

Evaluation of Quality of working life in teaching hospitals in Ahwaz Medical University and its relationship with knowledge management from the perspective of senior and junior managers in hospitals

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Abstract: Quality of working life has an effective role in establishing knowledge management, so organizations should pay attention to it because if quality of working life be much better, the establishment of knowledge management will be more successful. This study was aimed to assess the quality of working life and relationship between its components and knowledge management from the perspective of senior and junior managers in hospitals covered by Medical Sciences University of Ahwaz Jundishapur. The present study is a descriptive - analytic and Sectional study that was took place in five Educational Hospitals which were affiliated by Medical Sciences University of Ahwaz in 1390. 56 junior and senior managers formed the study population. Data collection tool were a questionnaire consisting of three sections. Data analysis was performed by SPSSv16 and by using descriptive statistics and Pearson and Spearman correlation test. quality of working life with 22/3 and knowledge management with 3 in the average were in the mediocre level. Among quality of working life indicators, workspace with the average of 3.63 was at the highest status and material privileges with the average of 2.70 were at the lowest position. Participation in decision making, with correlation coefficient of 0.7, and workspace with a correlation coefficient of 0.09/0 showed statistically the highest and lowest correlation with knowledge management. Among different quality of working life Components, workspace by p-value =0.48, showed no significant relationship with knowledge management. Considering the high participation component in employee decision making was more important, it is recommended that improving programs of working life quality in hospitals affiliated to universities considered in the research, focus on development and improvement of these components. Hospital directors and staff participation in decision making and determining parameters of working life quality program can Increased utilization of managers' knowledge and information, and thus lead to better decisions to be made.

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1.Introduction

In recent years, various organizations and companies have started to join the process of Knowledge and new concepts such as knowledge work, knowledge of work, knowledge management and knowledge organization, announced this trend will intensify. Peter Drucker, using these words heralded a new kind of organization that rather arm strength, the strength of mind is rule. According to this theory, in the future, some communities can expect developments that have more knowledge. So the enjoyment of natural resources cannot be more important that knowledge. Knowledge organizational achieves to capability that is ability to make huge power from low resources (1). Knowledge

management, new effort of the century called the Knowledge Age, is for purposeful maintaining, and guidance and improvement of institutions' knowledge capital, and implies that investments in science bring the best and most profit (2).

Because of the health sector relationship with the public health, require the use of efficient techniques in order to improve the quality of services, health care costs down and meet on time clients' needs which only in the light of using new methods of information management, and allocating appropriate time to knowledge management is possible (3). Knowledge management is organization's hidden investment management that this process involves the creation,

acquisition, storage, dissemination, sharing and use of knowledge (4).

Purpose of organizational knowledge generation (creation) are capability of a company as a whole, in the production of new knowledge, sharing it in the organization, and embody it in products, services and systems. (5) That this knowledge can be promoted or crystallized at the group level through dialogue, discussion, exchange of ideas, experiences and observations transfer (6). Knowledge storage is an important part of knowledge management; however, when companies are re-organized, valuable institutional memory is often underestimated. But about throwing away the old parts of past experiences should not simply decided (7). When we say a person distribute his knowledge, it means that the person guide another person with his knowledge, insights and ideas to help him to see better his position (9, 8). Organizations should prepare an environment for sharing, transferring and interaction of knowledge among members and teach people to understand their interactions. One of the main steps towards improving the knowledge management is identifying the causes and factors such as job satisfaction, quality of working life programs (10). Optimal use of human resources relies on actions that apply for protection and preservation of employees' Body and Soul. These actions include welfare, health care, job security, job design, emphasis on the role and position of the individual in the organization, providing staff development and growth Background, and as these things, collectively, are considered as quality of working life title. Quality of working life points to job satisfaction, motivation, benefited involvement, commitment and utilizing the people experience in job environment. QWL is one of the important indicators of working life that shows People how much are able to meet personal needs such as the need for independence while working in the organization (11). Since today the quality of working life has been considered as a global concept in the field of human resources management and organizational development and its improvement have been considered as a key to the success of any organization management, QWL as one of the organizational improvement techniques is focused by senior managers (12). Finally, it should be said that, achieving the goals of the organization is dependent on factors such as quality of working life of human recourses. Therefore, in order to achieve the goals of the organization and pleasing its members, managers should recognize employees' quality of working life and be aware of how it affects the organization (10).

