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Factors Affecting Nurses' Customer Orientation

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Abstract

This study aimed to identify the factors affecting nurses' customer orientation. 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. Data were analyzed using t-test, analysis of variance, Pearson's correlation, and multiple regression. All factors had a significant correlation with customer orientation. Multiple multiple regression analysis revealed that self-leadership and deep acting was the factor positively influencing nurses' customer orientation. These factors explained 54.0% of 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 recent years, according to increasing the social interest in health and wellness, large companies have become involved in the hospital business. The environment of medical service providers is becoming more and more competitive. Recently patients have more options than before [1] and hospital has increased to focus on consumer-centeredness [2]. 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 [3] 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 [4].

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 [3]. Customer orientation consists of reliability, tangibility, responsiveness, and empathy. Reliability refers to the ability to precisely and reliably perform an appointed service; tangibility refers to external service quality;

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responsiveness refers to willingness to help customers and quickly provide services; and empathy refers to sufficiently understanding and communicating with customers, along with the feasibility of using services [2]. 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 [5]. Customer orientation was influence by individual factors, which is 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 [6-8]. Some studies have shown associations between customer orientation and self-leadership [2, 9-11], customer orientation and emotional labor [12-13], customer orientation and organizational culture [2, 14]. However, several other studies have not established a link between customer orientation and other factors.

2. Methods

2.1. Sample

This study was approved by the ethics commission of the affiliated organization (IRB, No. IRB2012-S17) and targeted nurses in three general hospitals with more than 400 beds who gave written consent to participate. To verify the statistical power of our sample size, we used the G*power 3.1.7 program [15]. The sample size required in multiple regression method was 370 with the following parameters. This study included 440 participants in order to take into consideration negligent respondents.

2.2. Measurement

2.2.1. Customer Orientation

Fourteen questions (answered using a 7-point scale) developed by Parasuramn, Zeithml and Berry [16] and adapted and modified by Moon [17] were selected for this study after conducting validity verification. The questions consisted of 3 reliability questions (α=0.84), 4 on responsiveness (α=0.86), 3 on tangibility (α=0.84), and 4 on empathy (α=0.83). The score range was 1-7, with a higher value representing a higher level of customer orientation. Cronbach's alpha was 0.80 in Moon’s study [17] and 0.83-0.86 in this study.

2.2.2. Self-leadership

Ten questions developed by Houghtom and Neck [18] and verified by Park, Yun, and Han [19] (construct validity) were used, and they consisted of 2 self-compensation questions (α=0.82), 3 on self-disciplinary punishment (α=0.70), 2 on self-observation (α=0.79), and 3 on self-talk (α=0.83). The score range was 1-5, with a higher value representing a higher level of self-leadership. Cronbach's alpha was 0.83 in the study by Park *et al*. [19] and 0.70-0.75 in the present study.

2.2.3. Organizational Culture

This study verified the construct validity of a tool with which Kim and Park [20] classified organizational culture into innovation-oriented culture, relation-oriented culture, task-oriented culture, and hierarchy-oriented culture based on the competing value model of Quinn and McGrath [21] and created 13 questions (5-point scale) consisting of 3 relation-oriented culture questions (α=0.70), 4 on innovation-

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oriented culture (α=0.72), 4 on hierarchy-oriented culture (α=0.73), and 2 on job-oriented culture (α=0.67). The score range was 1-5, with a higher value representing a higher level of organizational culture. Cronbach's alpha was 0.73-0.84 in the study by Kim and Park [20] and 0.67-0.73 in the present study.

2.2.4. Emotional Labor

A total of 11 questions (7-point scale) developed by Brotheridge and Lee [22] and adapted and modified by Yi, Gim, and Shin [23] were used and were divided into five surface acting and six deep acting questions. The score range was 1-7, with a higher value representing a higher level of emotional labor. Cronbach's alpha was 0.88-0.89 in the study by Yi *et al*. [23] and 0.81-0.87 in the present study.

2.3. Data Analysis

In the current study, an expert group made up of 2 nursing professors and 3 doctoral students presently working in a clinical setting modified and supplemented each tool and verified the content validity index [CVI], which showed a range of .81-.88. 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. In total, 410 questionnaires (93.1%) were returned, of which, 399, excluding 11 that contained insufficient responses, were used for the actual analysis data. This study used SPSS Windows 18.0 (SPSS Korea Data solution Inc.) to analyze the collected data. The correlations between customer orientation and the variables were analyzed through Pearson's correlation. The customer orientation predictor variables were analyzed using multiple regression.

