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### EFFECT OF PERSON-ENVIRONMENT FIT ON WORK ENGAGEMENT. THE ROLE OF ORGANIZATIONAL COMMITTEMENT AND ORGANIZATIONAL IDENTIFICATION.

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#### **Abstract**

This paper intends to explore the interplay of person-environment fit (PEF) through its three facets namely person-organization fit (POF), person-job fit (PJF) and person-group fit (PGF) on work engagement (WEG) through organizational identification (OID) and organizational commitement (OCM) of junior and senior resident doctors of eight multispecialty private hospitals of Chandigarh tri-city (Chandigarh, Mohali and Panchkula). Data were collected from 166 junior and senior resident doctors of eight multispecialty hospitals in Chandigarh tri-city (Chandigarh, Mohali and Panchkula). Structured equation modelling (SEM) was used to ascertain how PEF affects WEG through OCM and OID. Results reveal that POF, PJF and PGF affects (OID and OCM) and OID mediates between the interplay between POF and WEG. Results have significant implications for these multispecialty hospitals as while hiring the assessment of these doctors is only done on the basis of whether or not they have what it takes to perform that job and no effort is made to assess their compatibility with the work environment as a result the attrition in such a setup is high. These hospitals may improve this situation by creating a mechanism where compatibility of these doctors is measured beforehand on all three facets of person-environment fit.

#### **I. INTRODUCTION**

Attrition is one of the most important and crucial factor in present day business and work environment. There is hardly any industry that is not facing this issue. It does not only lead to work disruption but the process of separation is costly too (Scott and Bruce, 1994). One way to reduce turnover is to reduce turnover intentions. PEF which is compatibility

between an individual and his work environment can be one good way to reduce turnover intentions and actual turnover as there is a wide body of work that related to these two constructs negatively (Bowen et al., 1991). That means if the compatibility between an individual and his work environment is upright he is less likely to leave the organization early in normal circumstances. Not only PEF has been proved to bring down the turnover intention and actual turnover but there is a substantial amount of empirical work that suggest that it leads to a variety of organizational outcomes.

It has three facets namely POF, PJF and PGF (Kristof, 1996). POF is the compatibility of an individual's values with that of the organization he works for or intends to work for. Similarly PJF is the compatibility of an individual with his job in terms of whether or not he has what it takes to perform the job he is supposed to. It should be looked at from the perspective of requirements of the job and the capabilities one has to perform that job and PGF is the compatibility between the individual and the group he is a part of (Kristof-Brown et al., 2005; Greguras and Diefendorff, 2009; Hinkle and Choi, 2009).. All these facets put together represent PEF. In case an individual is compatible with organizational values, requirement of the job and the group, he is less likely to leave early, is satisfied more than others and engages in his work more than others and without any need to instruct to do that (Bowen et al., 1991; Verquer et al., 2003). Furthermore he is committed towards the organization and identifies with the organization.

This paper attempts to ascertain the effect of PEF through its all three facets on WEG with mediation analysis of OCM and OID of junior and senior resident doctors in multispecialty hospitals in Chandigarh tri-city of the fact that their selection is only restricted to assessing just one fit i.e. PJF. The common sense suggest that to hire a doctor one needs to check his education and experience in a similar work setup. But present day work environment is becoming increasingly challenging and doctors all the time are under stress due to the nature of the job and due to the fact that in India there is a lot of burden on public health infrastructure as a result people move to private hospitals and these are crowded too. Furthermore work in relation to interplay of these constructs in a multispecialty hospital setup does not exist as per the best knowledge of researcher so it calls for a study that not only will test how these constructs are related but what is the role of mediators namely OID and OCM in relation concerning PEF and WEG.

## **II. INDIAN HEALTH CARE INDUSTRY**

The notion that Indian healthcare industry is only restricted to hospitals requires a revisit as it constitutes clinical testing and trials, medical instrument, telemedicine, health insurance along with hospitals. Some noteworthy features of this industry are as below

More than a quarter of the market is dominated by hospitals in terms of direct patient care and it is growing at a compound annual growth rate of

close to 17% and it is to reach as much as \$132 bn by 2023 as per an expectation by this industry.

