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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.

Keywords: Value Orientation; Nursing Ethics; Job Satisfaction; Quality of Health Care

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, & Martilla, 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 et al., 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

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 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.

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 et al., 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.

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

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

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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)			

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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

Measures

Patient care quality was measured using a scale adapted from Dingman et al. (1999). Respondents were asked to evaluate the quality of nursing care they provided on the last shift in regard to the following items: showing concern for patients, anticipating patient needs, explaining procedures to patients, demonstrating skill in providing care, helping calm patient fears, communicating effectively, responding to patient requests, and overall nursing care. Responses were recorded using a 5-point scale (1=Very Poor, 2=Poor, 3=Fair, 4=Good, 5=Excellent). An average patient care quality score was computed for each respondent with higher values on the scale indicating higher levels of self-reported patient care quality. The Cronbach's alpha for this scale is .88 (see Table 1).

Because our interest was in overall perceived job satisfaction, rather than, for example, satisfaction with benefits or coworkers, respondents were asked to report how satisfied they were with their job "in general" (Balzer et al., 1997). Responses were recorded using a 4-point scale, where 1 indicated "Very Dissatisfied," 2 indicated "Dissatisfied," 3 indicated "Somewhat Satisfied," and 4 indicated "Very Satisfied."

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Perceived value congruence ($\alpha = .729$) was measured using a scale adapted from the Areas of Worklife scale (Leiter & Maslach, 2004). Each of the subscales in the Areas of Worklife measures includes a series of questions to which respondents were asked to indicate the extent to which they agree or disagree with each statement about their job. Respondents were asked the following: My values and my workplace's values are alike; The goals of my workplace influence my day-to-day activities; My personal career goals are consistent with the stated goals of my workplace; My workplace is committed to quality; Working here forces me to compromise my values (reverse-coded). Responses were recorded using a 4-point scale then summed and averaged. Higher scores in the value congruence scale indicate a stronger degree of perceived value congruence with the organization.

Past research (Aiken, Clarke, & Sloane, 2002; Al-Kandari & Thomas, 2008; Kane et al., 2007) has suggested that patient care quality and job satisfaction significantly vary with staffing characteristics. Therefore, we controlled for patient characteristics commonly controlled for and expected to vary with the variables of theoretical interest. These included number of hours worked, patient load and patient acuity (see Table 1).

Data Analysis

Descriptive statistics were used to determine characteristics of the sample. Ordinary Least Squares regression was used to investigate the hypothesized relationships.

4. Results

4.1. Study Variables

Study variable scores are also reported in Table 1. The value congruence variable is reported in terms of a 4-point scale where higher scores indicate higher degree of congruence between individual nurse and organization. Respondents in this sample generally “agree” that

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their personal values are congruent with those espoused by the healthcare organization for whom they work ($M=3.10$, $SD=.43$).

Nurses in this sample are on average “somewhat satisfied” with their job in general ($M=3.06$, $SD=.65$). Respondents report providing between “good” and “excellent” quality of patient care on their most recent shift ($M=4.47$, $SD=.42$).

4.2. Bivariate Analysis

Correlations between all study variables are presented in Table 2. Value congruence was significantly correlated with both patient care quality ($r = .194$, $p < .001$) and job satisfaction ($r = .479$, $p < .001$). These significant relationships anticipate support for hypotheses 1 and 2.

Table 2
Correlation among model variables ($N=753$)

	1	2	3	4	5	6
1. Hours per Week	--					
2. Patient Load	.012	--				
3. Patient Acuity	-.022	-.037	--			
4. Value Congruence	.033	-.032	-.040	--		
5. Patient Care Quality	.056	.058	-.010	.184**	--	
6. Job Satisfaction	.023	.013	-.075	.479**	.211**	--

** Correlation is significant at $p < .001$ (two-tailed test)

4.3. Multivariate Analysis

Two stepwise regression models were built to test hypotheses 1 and 2. Table 3, Model 1 presents the results of the regression analysis examining the relationship between person-organization value congruence and patient care quality. Consistent with hypothesis 1, individuals who report a higher degree of value congruence with their hospital organization are also more likely to report the provision of high quality patient care ($p < .001$). Table 3, Model 1 also presents significant findings related to the impact of patient load on patient care quality ($p < .10$).

Table 3

Stepwise regression analysis of patient care quality and job satisfaction ($N=753$)

Variable	Model 1: Patient Care Quality				Model 2: Job Satisfaction			
	B	Beta	t	<i>p</i>	B	Beta	t	<i>p</i>
Hours Worked Per Week	.003	.050	1.39	.166	.001	.006	.191	.848
Patient Load	.002	.063	1.76	.079	.001	.026	.801	.423
Patient Acuity	.000	.000	.011	.992	-.047	-.055	-1.72	.087
Person-Organization Value Congruence	.180	.184	5.14	.000	.727	.478	14.90	.000
$R^2 = .040$, adjusted $R^2 = .035$					$R^2 = .234$, adjusted $R^2 = .229$			

Table 3, Model 2 presents the results of the regression analysis examining the relationship between person-organization value congruence and job satisfaction. Consistent with hypothesis 2, individuals who report a higher degree of value congruence with their hospital organization are also more likely to report higher general job satisfaction ($p < .001$). Table 3, Model 2 also presents significant findings related to the impact of patient acuity ($p < .10$) on general job satisfaction.

