

Effects of Nurses' Self-leadership and Organizational Culture on Customer Orientation: Focused on the Mediating Effect of Emotional Labor

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Abstract. This study aims to investigate the casual relationship among nurses' self-leadership, organizational culture, and emotional labor. A survey was conducted on 440 nurses working for general hospitals in South Korea from November 22 through December 15, 2012, and this study analyzed the data from the questionnaire with SPSS Windows 18.0 and AMOS 16.0. First, self-leadership had a direct effect on the increase in surface acting, and organizational culture had a direct effect on the decrease in surface acting. Second, self-leadership and organizational culture had a direct effect on the increase in deep acting. Third, self-leadership and deep acting had a direct effect on the increase in customer orientation, and organizational culture, with emotional labor as a mediator, had an indirect effect on customer orientation. It has important implications in that it suggests a customer orientation prediction model that hospital managers can use as baseline data for nursing human resource management.

Keywords: Leadership, Culture, Emotion, Customer

1 Introduction

In the past, medical consumers considered only the superiority of medical staff when choosing a medical center and received medical services from a passive position. However, modern medical consumers take an active role in selecting medical centers that provide high-quality human, material, and institutional resources by searching for information via various media [1]. The delivery of medical service is more complex between medical consumers and service suppliers, unlike general service, that the customer service challenge is therefore greater. In addition, because human services play a major role in determining the service quality of medical centers, customer satisfaction management strategies that satisfy the needs of consumers through human resources are increasing the competitiveness of medical centers [2]. Among the various customer satisfaction management strategies of medical centers, customer

orientation is an organizational behavior designed to create a competitive advantage by constantly providing better services based on the needs of customers [1]. Customer orientation can be embodied by organization members, and customer-oriented attitudes have a positive effect on long-term relationships with customers. In particular, because customers using medical services may have a high level of mental anxiety due to ill-health, customer-oriented attitudes play a major role in influencing the medical service utilization behaviors of customers by relieving anxiety and maintaining ongoing relationships [3]. Customer orientation was influence by individual factors, which are self-leadership, emotional labor and organizational levels, such as organizational culture. In nursing sector, however, only fragmentary studies have been made with respect to customer orientation.

2 Methods

This study included 440 participants in order to take into consideration negligent respondents. The present study collected data from November 22, 2012 to December 15, 2012 by distributing self-report questionnaires to 440 nurses in three general hospitals with more than 400 beds who gave written consent to participate. This study used SPSS Windows 18.0 and AMOS 16.0 to analyze the collected data.

3 Results

As a result, self-leadership had a direct effect on the increase in surface acting, and organizational culture had a direct effect on the decrease in surface acting. Second, self-leadership had a direct effect on the increase in deep acting, and organizational culture also had a direct effect on the increase in deep acting. Third, self-leadership had both direct and indirect effects on the increase in customer orientation, with emotional labor as a mediator. However, although organizational culture had no direct effect on the increase in customer orientation, it had an indirect effect on the increase in customer orientation, with emotional labor as a mediator. In addition, while surface acting had no direct effect on the decrease in customer orientation, deep acting had a direct effect on the increase in customer orientation (Figure 1).

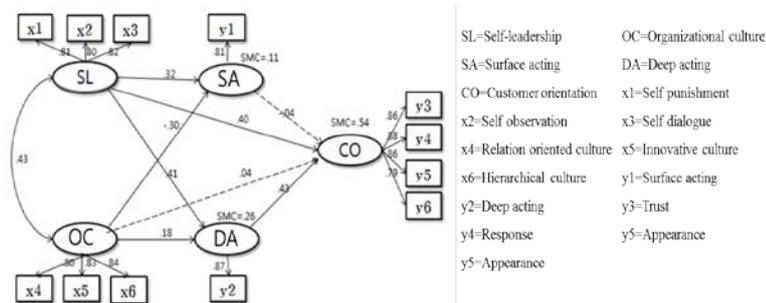


Fig. 1. Path Diagram of Model

4 Discussion

First, looking at the relationship between self-leadership and emotional labor, self-leadership had direct effects on the increase in surface acting and deep acting of nurses. This result is similar to that of the previous study [4] that found that self-leadership of nurses was related to the emotional labor of members. In other words, because self-leadership of nurses is a behavioral and cognitive strategy used to influence themselves [5], it can play a role as a self-leading and self-motivating factor that can control the emotions that occur during the process of delivering services [6]. Second, looking at the relationship between organizational culture and emotional labor, the organizational culture of nurses had direct effects on the decrease in surface acting and increase in deep acting. This result is similar to that of a preceding study targeting secretaries [7] that found differences in the emotional labor of members depending on the organizational culture, even in the same kind of job. Because organizational culture is unique values, faiths, norms, customs, and behavioral patterns shared by organization members [8]. Also affecting organizational performance and innovation, particularly in service industries [9], it is of strategic importance for managers to pay attention to organizational culture. Third, examining the factors that influence customer orientation, self-leadership and deep acting had direct effects on customer orientation, and organizational culture had an indirect effect on customer orientation, with emotional labor as a mediator. This result is similar to that of a previous study [10] that found that the self-leadership of hotel employees influenced customer orientation and another study [6] that found that the emotional labor of employees influenced the customer orientation. Because the needs of customers are constantly changing in service fields and prompt delivery of service increases customer satisfaction, relationships with customers can be maintained only when using a service delivery system that is controlled and led by members in the service encounter. Moreover, the fact that, for deep acting, individual efforts to deliver specific emotions to customers, as well as external expressions of emotions required by the organization, are important for outstanding customer service [7] was also reconfirmed in this study.

5 Conclusion

The study found that self-leadership had direct effects on the increases in surface acting and deep acting. Second, organizational culture had direct effects on the decrease in surface acting and increase in deep acting. Third, self-leadership and deep acting had direct effects on customer orientation, and organizational culture had an indirect effect on customer orientation, with emotional labor as a mediator. While previous research targeting police officers and railway officials reported that organizational culture had a direct effect on customer orientation, only an indirect effect of emotional labor as a mediator was confirmed in this study. This result indicates that, because medical service deals with customer's health even lives unlike other public service, medical customer requires high-quality human medical service such as hospital members to be various roles with active attitude. It is difficult to

increase the customer orientation of members to just use organizational culture. However, if methods of controlling emotional labor based on organizational culture can be shared, customer orientation might increase.

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