ : Real Pearson correlative coefficient between two variables of " transferring authorities to personnel " dimension and "services receiving performance from clients" in the selected statistical population.

As observed in Table 6, correlative coefficient value between two variables of this study is equal to 0.390 and the probable value of significance level is equal to 0.000 which is smaller than 0.05. Therefore, the statistical null hypothesis stating that there is not any significant

Table 6: Result of Pearson correlative test for examining the relationship between two variables of "transferring authorities to personnel" dimension and "services receiving performance from clients"

	Services Receiving Performance From Clients	
	Pearson Correlative Coefficient	Significance Level
Transferring Authorities to Personnel	0.390	0.000

Table 7: Result of Pearson correlative test for examining the relationship between two variables of " providing customer-oriented services " dimension and "services receiving performance from clients"

	Services Receiving Performance From Clients	
	Pearson Correlative Coefficient	Significance Level
Providing Customer-Oriented Services	0.159	0.002

relationship between two variables of this study is rejected, it means that there is a significant relationship between these two variables.

Secondary Hypothesis 4: There is no significant relationship between " providing customer-oriented services " dimension and "services receiving performance from clients" ($p > 0.05$).

If we hypothesize that:

Y : Dependence variable of "services receiving performance from clients"

X : Independence variable of " providing customer-oriented services " dimension

ρ : Real Pearson correlative coefficient between two variables of " providing customer-oriented services " dimension and "services receiving performance from clients" in the selected statistical population.

$$\begin{cases} H_0 : \rho = 0 \\ H_1 : \rho \neq 0 \end{cases}$$

As observed in Table 7, correlative coefficient value between two variables of this study is equal to 0.159 (or 0.349) and the probable value of significance level is equal to 0.002 which is smaller than 0.05. Therefore, the statistical null hypothesis stating that there is not any significant relationship between two variables of this study is rejected, it means that there is a significant relationship between these two variables.

Research Limitations: The related limitations to this research are including:

- The related data were obtained from a sample population comprised of working personnel in public and private hospitals of Mashhad, so obtained results can not be generalized to a specific population.
- Dispersion of statistical population

Suggestions Based on Research Findings:

- Considering to the obtained result from first hypothesis of "giving rewards to personnel and services receiving performance from clients", as shown by obtained statistics, correlative coefficient value between two variables of this study is equal to 0.261. So giving rewards based on personnel performance (actualized pain of tariff classification on services) will result in increasing their efficiency and their organizational commitment. Notice to evaluating the patients' satisfaction and improving it frequently by personnel may provide services with better quality. It is recommended that senior managers should have commitment in programming and practical commitment in motivating personnel based on evaluating personnel incentive and granting rewards based on personnel performance (actualized pain of tariff classification on services)
- Considering to the obtained result from second hypothesis of "training customer-oriented services and services receiving performance from clients", as shown by obtained statistics, correlative coefficient value between two variables of this study is equal to 0.349. So, training personnel about customer services (customer-oriented) in hospital workplace will reveal management commitment to services quality which results in increasing personnel satisfaction and providing customer-oriented services with better quality in order to extend skills and manage effectively failure in services to patients. It is recommended to hold training courses in common with managers for attracting personnel participation and transferring authorities to them. (empowering them)
- Considering to the obtained result from third hypothesis of " transferring authorities to personnel and services receiving performance from clients", as shown by obtained statistics, correlative coefficient value between two variables of this study is equal to 0.390. So, transferring the authorities to personnel according to "legal covenant of patients rights" can expedite decision-making in giving proper and quick solutions for patients and this issue can monitor

better services quickly. It is recommended to transfer authority to personnel which the opportunity and incentive of development and making best user from their talents can be revealed and creativity and innovation can be operative in organization.

- Considering to the obtained result from fourth hypothesis of " providing customer-oriented services and services receiving performance from clients", as shown by obtained statistics, correlative coefficient value between two variables of this study is equal to 0.159. So, notice to providing customer-oriented services by personel in hospital workplace may result in increasing personnel job satisfaction and customers' (patients') satisfaction and finally increasing organizational commitment in providing services with high quality. It is recommended to provide a framework based on personnel and managers commitment to provide customer- oriented services and support personnel in unintentional mistakes.

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