5. Discussion and Implications

The purpose of this study was to investigate the impact of direct perceptions of P-O fit in terms of value congruence on perceived patient care quality and general job satisfaction. The results indicate that P-O fit is significantly associated with nurses' reported job satisfaction and their perception that they are providing quality patient care. In the current healthcare context, these results have implications for how nurse managers and hospital administrators think about preserving the satisfaction of their nursing personnel and ensuring positive patient outcomes in their units.

The positive impact of person-organization value congruence on patient care quality is not surprising in light of research in other work environments which indicates workers' perceptions of value congruence with their organization positively impacts the individual's productivity and the quality of product produced or service provided (Edwards & Cable, 2009; Greguras & Diefendorff, 2009; Kristof-Brown & Guay, 2011). Value *incongruence* may be a

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significant distraction for the individual nurse at work, compromising the focus of the nurse throughout the work day and the commitment the nurse is able to maintain to delivering high quality care. Additionally, nurses who are unable to see common values between themselves and their organization may not trust that the policies and procedures they are asked to follow are in the best interest of the patient (Edwards & Cable, 2009; Greguras & Diefendorff, 2009).

This study offers some clarification for previous research that was inconclusive on the nature of the relationship between value congruence and job satisfaction. In this study, job satisfaction is significantly associated with value congruence. In fact, nearly 25% of the variance in job satisfaction is accounted for by value congruence. This is a significant finding and is in line with research from other work environments. Nurses who do not feel that their values are aligned with those of their hospital organization may resent the policies and procedures they are asked to follow; they may not trust that these policies and procedures are the most effective or in line with high quality patient outcomes.

Perhaps an obvious fix for the issue of value incongruence is to hire employees who express values similar to those of healthcare organizations. Considering the well-documented global nursing shortage (MacLean et al., 2014), such an easy fix may not be an option for managers and administrators responsible for hiring in a context where qualified nurses are hard to come by.

In anticipation of the values conflict nursing professionals may face when entering the workforce, nursing managers and administrators must be open to collaborating with nursing educators to create a contemporary nursing curriculum and orientation process that accurately communicate the mission and values of today's health care systems and the physical and emotional demands of performing routinized care in such a context. As Duchscher (2008)

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suggests, the lack of such targeted education and training is likely to result in “transition shock” for new nursing graduates and to organizations continuing to face the daunting statistic that 33-61% of first year nurses in North America plan to leave their current organization or the nursing profession altogether.

Hospital leaders and nursing educators need to work together to directly address the apparent contradiction between the focus of large healthcare organizations on values related to competition and profit, customer service, efficiency, and biomedicine (Lown et al., 2011) and the value nurses place on trust, empathy, nearness, emotional and social support, and other relational aspects of humanity (Snellman & Gedda, 2012). An effective first step to address this issue would be for nurse managers and other hospital leaders to honestly articulate organizational values and to encourage dialogue about potential conflicts and ways to overcome them. Workplaces that have clearly articulated values are more likely to attract and retain a homogenous workforce (Schneider, Smith, & Goldstein, 2000). Unclear values may attract and retain nurses who end up experiencing value incongruence, but the individual-organization value relationship may not be understood well enough to be articulated, and thereby effectively addressed.

In addition to providing enough information to reduce the uncertainty and surprise experienced by new nurses as they transition into the clinical workforce, Duchscher (2008) suggests that orientation programs must be updated to include the complexity of today’s transition experience (also see Dyess & Sherman, 2009). Adequate programs would not merely include knowledge of potential value conflicts, but also experiential-based learning (e.g., role-playing) around challenges such as intergenerational and intra/interprofessional interaction,

workload management, work-family conflict, and professional roles and responsibilities within the organization (Duchscher, 2008).

Human resource professionals involved in the interview process also need to recognize their role in accurately understanding and representing the mission and key values of their organization during the hiring process. Research suggests that applicants' perceptions of fit with an organization is a predictor of job choice (Kristof-Brown, et al., 2005). An honest portrayal of the hiring organization should allow the interviewee to make an informed choice about whether or not to accept employment. Healthcare organizations that do not accurately represent the values and expectations of the work environment may be misleading applicants and potentially setting up members of their workforce and the patients they serve for harm.

6. Conclusion

In conclusion, this study sheds light on the impact of person-organization value congruence on the perceived effectiveness and job satisfaction of registered nurses. We have discussed our findings in terms of the strategies that nurse educators and hospital leaders might pursue to help ensure the safety of patients and the vitality of the nursing workforce in the current healthcare climate. Future research should continue to investigate how current trends in large, managed care environments may negatively impact patients and those who care for them.

It is important for researchers and administrators to seriously reckon with the role of organizational practices in cultivating a work environment that ultimately harms the organization and the patients they must care for. A good deal of current research tends to position the individual nurse as the object of analysis instead of the organization (Crawford et al., 2014). Future research should focus on the environment within which the nurse must practice, and determine how the *entire healthcare system* may function to degrade the experiences of

practitioners and patients. A good place to start is to explore discrepancies between what organizations say and do, including discrepancies between advertisements for job openings and actual organizational practices after hiring. Exploring organizational practices to determine the extent to which they do and do not reflect the organization's statement of mission and values may shed light on nurses' experiences in the current healthcare climate. Finally, as suggested above, researchers should investigate the value-based dimensions of nurses' educational process, including the transition into the clinical workforce. If nursing graduates consistently enter the workforce with identities grounded in empathy and compassion, we must consider whether the design of today's health care systems should become more consistent with such values or continue to challenge that orientation to care.

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