Delgoshaei performed a research to compare the quality of working life in educational and non-educational hospitals of Medical Sciences University

of Kashan and its relationship with knowledge management from the perspective of senior and junior hospital managers and did receive that there is no Significant difference between the quality of working life educational and non- educational hospitals of Medical Sciences University of Kashan, and relationship between quality of working life and management in each batch of centers were positive (10). Nissi in the study that was aimed to evaluate effective factors in the successful deployment of knowledge management found that average of Ahwaz telecommunications enterprise Leaders are aware of important factors in knowledge management. However, these factors have been less discussed in terms of the practical deployment (13).

Moharramzade conducted a research entitled " evaluation of relationship between organizational culture and knowledge management establishment in the department of physical education in Western Azerbaijan" and the results showed that knowledge management runs successfully in an organization when already infrastructure cultural context appropriate with the system, since guiding existent knowledge in an organization is a popular action and is a function of organization's staff culture (14). Fallahi Khoshknab's research among psychiatric nurses of Medical Sciences University of Tehran, showed that the life quality of 24% of nurses participating in this study was moderate. 67% of them have a good quality of life and 11% reported higher quality of life (15).

Dargahi in his research which titled "evaluation of Quality of working life of hospital nurses in Medical Sciences University of Tehran " came to the conclusion that most nurses are not satisfied with their quality of working life elements or components and the majority of them are not satisfied with work accidents, lack of safety rules and discipline in work, get rid of health conditions in workplace, lack of tests and medical examinations periodically, low salaries, facilities, cash rewards and non-cash benefits, indirect benefits, and also job stress and non clear job prospects (16).

This study aimed at improving hospital management were conducted through the determining the quality of working life component influence on knowledge management based on study population's comments and it is hoped that the results of this study which are presented in the form of reforming proposals focused by the decisions Centers of hospital covered by Medical Sciences University of Ahwaz.

2. Material and Methods

This study is a descriptive - analytical study that was done in 1390 as a cross-sectional method in five

educational hospitals affiliated to Medical Sciences University of Ahwaz, Imam Khomeini, Abuzar, Razi, Golestan and talaghani. The considered statistical population were 70 people that after distributing the questionnaires, 56 senior managers (including a president, manager, assistant, Metron) and middle managers of hospitals (including educational and clinical supervisor, Director of Administration, Director of Medical Records and director of hospital Services) returned their questionnaires.

This study wasn't conducted due to the limited sample of population and all members of society were evaluated. A data collection tool was a questionnaire consisting of three parts: demographic data, quality of working life and knowledge management. In the first part the demographic information including gender, age, education and experience of managers was studied. The second part of the questionnaire that was related to the quality of working life consisted of 29 questions that was prepared according to the quality of working life components (material benefits such as welfare rights and benefits, such as educational classes and workshops democracy in organization such as organization members' voting right, participation in decision making in order to perform activities, job design such as job's characteristics appropriate with employees, and workplace such as safety in the workplace).

The third section of the questionnaire included 24 questions related to knowledge management component includes creation, transfer and retention of knowledge. To score to questionnaire's options, five degree Likert scale (1 = very poor to 5 = very much) was used. Justifiability of the questionnaire was approved Based on previous survey. The reliability of the questionnaire was 0.86 and 0.92, similar to previous research (10). To Data analysis, were used descriptive statistics (frequency and percentage frequency graphs, charts and statistical summary) for background information such as age, sex, education and corporate email, and were used inferential statistics (Pearson correlation test, Spearman correlation test) for the relationship between quality of working life variables with knowledge management. Average quality of working life factors were classified as: grades 0-3 as poor, 3-4 as medium and more than 4 as strong and for knowledge management variables: less than 2.5 as poor, between 2.5 to 3.5 as moderate, and more than 3.5 as strong. Data analysis was performed using the SPSSv16 software.