- a) Another mentionable feature of this industry is a two digit growth of medical tourism and it is expected to achieve a size of \$7-8 bn by 2020 year end from the present level of approximately \$3 bn.

### **III. THEORETICAL BACKGROUND AND HYPOTHESIS TESTING**

This section deals with theory of PEF and exploration of its relation with WEN, OID and OCM.

#### *Theory of PEF*

PEF is conceptualized as the compatibility between the individual (A potential employee or one that is working in an organization) and his work environment (Kristof, 1996). PEF can be thought of a sum total of its dimensions which are POF, PJF and PGF. The theory of PEF suggests that if there is an upright alignment between the individual and his work environment then he is going to perform as per expectation and beyond in certain situation with regard to organizational outcomes like job satisfaction, organizational identification, work engagement, organizational commitment (Velez and Moradi, 2012; Judge and Zapata, 2015; Mostafa and Gould-Williams, 2014).

In a wide body of work PEF is theorized in a variety of ways that are

1. Sync between the values of an organization and that of the individual (Cable and DeRue, 2002).
2. An alignment between characteristics of an individual and that of organization in a similar or same work setup (Posner, 1992).
3. The compatibility between work requirements, individual needs, work culture and work structure (Vancouver et al., 1994).
4. The compatibility between facets of individual behavior and organization behavior (Werbel and Johnson, 2001).

#### *Relationship between PEF (POF, PJF and PGF) and WEG*

PEF has not only been studied directly in relation to WEG but through other organizational outcomes as well. There are a number of studies that have proved that PEF doesn't only influences WEG but a variety of outcomes. But it is explored in relation to facets of EF rather than PEF as a whole. One reason behind that can be the scope of the work as these three facets in themselves are too broad so the researchers have explored these individually across work setups across industries. There are very less number of studies where it is explored in relation to organizational outcomes as a whole and in most of those studies too not all facets have been used. The two facets that have been substantially explored in relation to organizational outcomes are POF and PJF. Work related to PGF and PPF has not been done in an amount in which it is done in case of POF and PJF.

POF and PJF like PEF have been found to be directly leading to key organizational outcomes like job satisfaction, organizational identification, work engagement, organizational commitment (Velez and Moradi, 2012; Judge and Zapata, 2015; Mostafa and Gould-Williams, 2014; Vogel and Feldman 2009; Song and Chathoth 2011; Avery et al., 2007; Saks, 2006; Simpson, 2009; Bakker et al., 2008; Salanova et al., 2011; Yalabik et al., 2013; Vecina et al., 2012; Rayton and Yalabik, 2014) although in comparison to POF, PJF is not explored as much. The reason can be due to the fact that PJF is an automatic assessment at the time of hiring in terms of assessing a fit between the requirement of the job and skills needed to perform that job. In other words organizations assess the compatibility between the person and the job by assessing whether or not an individual has what it takes to perform that job. But POF is not that readily assessed and that makes it more interesting to work on. So on the basis of the review author intends to test the following hypotheses.

H<sub>1</sub> – H<sub>3</sub>: POF, PJF and PGF lead to WEG.

*Relationship between PEF (POF, PJF and PGF), OID and OCM*

There are multiple theorizations of OCM. (Mowday et al. 1979) theorized it as willingness to work beyond the areas of responsibility by going over and above the individual capacity without any intervention from the side of the organization. A committed employee may exhibit one or more of following characteristics. a) A display of consistent and never ending reliance in the organizational capabilities towards him and in terms of what can an organization do despite being faced with any challenge of any sort as being shaped up due to any shortcoming in the organizational setup b) Despite an absence of resources to perform one's task showing willingness to not only assume the objectives of organization as his own but working relentlessly to achieve them c) putting an extra effort to achieve the goals or objectives of the organization.

There is enough amount of work on interplay of PEF in relation to WEG. For instance (Greguras and Diefendorff, 2009) in their cross sectional study found POF to be significantly explaining OCM. Another study (Krisof-Brown et al. 2005) explored PEF through its facets in relation to WEG and found that both the facets namely POF and PJF directly influence WEG. The authors also asserted that there is similarity between the factors that lead to OCM and what leads to PEF.

