



The Impact of Person-Organization Fit on Nurse Job Satisfaction and Patient Care Quality



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ABSTRACT

Purpose: In the current healthcare context, large health care organizations may increasingly emphasize profit, biomedicine, efficiency, and customer service in the delivery of care. This orientation toward nursing work by large organizations may be perceived by nurses as incompatible with professional caring.

Methods: Ordinary Least Squares regression was used to explore the impact of person-organization fit (i.e., value congruence between self and employing organization) on nurses' general job satisfaction and quality of patient care ($n = 753$).

Results: Nurses' perceived person-organization fit is a significant predictor of general job satisfaction and quality of patient care.

Conclusion: The implications of our findings are discussed and recommendations for nursing leaders and future research are made.

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1. Introduction

Nurses are not robots. They are caring professionals whose work tasks are underpinned by a number of distinctly human characteristics including altruism (Fahrenwald et al., 2005), compassion (Scott, Matthews, & Kirwan, 2014), and the willingness and ability to understand the needs of others (Jasmine, 2009). These characteristics are part of the *ethic of care* that is essential to the nursing profession and that captures nursing's distinctive approach to patients and practice that transcends any particular task or nursing skill.

Within today's changing context, large health care organizations may increasingly function according to values that are at odds with the ethic of care. For example, the emphasis health care organizations place on profit may require nurses do more with less, causing strain and conflict as nurses try to deliver proper care to each patient in work conditions where there isn't enough time or resources to do so (Papastravrou, Andreou, & Vryonides, 2014). Healthcare organizations may also over-value biomedicine and the technical aspects of primary care. In this case, nurses may find their caring contribution is either pushed out or increasingly rationalized to benefit these other aspects of the medical model (Lown, Rosen, & Marttila, 2011). Further, as technology extends throughout the hospital setting, nurses are expected to embrace these new, non-human tools to engage in their human-to-human interactions (Sokolow, Rogers, Bowles, Hand, & George,

2014). And finally, nurses may be increasingly encouraged to rely on a customer service model for care as healthcare organizations compete in the neoliberal marketplace. Such models have the potential to routinize or, in other words, *dehumanize*, the delivery of care to patients (Austin, 2011).

For the reasons outlined above, the orientation toward nursing work by large organizations may be perceived by nurses as incompatible with professional caring. It is important to understand how such different and often opposing approaches to health and health care impact patient care and the vitality of the healthcare work force. The purpose of this study is to investigate the impact of nurses' perceived value incongruence on two outcome variables: perceived patient care quality and overall job satisfaction among registered nurses.

2. Literature Review

2.1. Person and Organization Value Congruence

The general degree of compatibility between an individual and her work environment is called person-environment fit (P-E fit; Kristof-Brown & Guay, 2011). Research on fit is extensive and has led to research on the fit of individuals with several different aspects their environment, including person-job fit, person-organization fit, person-group, and person-vocation fit, to name a few. In this paper, we focus on a specific aspect of direct P-E fit perceptions, that of *Person-Organization fit* (P-O fit), which reflects the perceived degree of similarity or congruence in values between individual employees and the

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organization for whom they work. In other words, P-O fit, sometimes referred to as simply *value congruence*, is a measure of the perceived compatibility between the values individuals bring with them to work and those promoted by the employing organization.

2.2. Perceived Person-Organization Fit (Value Congruence) and Positive Work Outcomes

Previous studies in various work environments have suggested that P-O fit is related to a number of positive outcomes for individuals at work, including task performance and job satisfaction. Bretz and Judge (1994) report that in a sample of industrial relations employees, individuals who report a higher degree of value congruence were more likely to have achieved higher positions within their companies and higher levels of compensation. These workers were shown to have higher levels of commitment, perform better, and were more effective workers than others who did not report similar levels of value congruence (Kristof-Brown & Guay, 2011; Kristof-Brown, Zimmerman, & Johnson, 2005). Lauver and Kristof-Brown (2001) also report positive work outcomes related to P-O fit. Workers in their study who report a higher degree of value congruence with the organization were more likely to make contributions to the work day that were above and beyond their expected work activities. Taken together, these studies suggest that perceived P-O fit, particularly in terms of value congruence, tends to be positively associated with individual work performance.

