

Relationship between Self-Leadership, Self-Efficacy, and Customer Orientation of Dental Hospital and Clinic Consultants

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ABSTRACT

The objective of this study is to examine the levels of self-leadership, self-efficacy, and customer-oriented mindset among dental consultants, as well as to identify the relationships between these factors.

An online survey was administered to 237 dental consultants employed in dental hospitals and clinics. Self-leadership, self-efficacy, and customer orientation were assessed using a 5-point Likert scale. Path analysis, involving factor analysis and structural modeling, was conducted to explore the interconnections among the subfactors.

In the relationship between self-leadership and self-efficacy, action-oriented strategies, constructive thinking strategies, and natural compensation strategies were found to have a significant effect on goal-achieving self-efficacy. In addition, action-oriented strategies and natural compensation strategies were found to have a significant effect on self-confidence self-efficacy. In the relationship between self-efficacy and customer orientation, both goal-achieving and self-confidence self-efficacy were found to have a significant impact on voluntary customer orientation and business customer orientation. The subfactors of self-leadership—specifically, action-oriented strategies and natural compensation strategies—were found to have a significant impact on customer orientation. However, constructive thinking strategies did not exhibit a notable impact on customer orientation. The mediating role of self-efficacy in the relationship between self-leadership and customer orientation was partly facilitated by goal-achieving and self-confidence self-efficacy through action-oriented strategies. Additionally, natural compensation strategies were identified as fully mediating through self-confidence self-efficacy. Therefore, it is deemed necessary to prepare measures to improve dental consultants' proactive thinking and internal rewards.

1. Introduction

The trajectory of South Korea's healthcare sector is evolving from a tranquil and stable organizational framework to an era characterized by change and innovation. As the quality of life improves, there is a growing interest in individual health. With the activation of hospital marketing and increased accessibility to medical information, patients now compare medical services across various healthcare institutions before making their choices (Choi, 2018). The evidence indicates a shift in core elements within systems and institutions, transitioning towards vision and capabilities. People emerge as the crucial catalyst for these changes in the management environment, emphasizing the urgent need for human resource development to fortify internal capabilities and ensure the acquisition of skilled professionals. The competition among dental medical institutions and hospitals has been escalating. With the improvement in medical consumers' living standards and the subsequent increase in their expectations for medical services, enhancing the quality of medical services has become a universal challenge for all hospitals (Han & Park, 2013). In order to enhance the quality of medical services, effective management of personnel directly providing services to patients is crucial. The management of core human resources through skill enhancement is considered a highly necessary factor for an organization's competitiveness (Kim & Han, 2016). Dental hygienists are specialized professionals responsible for crucial tasks within dental medical institutions (Kim & Han, 2016). The skills required for dental hygienists have expanded beyond simple dental care cooperation tasks to include prevention, education, interpersonal skills, and a role as managerial partners, leading to changing societal demands (Kang, 2005). Serving as human resources responsible for patient satisfaction at the point of interaction with customers (Yeo et al., 2014), dental hygienists significantly influence the quality of dental healthcare services based on their attitudes, proficiency, values, technology, and procedures (Choi & Ha, 2007).

Consultation is a critical aspect of the duties performed by dental hygienists, as it holds a pivotal role in providing healthcare services to patients. As consultants play a crucial role in understanding patients' needs such as satisfaction, emotions, and empathy accurately, assisting in the patient's decision-making process, dental hygienists carry out a significant mission in determining the value of healthcare services through patient interactions. This aligns with the importance of customer-oriented thinking – a fundamental step in achieving customer satisfaction. Consequently, dental consultants emphasize managerial capabilities such as self-efficacy and self-leadership over professional competencies, recognizing the importance of forming good relationships with patients and signifying the importance of humane aspect. Despite prior research on the importance of customer orientation in dental healthcare institutions (Jeong et al., 2017; Do & Min, 2020) and studies on self-leadership that can enhance it (Kim & Han, 2016; Jang et al., 2011; Choi, 2018), there is a notable scarcity of research specifically targeting consultants within dental healthcare institutions.