OID is conceptualized as to what level an individual reflects an organization as him and treats it in the same way as he treats himself (Cheney and Tompkins, 1987; Rousseau, 1998). For example if one has to talk about what his/her company is doing, he addresses it as "We have gained 35 per cent market share" instead of "ABC (name of the company) has gained a 35 per cent market share". Or in other words it happens when an employee's identifies with the organization.

The work on relationship concerning PEF and OID is not much as per author's best of knowledge but it has gained a steady traction in the recent

past. For instance (Ashforth, 1997) conducted a study where he explored OID in relation to POF and found that POF significantly explains OID. In a similar study POF was proved to be positively explaining OID (Cable and DeRue, 2002). The results of some more studies (Vogel and Feldman 2009; Song and Chathoth 2011) are no different and they displayed the same notion. So on the basis of review author intends to test the following hypotheses

H<sub>4</sub> – H<sub>6</sub>: POF, PJF and PGF lead to OID.

H<sub>7</sub> – H<sub>9</sub>: POF, PJF and PGF lead to OCM.

H<sub>10</sub> – H<sub>12</sub>: OID mediates between (POF, PJF and PGF) and WEG.

H<sub>13</sub> – H<sub>15</sub>: OCM mediates between (POF, PJF and PGF) and WEG.

#### IV. METHODOLOGY

##### *Sample*

Data were collected from 166 junior and senior resident doctors of 8 multispecialty hospitals with at least two years of experience Chandigarh tri-city (Mohali, Chandigarh and Panchkula) in India.

##### *Measure*

A five point Likert scale was used from 1-5 with 1 as “strongly disagree” and 5 as “strongly agree”. Three dimension of PEF were used to measure it. POF was measured using a 7 items scale by (Cable and DeRue, 2002). To measure PJF a three items scale by the same authors was used. For measuring PGF (Supplementary Fit) a scale by (Cable and DeRue, 2002) was used. To measure (Complementary Fit) a hybrid scale by (Shin, 2008) and (Cable and DeRue, 2002) was used. For measuring OID a scale by (Mael and Ashforth 1992). WEG was measured using scale by (Schaufeli et al. 2006)

#### V. DATA ANALYSIS

IBM AMOS 20.0 was used for measuring hypothetical and measurement models. Measurement model was evaluated using confirmatory factor analysis (CFA) followed by testing of proposed model using structural equation modelling (SEM) as a two-step methodology. By using structural equation modelling (SEM) proposed model was tested.

##### *Results*

Confirmatory factor analysis (CFA) was used to examine multi item validity and reliability to ascertain whether all the variables were measuring the constructs. After it path coefficients were tested for proposed model. See table 1.

**Table 1: Composite Reliability**

Constructs	Composite Reliability
POF	0.871
PJF	0.886
PGF (S)	0.762
PGF (C)	0.740
OID	0.830
OCM	0.811
WEG	0.842

Since all the scales utilized were based upon established and widely used scales, it was assumed that content validity was established. Internal consistency was found to be more than adequate (0.740-0.886) as recommended by (Bagozzi and Yi, 1988). So it is inferred that there is internal consistency between among constructs.