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3. Results:

According to the obtained Results, 55.4% (n = 31) of the study participants were female and 42.9% (24 patients) were men. Most participants in the study were in the ages ranging between 30 and 40, 40 to 50 years (respectively 39.3%, 37.5% respectively). Most of them were nurses (about 60.7%) and had bachelor's degree (about 78.6%). Average ages of them were 40.44 years old and standard deviation of age was 6.3 years. The average work experience of them was 16.6 years, and the average managerial experience was 9.9 years. Minimum age of participants was 28 years and the lowest work experience was 5 years. The highest work experience was (about 26.8%) between 15 to 20 year and the lowest was (about 19.6%) less than 10 years.

Table 1: demographic information of participants

| variant | | number | percentage |
|-----------------------|----------------------------|--------|------------|
| gender | male | 24 | 42/9 |
| | female | 31 | 55/4 |
| | No reason | 1 | 1/8 |
| educational major | doctor | 2 | 3/6 |
| | nurse | 34 | 60/7 |
| | Medical evidence | 12 | 21/4 |
| | Other fields | 8 | 14/3 |
| education | diploma | 1 | 1/8 |
| | Associate's degree | 2 | 3/6 |
| | BS | 44 | 78/6 |
| | MS | 4 | 7/1 |
| | P.H.D | 3 | 5/4 |
| | No reason | 2 | 3/6 |
| age | Less than 30 years old | 3 | 5/4 |
| | Between 30 to 40 years old | 22 | 39/3 |
| | Between 40 to 50 years old | 21 | 37/5 |
| | More than 50 years old | 3 | 5/4 |
| | No reason | 7 | 12/5 |
| Work experience | Less than 10 years | 11 | 19/6 |
| | Between 10 to 15 years | 14 | 25 |
| | Between 15 to 20 years | 15 | 26/8 |
| | More than 20 years | 14 | 25 |
| | No reason | 2 | 3/6 |
| managerial experience | Less than 5 years | 15 | 26/8 |
| | Between 5 to 10 years | 8 | 14/3 |
| | Between 10 to 20 years | 18 | 32/1 |
| | More than 20 years | 1 | 1/8 |
| | No reason | 14 | 25 |

Among the indicators of quality of working life, workspace was at the highest status with average of 3.63 and material resources with average of 2.7 at

the lowest position. Among studied hospitals, average of the quality of working life components ordered from the highest up to the lowest as follow; workspace, education, participation in decision making, job design, democratic in organization and the material points (Table 2).

Table 2: statistical Summary of component of quality of working life score

| variant | avrage | nedian | SD |
|----------------------------------|--------|--------|------|
| Workspace in organization | 3/63 | 3/75 | 0/48 |
| education | 3/48 | 3/5 | 0/56 |
| job design | 3/16 | 3/10 | 0/60 |
| participation in decision making | 3/16 | 3 | 0/78 |
| democratic in organization | 3/13 | 3/16 | 0/64 |
| material resources | 2/70 | 2/75 | 0/62 |
| Total Average | 3/21 | 3/13 | 0/61 |

In order to assess the level of knowledge management at three levels: low, moderate, and strong for researched hospitals; scores less than 2.5 was introduced as poor knowledge management, between 2.5 and 3.5 as the average knowledge management and more than 3.5 as the strong knowledge Management. The results showed that most of the people in the studied hospitals had an average knowledge management with a frequency of 62.5% and the strong knowledge management had lowest frequency (about 16 percent). Also among the components of Knowledge Management, Knowledge creation (95/2) was in the highest state and storing knowledge (2.86) was in the lowest state (Table 3).

Table 3: statistical Summary of knowledge management components score, separated studied hospitals

| Variant hospital | Knowledge creation | | Knowledge transfer | | Knowledge storage | | knowledge management | |
|------------------|--------------------|--------------------|--------------------|--------------------|-------------------|--------------------|----------------------|--------------------|
| | average | Standard deviation | average | Standard deviation | average | Standard deviation | average | Standard deviation |
| Abuzar | 3/15 | 0/78 | 3/18 | 0/74 | 2/99 | 0/77 | 3/10 | 0/76 |
| Razi | 3/12 | 0/96 | 3/22 | 0/76 | 2/99 | 0/76 | 3/11 | 0/82 |
| Golestan | 3/06 | 0/71 | 3/07 | 0/75 | 2/95 | 1/02 | 3/02 | 0/82 |
| Imam Khomeini | 3/05 | 0/78 | 2/96 | 0/94 | 2/83 | 0/85 | 2/94 | 0/85 |
| talaghani | 2/37 | 1/02 | 2/60 | 0/88 | 2/54 | 1/12 | 2/5 | 1/00 |
| Total Average | 2/95 | 0/66 | 3 | 0/81 | 2/86 | 0/9 | 2/93 | 0/79 |

