Research Paper Management

impact of Psychological issues on Customer Relationship Management Practices in Multispecialty Hospitals in Coimbatore City

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ABSTRACT

Impact of Psychological Issues on Customer Relationship Management (CRM) Practices in Multispecialty Hospitals in Coimbatore City is analyzed in this research. In this research three psychological issues Depression, Thought disorder and social anxiety are considered. The data were collected using interview schedule method from 200 respondents. The impact of psychological issues on CRM practices in multispecialty hospitals were analyzed using ANOVA test, t test and correlation analysis. The result shows that there is a relationship between depression level and factors affecting CRM practices and between thought disorder and factors affecting CRM practices. The result also shows that there is no relationship between social anxiety and factors affecting CRM practices. From the correlation analysis it is found that there is a negative correlation between depression and factors affecting CRM practices and between thought disorder and factors affecting CRM practices.

KEYWORDS | Customer Relationship Management, Depression, Thought Disorder, Social Anxiety

The Evolution of CRM

In our traditional businesses, merchants and traders have been practicing customer relationship for centuries. Their business was built on trust. They could customize the products and all aspects of delivery and payment to suit the requirements of their customers. They paid personal attention to their customers, knew details regarding their customer's tastes and preferences, and had a personal rapport with most of them. In many cases, the interactions transcended the commercial transactions and involved social interactions.

Even today, this kind of a relationship exists between and retailers, craftsmen, artisans – essentially in markets that are traditional, small and classified as pre-industrial markets. The industrial revolution changed these relationship-oriented practices. Businesses adopted mass production, mass communication and mass distribution to achieve economics of scale. Manufacturers started focusing on manufacturing and efficient operations to cut costs. Intermediaries like distributors, wholesalers and retailers took on the responsibilities of warehousing, transportation, distribution and sale to final customers. This resulted in greater efficiencies and lower costs to the manufacturers but brought in many layers between them and the customers. The resulting gap reduced direct contacts and had a negative impact on their relationships. The post-industrial era (information era) saw the re-emergence of relationship practices. The following factors are identified for this shift in orientation:

1. Advancement in Technology
2. Competition in Most Markets
3. Growing Importance of the Service Sector
4. Adoption of Total Quality Management (TQM) Programs

Hospital and Nursing Services and CRM

The current state of CRM programs and implementation in the service sector in India is very rudimentary. In fact "customer – focus "is very limited. With respect to Hospital service providers, CRM seldom goes beyond a one-sheet patient feedback form. It is again doubtful whether any of the feedback will be incorporated for rectifying current practices, thereby enhancing patient loyalty. Usually, such hospitals have a marketing wing, which is responsible for closely monitoring the feedback. However, the analysis subsequently carried out by them and the remedial measures implemented are not a streamlined effort or worst still are non-existent.

Current CRM efforts in a hospital are transactional in nature. If the hospital is to move from transactional selling to relationship marketing, the hospital needs a suitable structure. Effective relationship with the patient requires the active co-operation of all departments within the hospital. It also requires the managers to recognize that serving the patient requires more than just good doctors and an infrastructure. It needs to be a co-ordinate activity across the entire service providers of they are to create a value-laden relationship. Relationship marketing is based on the theory that in order to feel valued by their provider customers need focused tailored and continuous attention.

Sampling Design

Selection of respondents from the total population is called sample and the selection process is called sampling.

Sampling unit:

Sampling unit or the respondents for this study are patients who were in patients during the last six months in a multispecialty hospital in Coimbatore. Among the multispecialty hospitals in Coimbatore three hospitals were selected by using judgment sampling based on number of beds (hospitals with 500 plus beds) as criteria.

Sampling method:

The researcher has used **Judgment sampling method,**i.e. a person knowledgeable about the population under study chooses sample members he feels would be the most appropriate for the particular study. Based on the enquiry with the patients, patients who were in patients during the last six months were chosen for the research.

Sampling size:

Sample size for this research is determined by Using Krejcie and Morgan sample size Table. Based on the table, the researcher decided to conduct interview schedule from 200 respondents.

The Questionnaire consists of two parts. In the first part the respondents' perception towards customer relationship man-

agement (CRM) practices are measured by considering 24 factors. The factors are Doctor Service , Nursing service ,Operational facilities, Loyalty, Competence, Family and visitor comfort, Credibility, Accounts and billing service, Supportive services, Technological capability, Tangibles, Reliability, Responsiveness, Assurance, Empathy, Accessibility and convenience, Time spent with doctor, Technical quality, Interpersonal Relationship, Communication, Discharge service, Post-discharge service, Rapport and General satisfaction. Each factor is measured by using three statements with seven point Likert scale (1 for strongly disagree, 4 for neutral and 7 for strongly agree).