Therefore, this study aims to present the required organizational characteristics and future directions for organizational management within dental healthcare institutions, seeking to examine the levels of self-leadership, self-efficacy, and customer orientation among dental healthcare institution consultants and understand their interrelationships.

2. Materials and Methods

2.1 Study design

This study is a descriptive cross-sectional survey research that analyzes the mutual relationships among dental consultants' self-leadership, self-efficacy, and customer orientation.

2.2 Participants

The subjects of the study were dental consultants working at dental clinics located in the Seoul and Gyeonggi, other areas. The appropriate sample size was calculated using G-Power 3.1.3 software with an effect size of 0.15, significance level of 0.01, and power of 95% for multiple regression analysis, resulting in 234 people (Gwon & Han, 2015). Taking the dropout rate into consideration, 280 copies were distributed and 100% collected. Of these, 237 (84.6%) were used for final analysis, excluding insincere respondents, non-responses, and duplicate respondents.

2.3 Variables

The measurement variables included demographic characteristics with a total of 6 items (age, marital status, education, employment duration, monthly income, region), 14 items for self-leadership, 8 items for self-efficacy, and 9 items for customer orientation.

Self-leadership used as an independent variable in this study was based on the Revised Self-Leadership Questionnaire (RSLQ) used by Houghton and Neck (2002), and the instrument used by Fan (2013). The subfactors were categorized as action-oriented strategies, constructive thinking strategies, and natural compensation strategies, and measured on a 5-point Likert scale. The average was calculated from 'not at all' = 1 to 'very' = 5, with higher scores indicating higher self-leadership. Cronbach's α , which indicates the internal consistency of this tool, was 0.785 for the action-oriented strategy, 0.722 for the constructive thinking strategy, and 0.782 for the natural reward strategy.

The mediating variable, self-efficacy, utilized the instrument developed by Chen et al. (2001) and adapted by Cho (2015). The subfactors were categorized as goal-achieving self-efficacy and self-confidence self-efficacy. The measurement was averaged using a 5-point Likert scale, ranging from 'not at all' = 1 to 'very' = 5, where higher scores indicate higher self-efficacy. Cronbach's α for self-efficacy was 0.812 for goal-achieving self-efficacy and 0.809 for self-confidence self-efficacy.

The dependent variable, customer orientation, utilized the instrument based on the scale developed by Saxe and Weitz (1982), supplemented and modified by Williams (1992), and further employed by Pyo (2016). The measurement was averaged using a 5-point Likert scale, ranging from 'not at all' = 1 to 'very' = 5, where higher scores indicate higher customer orientation. Subfactors of customer orientation were classified into voluntary customer orientation and business customer orientation. Cronbach's α for customer orientation was 0.814 for voluntary customer orientation and 0.839 for business customer orientation.

2.4 Measurement

The data collection involved approaching dental clinics in Seoul, Gyeonggi, and other regions through phone calls or direct visits, and recruiting participants through dental hygienist-related communities (cafes, social media, etc.). The study's purpose and participation methods were explained, and individuals expressing willingness to participate were provided with self-administered surveys and questionnaires through methods such as direct visits, mail, or email after obtaining their signatures (Gwon & Han, 2015).

2.5 Statistical analysis

Frequency analysis and descriptive statistics were obtained using SPSS 21.0. Amos 21 was used to test the fit of the model and correlation analysis between variables, and path analysis was performed using a structural equation model to verify the hypothesis.

3. Results

The demographic characteristics of the participants revealed that the majority were in their 30s, constituting 54.9% (130 individuals), while those in their 20s were the second-largest group with 87 individuals (36.7%). In terms of marital status, unmarried individuals were more prevalent, making up 67.1% (159 individuals), compared to the married group, which accounted for 32.9% (78 individuals). Regarding educational background, individuals with a college degree comprised 59.1% (140 individuals), followed by university graduates at 33.3% (79 individuals). Work experience analysis showed that the largest group had 6-10 years of experience, making up 47.7% (113 individuals). In terms of monthly income, the majority, at 62.9%, earned less than 2-3 million won. The workplace location was relatively evenly distributed, with 57.8% (137 individuals) in the Seoul-Gyeonggi area and 42.2% (100 individuals) in other regions, as detailed in Table 1.