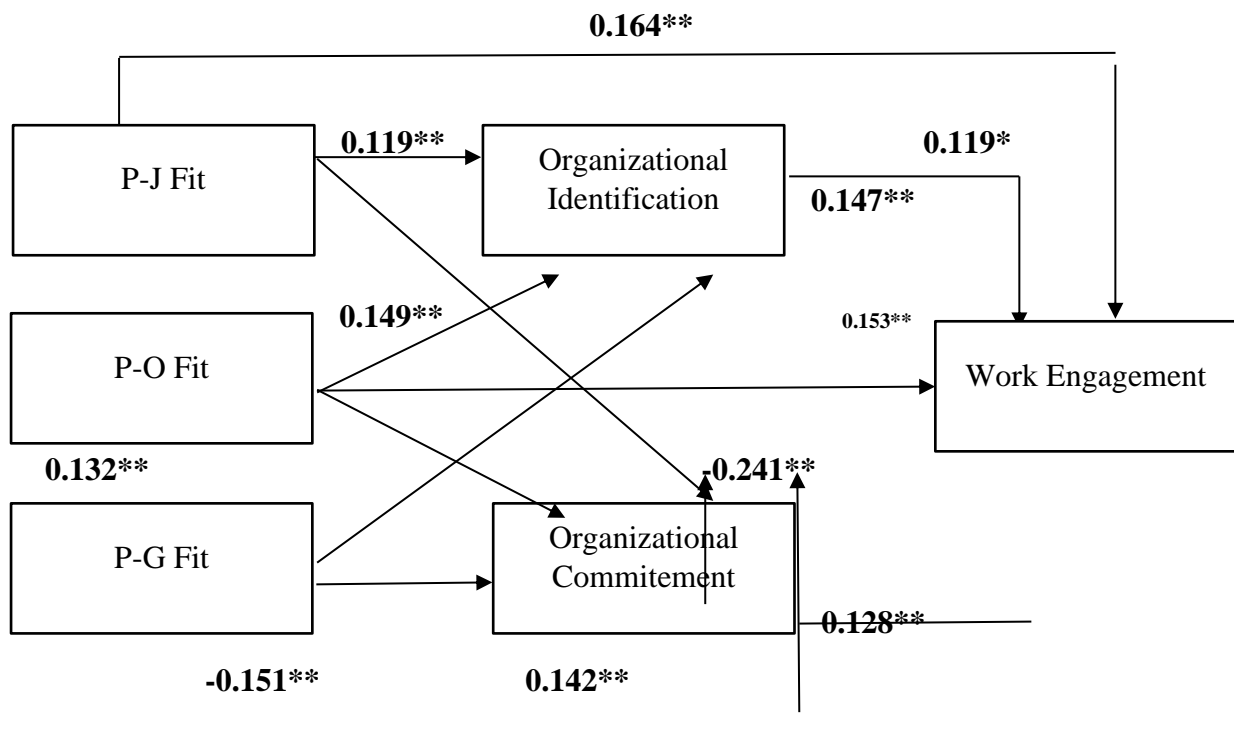
On account of correlation estimates being under 1 and square roots of all AVEs being less than inter construct correlations, discriminant validity was assumed to be established (Fornell and Larcker, 1981).

**Table 2: Correlation (Latent Variables) and AVE**

	POF	PJF	PGF (S)	PGF (C)	OID	OCM	WEG	AVE
POF	1							0.577
PJF	0.633	1						0.527
PGF (S)	0.657	0.708	1					0.518
PGF (C)	0.669	0.645	0.623	1				0.568
OID	0.608	0.658	0.639	0.618	1			0.551
OCM	0.632	0.672	0.741	0.622	0.674	1		0.518
WEG	0.719	0.601	0.689	0.649	0.652	0.711	1	0.572

Goodness of fit indices were used to ascertain validity of the model. All fit indices were in range [ $\chi^2 = 327.003$ ; GFI = 0.566; CFI = 0.573; TLI = 0.891; NFI = 0.847; RMR = 0.038; RMSEA = 0.034]. POF, PJF, PGF (S), PGF (C) explained 57.4%, 58.2%, 60.4%, 58.4% of variance in WEG respectively. OID and OCM explained a variance of 61.5% and 64.3% in WEG respectively. 60.9%, 56.8%, 58.9% and 62.8% of variance in OID was explained by POF, PJF, PGF (S) and PGF (C) respectively. Similarly 54.7%, 59.5%, 58.7% and 63.1% of variance in OCM was explained by POF, PJF, PGF (S) and PGF (C) respectively. So it can be inferred that there is a good fit between data and model