3. Results

3.1. General Characteristics of Research Subjects

The average age of participants was 32.3 years, with 93 persons (23.4%) ≤ 25 years old, 114 (28.6%) subjects between 26-30 years, 69 (17.2%) between 31-35 years, and 123 (30.8%) ≥ 36 years. For academic background, the number of persons who graduated from three-year colleges was 111 (27.8%), 229 (57.5%) graduated from four-year colleges, and 59 (14.7%) attended graduate school or higher. Of the respondents, 211 persons (53.0%) answered they had a religious affiliation, and 188 (47.0%) reported no such affiliation; 186 (46.5%) participants were married and 213 (53.5%) were not. With respect to intention to move to another unit, 259 (64.8%) participants answered ‘no’ and 140 (35.2%) answered ‘yes,’ while 183 (45.8%) reported no experience in other units and 216 (54.2%) had moved among units. The average total work experience of the participants was 9.4 years; 84 persons (21.1%) had ≤ 3 years of work experience, 110 (27.5%) had 3-8 years of work experience, 83 (20.8%) had 8-13 years of work experience, and 122 (30.6%) had ≥ 13 years of work experience. The average years of experience in the present unit was 3.95 years, with 59 persons (14.7%) with ≤ 1 year of experience, 97 (24.4%) with 1-3 years, 121 (30.3%) with 3-5 years, and 122 (30.6%) with ≥ 5 years of experience. With regard to position, 358 (89.7%) were staff nurses and 41 (10.3%) were charge nurses or higher; with regard to shift pattern, 268 persons (67.1%) worked three rotating shifts and 131 (32.9%) worked two rotating shifts or did not work in shifts. With regard to unit satisfaction, 202 respondents (50.6%) answered that they were ‘satisfied,’ 163 (40.8%) ‘moderate,’ and 34 (8.5%) ‘unsatisfied.’(Table 1).

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Table1. The General Characteristics of Subjects

(N=399)

Variables	Category	n (%)
Age (yr)	≦ 25	93(23.4)
	26-30	114(28.6)
	31-35	69(17.2)
	36≧	123(30.8)
Academic background	3yr nursing college	111(27.8)
	4yr nursing college	229(57.5)
	Master or above	59(14.7)
Religion	Yes	211(53.0)
	None	188(47.0)
Marital status	Married	186(46.5)
	Single	213(53.5)
Intention to move to another unit	No	259(64.8)
	Yes	140(35,2)
Experience to move other unit	No	183(45.8)
	Yes	216(54.2)
Total period of clinic career (yr)	<3	84(21.1)
	3-8	110(27.5)
	8-13	83(20.8)
	13 ≧	122(30.6)
Total period of current unit (yr)	<1	59(14.7)
	1-3	97(24.4)
	3-5	121(30.3)
	5 ≧	122(30.6)
Current position	Staff nurse	358(89.7)
	Charge nurse or above	41(10.3)
Shift work	Three shift	268(67.1)
	Double shift or usual shift	131(32.9)
Unit satisfaction	Satisfied	202(50.6)
	Moderate	163(40.8)
	Unsatisfied	34(8.5)

3.2. Factors Correlating with Nurse's Customer Orientation

A significant correlation was observed between self-punishment and self-observation ($r=0.44$, $p<0.001$), self-dialogue ($r=0.38$, $p<0.001$), relation-oriented culture ($r=0.10$, $p<0.05$), innovative culture ($r=0.19$, $p<0.05$), hierarchical culture ($r=0.19$, $p<0.001$), surface acting ($r=0.20$, $p<0.001$), deep acting ($r=0.17$, $p<0.001$), trust ($r=0.24$, $p<0.001$), response ($r=0.21$, $p<0.001$), appearance ($r=0.20$, $p<0.001$), sympathy ($r=0.24$, $p<0.001$). In other words, self punishment increased as self observation, self dialogue, relation-oriented culture, innovative culture, hierarchical culture, surface acting, deep acting, trust, response, appearance, sympathy increased (Table 2).