Table 1. Sociodemographic characteristics in participants

Variables	Category	Frequency	%
Age	20 ~ 29	87	36.7
	30 ~ 39	130	54.9
	40 ~ 49	19	8.0
	50 or above	1	0.4
Marital status	Married	78	32.9
	Unmarried	159	67.1
Educational background	High school graduate	9	3.8
	Associate degree	140	59.1
	Bachelor's degree	79	33.3
	Master's degree or higher	9	3.8

Variables	Category	Frequency	%
Years of work experience	5 or less	64	27.0
	6 ~ 10	113	47.7
	11 ~ 20	54	22.8
	21 or over	6	2.5
Monthly income (Won)	1 million ~ 2 million	59	24.9
	2 million ~ 3 million	149	62.9
	3 million ~ 5 million	29	12.2
Workplace location	Seoul-Gyeonggi	137	57.8
	Others	100	42.2

Table 2 provides descriptive statistics for self-leadership, self-efficacy, and customer orientation. Among them, business customer orientation scored the highest at 4.16 points, while constructive thinking strategies scored the lowest at 3.37 points.

Table 2. Descriptive statistics

		n	Mean	Std. Deviation
Self-leadership	Action-oriented strategies	5	3.78	0.83
	Constructive thinking strategies	5	3.37	0.97
	Natural compensation strategies	4	3.44	0.91
Self-efficacy	Goal-achieving self-efficacy	5	3.64	0.74
	Self-confidence self-efficacy	3	3.50	0.80
Customer orientation	Voluntary customer orientation	5	4.00	0.71
	Business customer orientation	4	4.16	0.64

Table 3 presents the correlation analysis results among the subfactors of self-leadership, self-efficacy, and customer orientation. There is a weak positive correlation (0.329 to 0.506) between action-oriented strategies, constructive thinking strategies, and natural compensation strategies. The mediating factors, goal-achieving self-efficacy and self-confidence self-efficacy, also exhibit a weak positive relationship (0.242 to 0.443).

Voluntary customer orientation and business customer orientation showed a weak positive correlation with the three subfactors of self-leadership, and there was also a weak positive correlation with the mediating factors.

Table 3. The relationship between self-leadership, self-efficacy, and customer orientation

	Action-oriented strategies	Constructive thinking strategies	Compensation strategies	Goal-achieving self-efficacy	Self-confidence self-efficacy	Voluntary customer orientation	Business customer orientation
Self-leadership	Action-oriented strategies	1					
	Constructive thinking strategies	.329**	1				
	Natural compensation strategies	.333**	.506**	1			
Self-efficacy	Goal-achieving self-efficacy	.409**	.443**	.433**	1		
	Self-confidence self-efficacy	.259**	.242**	.349**	.590**	1	
Customer orientation	Voluntary customer orientation	.403**	.278**	.311**	.320**	.294**	1
	Business customer orientation	.286**	.252**	.221**	.307**	.235**	.468**

* p< 0.05, **p< 0.01, ***p< 0.001

Table 4 presents the fitness evaluation results of the proposed research model compared to the recommended standards. The goodness-of-fit analysis resulted in a chi-square (X^2) value of 23.753 with a significance probability value of 0.014*, indicating an overall good fit, and the mean values and baseline fit indices among elements reached the recommended level.

Table 4. Result of suitability analysis of research model

Item	$X^2(p)$	df	GFI	AFGI	CFI (Comparative Fit Index)	NFI	IFI (Incremental fit index)	TLI (Turker-Lewis index)	RMR	RMSEA (Root mean square error of approximation)
Recommended	-	-	≥ .90	≥ .90	≥ .90	≥ .90	≥ .90	≥ .90	≤ .1	≤ .1
Current study	23.753 (p=0.014)	11	0.972	0.929	0.969	0.945	0.970	0.941	0.04	0.07

Table 5 examines the impact of the mediating variable, goal-achieving self-efficacy, on the dependent and independent variables. The research results show that among the independent variables, natural compensation strategies and constructive thinking strategies have effects on both voluntary customer orientation and business customer orientation, with measured effects of 0.064 (constructive thinking strategies → voluntary customer orientation), 0.132 (natural compensation strategies → voluntary customer orientation), 0.098 (constructive thinking strategies → business customer orientation), and 0.038 (natural compensation strategies → business customer orientation). However, these effects were not directly significant.