The second part of the questionnaire measures the psychological parameter. The respondents' level of depression, thought disorder and social anxiety are measured using psychological scales. To measure depression level Goldberg depression questionnaire is used. American psychological association's schizophrenia screening test is used to measure thought disorder. Social anxiety-social phobia test prepared by American Psychiatric Association is used to measure social anxiety.

Objectives of the research

- To examine the customers perception towards the CRM approaches followed by multispecialty hospitals in Coimbatore
- To find the relationship between perception towards CRM practices and psychological issues.

Results and Discussion

Depression

To measure depression level Goldberg depression questionnaire is used.

ANOVA Test between level of depression and perception towards Factors affecting CRM approaches

Null Hypothesis (H_o): The hypothesis is that there is no significant relationship between level of depression and perception towards Factors affecting CRM approaches.

Table 1. ANOVA Test between level of depression and perception towards Factors affecting CRM approaches

Level of Depression	N	Mean	Std. Deviation
Depression unlikely	10	322.7059	30.31247
Mild to moderate depression	23	241.1538	35.66920
Moderate to severe depression	131	225.5873	17.63295
High probability of severe depression	36	275.9394	29.21252
Total	200	234.2978	30.64293

	Sum of Squares	df	Mean Square	F	P Value
Between Groups	219318.111	3	73106.037	161.183	0.000(*)
Within Groups	202287.987	196	453.561		
Total	421606.098	199			

Since P value is less than 0.05 the null hypothesis is rejected at 5% level of significance. Hence conclude that there is a significant relationship between level of depression and perception towards Factors affecting CRM approaches. From the mean values it was found that respondents with low depression showed high favorableness in perception towards Factors affecting CRM approaches compared with respondents with high level of depression.

Thought Disorder

American psychological association's schizophrenia screening test is used to measure thought disorder.

t Test between level of thought disorder and perception towards Factors affecting CRM approaches

Null Hypothesis (Ho):

The hypothesis is that there is no significant relationship between level of thought disorder and perception towards Factors affecting CRM approaches

Table2. 't' Test between level of thought disorder and perception towards Factors affecting CRM approaches

Level of Thought Disorder	N	Mean	Std. Deviation
No thought disorder	17	322.7059	30.31247
More signs of thought disorder	183	230.8268	24.94513

t	df	P Value
13.946	198	.000(*)

Since P value is less than 0.05 the null hypothesis is rejected at 5% level of significance. Hence conclude that there is a significant relationship between level of thought disorder and perception towards Factors affecting CRM approaches. From the mean values it was found that respondents with no thought disorder have high favorableness in perception towards Factors affecting CRM approaches compared with respondents with more signs of thought disorder.

Social Anxiety

Social anxiety test prepared by American Psychiatric Association is used to measure social anxiety.

ANOVA Test between level of social anxiety and perception towards Factors affecting CRM approaches

Null Hypothesis (Ho): The hypothesis is that there is no significant relationship between level of social anxiety and perception towards Factors affecting CRM approaches

Table3. ANOVA Test between level of social anxiety and perception towards Factors affecting CRM approaches

Level of Social Anxiety	N	Mean	Std. Deviation
Low level	141	316.2795	18.76035
Moderate level	46	316.2569	24.51962
High level	13	315.9480	31.08526
Total	200	316.2155	23.21486

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2323.045	2	1161.523	2.166	.116(NS)
Within Groups	239656.386	197	536.144		
Total	241979.431	199			

Since P value is more than 0.05 the null hypothesis is accepted at 5% level of significance. Hence conclude that there is no significant relationship between level of social anxiety and perception towards Factors affecting CRM approaches.

Correlation Matrix of key variables

Table 4. Correlation Matrix of key variables

	Perception towards CRM practices	Depression	Thought Disorder	Social Anxiety
Perception towards CRM practices	1	-0.520(**)	-0.351(**)	0.025
Depression		1	0.660(**)	-0.1328
Thought disorder			1	0.054
Social anxiety				1

**** Correlation is significant at 0.01 significant level**

From the above table it was found that there is a significant relationship between perception towards CRM practices and Depression level and between perception towards CRM practices and thought disorder level. There is no significant relationship between perception towards CRM practices and social anxiety level.

Table above shows that the Karl Pearson's coefficient of correlation between perception towards CRM practices and Depression level is -0.520. Since coefficient correlation is negative there is an inverse relationship between perception towards CRM practices and Depression level which means that persons with high level of depression have less favorable perception towards CRM practices.

The coefficient of correlation between perception towards CRM practices and thought disorder level is -0.351. Negative correlation coefficient shows that if level of thought disorder increases then perception towards CRM practices decreases.

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