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Table 2. Correlation Among the Variables

Variables	X1	X2	X3	X4	X5	X6	X7	X8	X9	X10	X11	
X2	0.44**											
X3	0.38**	0.39**										
X4	0.10*	0.29**	0.25**									
X5	0.19*	0.31**	0.26**	0.70**								
X6	0.19**	0.24**	0.18**	0.60**	0.74**							
X7	0.20**	0.12*	0.01	-0.14**	-0.16**	-0.09						
X8	0.17**	0.41**	0.24**	0.30**	0.34**	0.24**	0.16**					
X9	0.24**	0.46**	0.24**	0.23**	0.29**	0.26**	0.50**	-0.04				
X10	0.21**	0.43**	0.27**	0.26**	0.30**	0.29**	0.55**	0.78**	0.04			
X11	0.20**	0.42**	0.25**	0.21**	0.26**	0.26**	0.55**	0.67**	0.71**	0.04		
X12	0.24**	0.47**	0.31**	0.31**	0.31**	0.28**	0.56**	0.68**	0.75**	0.76**	0.04	

*p<0.05 **p<0.001

X1=Self punishment; X2=Self observation; X3=Self dialogue; X4=Relation-oriented culture; X5=Innovative culture; X6=Hierarchical culture; X7=Surface acting; X8=Deep acting; X9=Trust; X10=Response; X11=Appearance; X12=Sympathy

3.3. Factors Affecting Nurses' Customer Orientation

To identify the variables affecting nurses' customer orientation, multiple regression analysis was performed. The independent variables is self-leadership, emotional labor (deep acting and surface acting) and organizational culture. The results are shown in Table 3. Self-leadership (β=0.69, p<0.001) and deep acting (β=0.31, p<0.001) had showed a statistically significant effect in nurses' customer orientation, it had an effect on the increase in customer orientation. The total explanatory adequacy of these factors was 54% (F=90.85, p<0.001) (Table 3). While organizational culture (β=0.05, p=0.409) and surface acting (β=-0.02, p=0.410) had no effect in nurses' customer orientation. The Durbin-Watson test score was 1.537 with no correlations among residuals. No variables exhibited multicollinearity: tolerance ranged from 0.77 to 0.96 and variance inflation factor (VIF) ranged from 1.04 to 1.31, which showed that no variables exhibited multicollinearity. Therefore, it appeared that a regression model would be appropriate.

Table 3. Factors Affecting Nurses' Customer Orientation

Variables	B	*S.E*	*B*	t	*Adjusted R^2*	F	*p*
Self-leadership	0.40	0.13	0.69	5.22*	0.54	90.85	<0.001
Organizational culture	0.04	0.06	0.05	.083			
Surface acting	-0.04	0.03	-0.02	-.82			
Deep acting	0.43	0.04	0.31	8.12*			

*p<0.05

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4. Discussion

The purpose of the present study was to investigate nurses' customer orientation and its influential factors. First, looking at the relationship between self-leadership and emotional labor, a significant correlation was observed between self-leadership and emotional labor. This result is similar to that of a previous study [2] 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 [24], 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 [11]. Thus, it is expected that, if hospital managers create and actively use programs promoting self-leadership for nurses, customer satisfaction could be improved by nurses who play roles as important mediators of medical services. However, the result that self-leadership increases surface acting as well as deep acting should be confirmed through further research on the causal relationship between self-leadership and emotional labor.

Second, a significant correlation was observed between organizational culture and emotional labor. This result is similar to that of a preceding study targeting secretaries [25] 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 [26], also affects organizational performance and innovation, particularly in service industries [14], it is of strategic importance for managers to pay attention to organizational culture. Therefore, it may be possible to improve customer satisfaction by decreasing the emotional labor of members if hospital managers, responding to dramatically changing environments, create, maintain, and develop unique organizational cultures. In addition, further research is needed in order to discern what types of organizational culture affect emotional labor in detail.

Third, examining the factors that influence customer orientation, all factors had a significant correlation with customer orientation, self-leadership and deep acting had effects on customer orientation, but organizational culture and surface acting had no effect on customer orientation. This result is similar to that of a previous study [9] that found that the self-leadership of hotel employees influenced customer orientation and another study [13] that found that the emotional labor of hotel employees influenced the customer orientation. In addition, the study confirmed the results of Oh and Yook [10], which found that, 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 [25] was also reconfirmed in this study.

However, previous research targeting police officers [27] and railway officials [14] reported that organizational culture had an effect on customer orientation. 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 [3]. 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 may increase. Thus, hospital managers need to utilize self-leadership training and emotion control training by forming a unique organizational culture to increase the customer orientation level of members. Our findings provide a better understanding of nurses' customer orientation and establish basic data for nursing service.

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However, because there are only a few studies targeting nurses with regard to the effects of self-leadership and organizational culture on customer orientation, research on the causal relationships among those factors and on various other factors that influence the customer orientation of nurses should be conducted in the future.

5. Conclusion

Through multiple regression analysis, this study examined factors that influence the customer orientation of nurses. The study found that self-leadership and deep acting had significant effects on the increases in nurses' customer orientation. And, significant correlation was observed between nurses' customer orientation and organizational culture, surface acting, but these factors had no effect on customer orientation.

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