Additionally, the mediating variable, goal-achieving self-efficacy, showed a non-significant effect of 0.115 on voluntary customer orientation but a significant effect of 0.179 on business customer

orientation. Therefore, it can be inferred that the independent variables, natural compensation strategies and constructive thinking strategies, do not have a mediating effect on the dependent variables, business and voluntary customer orientation. However, given that goal-achieving self-efficacy significantly influences both business (0.224) and voluntary (0.247) customer orientation, it emerges as a complete mediator. This suggests that the independent variables exert their impact on the dependent variables through the intermediary role of goal-achieving self-efficacy.

On the other hand, the independent variable, action-oriented strategies, shows a significant impact on the dependent variables, voluntary customer orientation (0.291) and business customer orientation (0.169). This indicates that action-oriented strategies not only mediate through the mediating variable of goal-achieving self-efficacy but also directly influence both voluntary and business customer orientation, suggesting a partial mediation.

Table 5. Effect of goal achievement self-efficacy on customer orientation

Item		Natural compensation strategies	Constructive thinking strategies	Action-oriented strategies	Goal-achieving self-efficacy
Total effects	Goal-achieving self-efficacy	0.224***	0.247***	0.253***	0
	Business customer orientation	0.078	0.142	0.214*	0.179***
	Voluntary customer orientation	0.157	0.093	0.320***	0.115
Direct effects	Goal-achieving self-efficacy	0.224***	0.247***	0.253***	0
	Business customer orientation	0.038	0.098	0.169*	0.179***
	Voluntary customer orientation	0.132	0.064	0.291***	0.115
Indirect effects	Goal-achieving self-efficacy	0	0	0	0
	Business customer orientation	0.04	0.044	0.045	0
	Voluntary customer orientation	0.026	0.029	0.029	0

* p< 0.05, **p< 0.01, ***p< 0.001

Table 6 summarizes the impact of the mediating variable, self-confidence self-efficacy, on the dependent and independent variables. Among the independent variables, constructive thinking strategies showed effects on both business customer orientation and voluntary customer orientation, with measured effects of 0.134 (constructive thinking strategies → business customer orientation) and 0.084 (constructive thinking strategies → voluntary customer orientation). However, these effects were not directly significant. Therefore, it can be inferred that constructive thinking strategies do not have a mediating effect on both business and voluntary customer orientation through the mediating variable of self-confidence self-efficacy.

Furthermore, action-oriented strategies significantly influence business customer orientation (0.193)

and voluntary customer orientation (0.296), while natural compensation strategies also have a significant impact on voluntary customer orientation (0.115). The mediating variable, self-confidence self-efficacy, showed a significant effect on business customer orientation (0.138) and voluntary customer orientation (0.157).

Therefore, it can be observed that action-oriented strategies not only mediate through self-confidence self-efficacy but also directly influence both business and voluntary customer orientation, indicating partial mediation. Additionally, natural compensation strategies appear to partially mediate through self-confidence self-efficacy, exerting direct impacts on voluntary customer orientation.

However, natural compensation strategies do not show a significant impact on business customer orientation, indicating complete mediation through self-confidence self-efficacy.

Table 6. The effect of confident self-efficacy on customer orientation

Item		Natural compensation strategies	Constructive thinking strategies	Action-oriented strategies	Goal-achieving self-efficacy
Total effects	Goal-achieving self-efficacy	0.271***	0.055	0.151*	0
	Business customer orientation	0.078	0.142	0.214**	0.138*
	Voluntary customer orientation	0.157*	0.093	0.32***	0.157*
Direct effects	Goal-achieving self-efficacy	0.271***	0.055	0.151*	0
	Business customer orientation	0.04	0.134	0.193**	0.138*
	Voluntary customer orientation	0.115*	0.084	0.296***	0.157*
Indirect effects	Goal-achieving self-efficacy	0	0	0	0
	Business customer orientation	0.038	0.008	0.021	0
	Voluntary customer orientation	0.043	0.009	0.024	0