**Figure 2. SEM Results**



\*  $p < 0.01$ ; \*\*  $p < 0.05$

With figures as  $[(\beta_1 = 0.119, t = 2.478; p < 0.05); (\beta_1 = 0.149, t = 2.414, p < 0.05); (\beta_1 = 0.153, t = 3.465; p < 0.05)]$  respectively, it can be inferred that OID is significantly explained by PJF, POF and PGF. So H<sub>1</sub>, H<sub>2</sub> and H<sub>3</sub> are accepted. With figures like  $[(\beta_1 = 0.147, t = 2.805; p < 0.05); (\beta_1 = 0.132, t = 3.201; p < 0.05); (\beta_1 = 0.128, t = 2.687; p < 0.05)]$  respectively, it can be inferred that POF, PJF and PGF positively and significantly leads to OCM. So H<sub>4</sub>, H<sub>5</sub> and H<sub>6</sub> are accepted. With figures like  $[(\beta_1 = -0.164, t = 2.326; p < 0.05); (\beta_1 = -0.241, t = 3.285; p < 0.05); (\beta_1 = -0.142, t = 2.497; p < 0.05)]$  it can be inferred that PJF, POF and PGF positively and significantly leads to WEG. That means H<sub>7</sub>, H<sub>8</sub> and H<sub>9</sub> are accepted.

**Table 3: Bootstrapping Results (Inter Construct Effect)**

Total Effect	Standardized Path Coefficients (Effect Size)	<i>p</i> -Vaules
POF	-0.469	0.038
PJF	-0.279	0.032
PGF	-0.334	0.023
<b>Direct Effect</b>		
POF	-0.245	0.031
PJF	-0.118	0.039
PGF	-0.162	0.019
<b>Indirect Effect</b>		
POF	-0.224	0.017

PJF	-0.161	0.032
PGF	-0.172	0.029

POF, PJF and PGF directly affect WEG and this effect was significant too. POF, PJF and PGF affect WEG indirectly and significantly. Total effect of POF, PJF and PGF were also found to be significant WEG. See table 3.

**Table 4: Individual Mediation Effect of OID and OCM**

Individual Mediation Effect	Standardized Path Coefficients (Effect Size)	<i>p</i> -Vaules
POF-OID-WEG	-0.435	0.019
POF-OCM-WEG	-0.429	0.011
PJF-OID-WEG	-0.498	0.027
PJF-OCM-WEG	-0.308	0.037
PGF-OID-WEG	-0.487	0.027
PGF-OCM-WEG	-0.401	0.018

Bootstrapping (macro) results show that OID significantly mediates between POF-WEG, PJF-TWEG and PGF-WEG. So  $H_{10}$ ,  $H_{11}$  and  $H_{12}$  are accepted. Similarly OCM significantly mediates between POF-WEG, PJF-WEG and PGF-WEG. That means  $H_{13}$ ,  $H_{14}$  and  $H_{15}$  are also accepted.

## V. DISCUSSION AND MANAGERIAL IMPLICATION

Present day work environment doesn't suggest to just assessing a single fit as that may result in the individual not putting his best effort and his productivity is also going to be low. So HR department across hospitals should develop a mechanism to asses all the dimensions of PEF so the selected doctor will be able to exhibit the best of patient care and improve the hospital's institutional memory at the same time. This is going to make the process of hiring a bit lengthy but given its benefits in improving overall performance of the hospital it is very much called for.

## VI. LIMITATIONS OF THE STUDY

PEF is a dynamic phenomenon so are other organizational outcomes on which the effect of PEF was ascertained. This study being a cross sectional one could not assess the change so the generalizability of the study can be compromised as it was not a longitudinal study.

## VII. CONCLUSION

Results revealed that PEF through its facets affect WEG. Results also revealed that PEF affect WEG through mediators namely OID and OCM. These results suggest that it is so very significant to assess each type of fit at the time of hiring so that the doctors that are hired will be able to adequately engage them, identify with the hospital and commit themselves

to work and the hospital. There are empirical evidences that suggest that PEF is negatively linked to turnover so we may infer with the help of that and this study's results that hospitals will be able to also improve their attrition rate. Hospitals in India only assess just one fit of PEF which should they now be done away with and instead shift to a comprehensive assessment that requires all facets of PEF to be assessed before a doctor is hired to improve organizational outcomes that will eventually lead to a better patient care.

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