Person-organization fit is related to higher job satisfaction in other work contexts as well (Greguras & Diefendorff, 2009). In samples including nurses, however, the relationships of value congruence with job satisfaction and performance have rarely been examined. Instead, the few researchers who have examined this dimension of P-O fit with nurses have tended to focus on burnout, turnover intention, or accident propensity (e.g., Bao, Vedina, Moodie, & Dolan, 2013). To our knowledge, only three studies have addressed the relationship between value congruence and job satisfaction with this occupation (Kalliath, Bluedorn, & Strube, 1999; Kramer & Hafner, 1989; Verplanken, 2004). Reporting at the level of the ward, Verplanken (2004) found a positive relationship between value congruence and job satisfaction, with particularly significant results emerging from the human relations value domain, which includes values such as trust and openness, and the empowerment of employees to contribute autonomously to the work day. In contrast, Kalliath et al. (1999) report a nonsignificant relationship between value congruence and job satisfaction. It should be noted that these authors operationalized fit as the difference between values for self and perceived values of the organization, which is an indirect form of fit (Kristof-Brown & Guay, 2011). Similarly, Kramer and Hafner (1989) also used an indirect form of fit operationalized as the difference between nurse perceptions and manager/administrator perceptions. These authors also found no relationship between value congruence and job satisfaction or productivity. These types of conflicting conclusions about the relationship between value congruence and positive work outcomes among nurses suggests more clarification is needed.

2.3. Summary: The Current Study

This study investigates the relationship of perceived value congruence with both job satisfaction and perceived patient care quality. Previous studies of these particular relationships among nursing personnel are either inconclusive or non-existent. Previous studies in other work environments suggest person-organization value congruence should hold positive relationships with both of the stated outcome variables (Kristof-Brown & Guay, 2011). Therefore, we propose the following hypotheses:

Hypothesis 1. Perceived value congruence will be positively related to nurses' self-reported patient care quality.

Hypothesis 2. Value congruence will be positively related to nurses' job satisfaction.

3. Methods

3.1. Design and Sample

During the spring of 2011, data were collected from full-time RNs employed in a Midwestern hospital system as part of a larger study funded by the National Science Foundation (SES-1024271). After receiving approval from university (#20100506) and hospital IRBs (#07-10-16), written questionnaires were distributed through hospital mailing systems to 1,702 nurses located across nine hospitals. Reminders were sent four weeks after the initial mailing with a second survey sent eight weeks after the initial mailing for nurses who had not returned a completed questionnaire. Out of the 1,702 surveys sent, 762 were returned. This 44.7% response rate is comparable to other similar studies of U.S. nurses (Lucero, Lake, & Aiken, 2010). Cases with missing observations were dropped from the analysis; this resulted in a final sample of 753 respondents.

Sample characteristics are reported in Table 1. The majority of nurses in this study are white (88%), female (91.3%) and work between 36 and 40 hours per week (79.8%). The nurses in this sample are, on average, 41 years old (SD = 12.47, range 23–75), have 13 years of nursing experience (SD = 11.72) and seven years of experience working on their current unit (SD = 6.91). Nurses also report an average patient load between 5 and 6 patients (M = 5.44, SD = 12.47) and average patient acuity as medium to high. All of the nurses in this sample are registered nurses involved in direct, bedside care.

Table 1
Sample Characteristics (N = 753).

Variables	Total	(%)	M	(SD)	α
Race/Ethnicity*	746				
African-American/Black	44	(5.6)			
European-American/White	663	(88)			
Hispanic, Latino/Latina, Chicano/Chicana	7	(.9)			
Asian-American/Asian	19	(2.5)			
American Indian	0	(0)			
Other	13	(1.7)			
Gender*	749				
Male	65	(8.7)			
Female	684	(91.3)			
Age			40.96	(12.47)	
Years of Experience			13.8	(11.72)	
<1	28	(3.7)			
1 – 5	257	(31.4)			
6 – 10	99	(13.1)			
11 – 15	116	(15.4)			
16+	253	(33.6)			
Years on Current Unit			7.35	(6.91)	
<1	51	(6.8)			
1 – 3	247	(32.8)			
4 – 6	135	(17.9)			
7 – 9	139	(18.5)			
10+	181	(24)			
Hours Worked per Week			39.9	(6.07)	
Patient Load			5.44	(12.47)	
Patient Acuity			2.61	(.76)	
Value Congruence			3.10	(.43)	.729
1 – 2	6	(1.7)			
2 – 3	188	(25.8)			
3 – 4	559	(74.2)			
Job Satisfaction			3.06	(.65)	
1	12	(1.6)			
2	102	(13.5)			
3	471	(62.5)			
4	168	(22.3)			
Patient Care Quality			4.47	(.42)	.884
1 – 2	0	(0)			
2 – 3	0	(0)			
3 – 4	55	(7.3)			
4 – 5	698	(92.3)			

* Some participants did not respond.

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