* p< 0.05, **p< 0.01, ***p< 0.001

4. Discussion

This study extensively explores the impact of self-leadership and self-efficacy on customer orientation among consultants in dental healthcare institutions. The aim is to provide in-depth insights into the organizational characteristics needed in dental healthcare institutions and to suggest directions for future organizational management. According to the results of the analysis on the relationship between self-leadership and self-efficacy among dental consultants, a path coefficient of 0.703 with a significance level of P=.000 was observed, indicating a significant influence. This supports the findings of previous studies on the relationship between self-leadership and self-efficacy (Lee

et al., 2013; Kwon & Kwon, 2019). The analysis of the relationship between self-efficacy and customer orientation revealed a path coefficient of 0.549, C.R=4.674, and a significant probability of $p=0.000$, demonstrating a significant impact at a confidence level. This aligns with prior research on the relationship between self-efficacy and customer orientation (Kim, 2021; Lim, 2014; Baek et al., 2015).

According to the results of the analysis on the relationship between self-leadership and customer orientation, a path coefficient of 0.637, C.R=5.238, and a significant probability of $p=0.000$ was observed, indicating a significant impact at a confidence level. This is consistent with prior research on the relationship between self-leadership and customer orientation (Lee, 2015; Kim, 2016). The results of verifying the mediating effect of self-efficacy in the relationship between self-leadership and customer orientation showed that action-oriented strategies partially mediate through the mediating variables of goal-achieving/self-confidence self-efficacy. Additionally, natural compensation strategies were found to completely mediate through self-confidence self-efficacy. This supports prior research on the mediating effect of self-efficacy in the relationship between self-leadership and customer orientation (Lee et al., 2013; Kwon & Lee, 2022; Kim & Hong, 2023).

In light of the aforementioned research findings, this study endeavors to present comprehensive insights. The conclusion drawn is that, for the augmentation of customer orientation among dental consultants, the cultivation of self-leadership within consultants is imperative. The ensuing section delineates recommended strategies for dental consultants aimed at enhancing their proactive thinking and internal rewards to achieve this objective.

The first point emphasizes the recognition of the importance of self-leadership education, the ability to plan independently, and the need for practical training to enhance self-leadership through feedback. Secondly, it is necessary to create an environment that provides autonomy and a sense of self-control. Thirdly, there is a crucial need for attention and support in psychological aspects such as respect, recognition, and trust. In conclusion, it is essential not to overlook the fact that, from a motivational perspective, individuals prioritize the inherent enjoyment derived from their tasks as paramount.

This study has the following limitations. First, because it was verified through a questionnaire, we cannot rule out the possibility that the responses to the questionnaire were based on thoughts or attitudes desirable as a consultant rather than the individual's own thoughts and attitudes. Therefore, in order to overcome this problem of single response bias, it is deemed necessary to conduct repeated verification through additional research along with various research methods such as interviews and experimental studies is necessary (Lee et al., 2013).

Secondly, although this study verified the relationships among independent, mediating, and dependent variables through hypothesis testing at the same point in time, it is necessary to supplement the limitations of this cross-sectional study with a longitudinal study for a more rigorous exploration of the causal relationships between variables (Lee et al., 2013).

Thirdly, since the impact of self-leadership on customer orientation has been demonstrated, future research appears to be necessary to investigate more specific antecedent variables that can induce self-leadership. Additionally, there is a perceived need for subsequent studies on the specific effects of self-leadership, self-efficacy, and customer orientation on dental consultation outcome.

Nevertheless, previous research on organizational aspects in dental healthcare institutions has predominantly focused on directors or middle managers and mostly concentrated on job satisfaction. Consequently, studies aiming to enhance customer-centric thinking and improve customer value have been remarkably scarce. From this perspective, this study holds great significance as it not only addresses a crucial gap in dental research but also delves into both direct and indirect factors contributing to the enhancement of customer orientation.

5. Conclusion

The results of verifying the mediating effect of self-efficacy in the relationship between self-leadership and customer orientation showed that the subfactors of self-leadership and self-efficacy emerged as influencing factors on customer orientation, demonstrating a significant mediating effect. It is suggested that measures be taken to enhance proactive thinking and internal rewards among dental consultants.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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