Quality of working life in the studied hospitals was evaluated as an average of 3.22 medium. Highest rate of the quality of working life in the studied hospitals were in Razi and Abuzar with the average of 3.36 and 3.34 and Golestan hospital with the average of 2.97 had the lowest quality of working life (Table 4).

Table 4: Comparison of quality of working life and Rank of studied hospital

| hospital | working life quality |
|---------------|----------------------|
| Abuzar | 3/36 |
| Razi | 3/34 |
| Imam Khomeini | 3/12 |
| talaghani | 3/01 |
| Golestan | 2/97 |
| Total Average | 3/22 |

To investigate the relationship between the components of the quality of working life with the knowledge management in studied hospitals, Pearson correlation coefficient was used and their significance was evaluated. The significance level of each component of working life quality with knowledge management from the highest to the least relation were respectively, between participation in

decision-making, democratic in organization, job design, education, material privileges, workspace and knowledge management. In the final analysis, the correlation between quality of working life and knowledge management in the studied hospitals was about 0.64, which indicates a positive correlation between these two components in above centers and shows a direct relationship between knowledge management variable and quality of working life. This means that if the rate quality of working life in hospital increase, knowledge management score will increase and vice versa (Table 5).

Table 5: Correlation between working life quality components with knowledge management in studied hospitals

| variant | correlation coefficient | P-value |
|----------------------------------|-------------------------|---------|
| participation in decision-making | 0/7 | *0/001 |
| democratic in organization | 0/6 | *0/001 |
| job design | 0/44 | *0/001 |
| education | 0/37 | *0/005 |
| material privileges | 0/32 | *0/01 |
| workspace | 0/09 | 0/48 |
| working life quality | 0/64 | *0/001 |

4. Discussions

Management experts believe that salary and rights are known as a factor of making logical connection between the job responsibilities and salary payments to employees, which is difficult and complicated. Appropriate salary has strong influence on behavior, standards of living, purchasing power and emotional and spiritual health of a community and ultimately increases production efficiency in the organization. Unfair wage also reduces the efficiency, economic crisis, social evils behavior and abnormality in the society. So it should be given adequate attention (17). Due to the results of the present study, it was found that there is significant correlation between the rates of material and knowledge management ($P < 0.05$). This means that the increase in the rates of material benefits, knowledge management will increase in hospital too and vice versa. Meanwhile, material privileges in the studied hospitals were assessed poor (76.8%). Mottaghi and colleagues (10) evaluated that material merit of educational and non educational hospital of Kashan was medium. Fattah Moghaddam and colleagues (15) in their study showed that 51% of nurses had material merit below an average, which the results were contrasts with the first study but were consistent with the second study results.

The aim of educating in the field of knowledge management is training the correct way of doing work and decision making. So considering the fundamental role of education in raising labor productivity, it is possible to have a positive impact on their knowledge management by designing and implementing training courses within and outside the country as scientific workshops for updating managers' information. Findings indicate that the relationship between education and knowledge management is significant and education levels in hospitals were assessed moderate. Mottaghi and colleagues (10) assessed that the education level in Kashan hospitals are strong, which were inconsistent with the results of the present study.

Democracy in organization including the creation of open space, making fairness in payment, giving opportunities to people in the related position, and encouragement: can cause creativity and innovation in the organization. This results in knowledge management improvement in organizations. There is a direct correlation between democracy in organizations and knowledge management in hospitals covered by Medical Sciences University of Ahwaz Jundishapur, and statistically it is significant. The level of democracy was assessed medium.

If some activities are governed participatory ultimately in one hand lead to the working life quality

improvement, more human satisfaction and dignity enhancement, personal growth and development and on the other hand acceptance of the changes, and so reduce active and passive resistance and the lack of planned and spontaneous cooperation. In the present study, it has been showed that there is a significant and direct relationship between the correlation variables in decision making and knowledge management, but the level of participation in decision making (51.8%) were weak and it should given more attention. These results are consistent with the result of Garmaseh's study results (18) in hospital managers of educational hospitals of Isfahan.

Quality of working life are linked with organizational changes that mostly are increasing horizontal (career development) and vertical (job enrichment) flexibility, and certainly contain high levels of engagement and motivation to improve and make attractive the work instead of its conditions. The rate of job design for the studied hospitals was intermediate. Alizadeh (19) indicates that in Social Security Hospital in Tehran this factor is poor that are inconsistent with these results.

Workspace has quality, provided that in it persons are counted as the organization's members, the human mind be faced with thoughts challenge and ideas in the environment, the environment condition cause ability growth and things be done as well in the environment (27). For these conditions are safe working conditions in terms of the physical and also logical work hour's determination. Environment should also reduce the pollution effects that can adversely affect physical and mental condition (24). Most of the hospital managers, evaluated that their workspace is average (66.1%) and only 14.3% of them had a strong workspace. Dargahi and colleagues (16) in a research that examine quality of Medical Sciences University of Tehran hospitals nurses' working life concluded that the vast majority of nurses are dissatisfied with their work environment. In this study, it is found that relationship between the workspace and knowledge management is direct. And also it can be said that the relationship between these two variables is not statistically significant ($P = 0/48$).

What happens for man while working is the way of contacting with them, and also this that their work how might affect their overall life. So giving attention to the quality of working life programs as one of the most interesting ways to motivate employees (25) for managers in a position that directly will affects the quality of others working life, is a necessary and important social responsibility (21). In general, most people in the studied hospitals had moderate quality of working life score with frequency of 67.9%. And only 5.4% of the managers

had a strong working life quality that this number is notable. Mofradnya (20) evaluated that Quality of working life in of Islamic Azad University of Tehran is strong. Also Seifi (22) assessed that the Quality of working life in the Sanandaj academic hospitals is below average, which the results of both research are inconsistent with this study.

Among the key elements in achieving to organizational knowledge management are; knowledge availability, accurate and timeliness knowledge, the right culture, employee participation in knowledge management processes, knowledge leadership, knowledge repositories organizational infrastructure (28). The first step in the evaluation of the provided knowledge is the assessment of possibility of knowledge level. In fact, if organization could not measure their knowledge level and could not evaluate change methods in the knowledge level, so the knowledge management cycle will remain at the bottom, Because no feedback will be conducted to make modifications in different components of knowledge management including knowledge creation and development if necessary(7). Knowledge management in studied hospitals mostly was with a frequency of 62.5% and the 16.1% of surveyed executives noted that knowledge management was strong. While Zanjani moghadam evaluated that (26) knowledge management was in his research. Findings from the study showed that the highest correlation between the quality of working life and knowledge managements component was participation in decisions of the Senior and middle managers. While Asgari (23) in the Ministry of Labor and Social Affairs noted that the most important thing to promote knowledge management is work structure. In the present study, between the working life quality variables and knowledge management there is a direct relationship, it means that to enhance the quality of working life score, a score of knowledge management in hospital will increase, and vice versa.

Since among the six components of QWL in this study, participation in employees' decision-making were more important component, it is recommended that programs of improving working life quality in universities' dependent hospitals, to focus on these components development and improvement. Hospital directors and staff participation in decision making and determination of indices of working life quality programs can increase knowledge utilization and managers' information, and thus lead to make better decisions. Working life quality is effective in maintaining the knowledge management, and organizations in order to effectively discipline knowledge and disseminate it into the entire organization, should at first, consider

the quality of working life, because if Quality of working life be much better, the knowledge management establishment will be more successful. The obtained results of this study can identify the key needs of employees in the workplace and evaluating strategic plan to enhance the quality of their working life, be used by senior managers and decision makers in the health field.

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