

THE EFFECT OF PERSON-ORGANIZATION FIT ON JOB PERFORMANCE IN THE CONTEXT OF ORGANIZATIONAL CITIZENSHIP BEHAVIOR

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ABSTRACT

In healthcare institutions, employees who experience a strong alignment between their personal values and those of the organization are more likely to demonstrate organizational citizenship behaviors, which in turn contribute to enhanced job performance. The primary purpose of this study is to investigate the mediating role of organizational citizenship behaviors in the relationship between person–organization fit and job performance.

The research population consists of 530 employees working at Bayburt State Hospital, Türkiye as of 2023, and the sample includes 342 participants. The analysis results indicate that organizational citizenship behaviors have a direct and positive effect on job performance. Furthermore, the compatibility between the individual and the organization significantly and positively influences organizational citizenship behaviors. In addition, organizational citizenship behaviors are found to have a significant and positive impact on job performance. These findings highlight the important role that organizational citizenship behaviors play in enhancing employee performance. The results also reveal that organizational citizenship behaviors serve as a key mediating variable in the relationship between person–organization fit and job performance.

This study provides important insights for the development of employee management and performance improvement strategies in the healthcare sector. In particular, efforts to strengthen the alignment between employees and the organization may foster higher levels of organizational citizenship behaviors, which can, in turn, positively influence job performance. Implementing strategies that support person–organization compatibility and encourage organizational citizenship behaviors can effectively enhance both employee satisfaction and the overall performance of healthcare institutions. Such strategies are essential for achieving long-term success in the healthcare industry.

KEYWORDS

organizational citizenship behaviors; job performance; person-organization fit

INTRODUCTION

Hospitals in the service sector are labor-intensive enterprises with a complex organizational structure, where jobs are maintained through cooperation and teamwork. Employees in positions consisting of different specialties and occupational groups provide services in harmony with each other. For this reason, the continuity and effectiveness of health services depend on the ability of employees to fulfill their duties in cooperation, responsibility and information

sharing. Employees from different specialties and occupational groups provide services in harmony with each other. Therefore, the continuity and effectiveness of healthcare services depend on employees' ability to fulfill their duties through cooperation, responsibility, and information sharing. However, ensuring continuity and effectiveness in healthcare requires more than merely fulfilling job descriptions; employees must also contribute to the organization's functioning through voluntary efforts. In other words, it is important for employees to exhibit organizational citizenship behaviors (OCB) to achieve both individual and organizational goals. Recently, employees who only fulfill specified roles are considered insufficient in healthcare organizations, and preference is given to those who make extra-role efforts. This further emphasizes the importance of OCB. The concept of organizational citizenship behavior was first introduced by Dennis Organ et al. in 1983. Organ (1988) defined OCB as voluntary behaviors that individuals exhibit which are not formally recognized by reward systems but contribute to the organization's overall functioning [[1]. In line with this definition, OCB is based on volunteerism: it is encouraged but not mandated, and individuals who do not exhibit it face no sanctions. This requires individuals to be in harmony with their organization. Thus, employees with high person-organization fit (P-O fit) are more likely to demonstrate OCB, which leads to positive outcomes such as enhanced job performance (JP) and contributes to the organization's general functioning.

Harmony of the person-organization fit (P-O fit) refers to the similarities between the personal characteristics of the individual such as purpose, value, attitude and the characteristics of the organization such as purpose, norm, value and climate (2,3). This alignment enables employees to build better relationships with colleagues, adapt to organizational culture, and integrate into work groups, thereby strengthening their ties to the organization [[4]. In healthcare delivery, employees considered suitable for the organization tend to act as "good citizens." Specifically employees with shared values and beliefs tend to exhibit voluntary help, empathy, and tolerance toward coworkers and others [[5]. The literature states that when P-O fit is high, OCB is also stronger [[6-9]. On the other hand, P-O fit can also increase the JP of employees. JP is defined as the extent to which an employee performs job duties according to established standards and includes many factors such as communication, empathy, cooperation, medical skills, and patient satisfaction [[10]. Healthcare JP directly affects not only individual success, but also the quality of healthcare services and patient satisfaction. Poor JP may lead to increased workload and higher costs for healthcare institutions [[10-12]. According to the P-O fit theory, employees who adapt well to their organizations are more likely to exhibit positive behaviors and attitudes such as longer tenure, job satisfaction, higher productivity, and enhanced JP [[13,14].

In high-stress and workload-intensive areas such as the healthcare industry, JP is considered a critical output for hospital workers. Effective and efficient performance of duties by employees is crucial for both individual and organizational success. Increasing JP depends not only on adherence to job descriptions but also on employees exhibiting OCB. OCB positively affects JP by increasing hospital efficiency through voluntary employee contributions. Several studies indicate that OCB enhances employee productivity, motivation, and JP [[14-17].

While P-O fit refers to the work of employees in accordance with the values and goals of the organization, the impact of this alignment on JP may occur not directly, but through OCB. In healthcare institutions, employees with high P-O fit tend to exhibit OCB more frequently, and these behaviors increase JP. This study considers OCB as a key mediating factor in the relationship between P-O fit and JP. The study aims to contribute to the literature by enhancing understanding of how P-O fit and OCB affect JP and to emphasize the significance of these relationships in the healthcare sector. What is the effect of person-organization fit on job performance within the context of organizational citizenship behavior? In this regard, the hypotheses of the study can be listed as follows:

H1: Person-organization fit (P-O fit) positively affects job performance (JP).

H2: Person-organization fit (P-O fit) positively affects organizational citizenship behaviors (OCB).

H3: Organizational citizenship behaviors (OCB) positively affect job performance (JP).

H4: Organizational citizenship behaviors (OCB) mediate the relationship between person–organization fit (P–O fit) and job performance (JP), such that P–O fit influences JP both directly and indirectly through OCB.

METHODS

POPULATION AND SAMPLE OF THE RESEARCH

The population of this study consists of 530 employees working at Bayburt State Hospital, Türkiye as of 2023. The questionnaire developed for the research was administered through both face-to-face and online methods. A sample size of 342 was deemed adequate for structural equation modeling (SEM), as the literature generally recommends a minimum sample size of 200, while samples above 300 provide more stable and reliable results [(18)]. The sample size was also confirmed using an online sample size calculator (www.surveysystem.com/sscalc.htm), ensuring sufficient statistical power for the analyses conducted.

DATA COLLECTION TOOLS

The questionnaire comprised four sections. The first section included six questions to determine participants' demographic characteristics. The second section used the Organizational Citizenship Behavior (OCB) scale developed by Podsakoff et al. (1990), consisting of 20 items across five factors. The OCB scale includes items such as "I help coworkers who have a heavy workload at work" and "I take time to assist colleagues who are experiencing work-related problems." The third section employed a one-factor, four-item scale developed by Netemeyer et al. (1997) to measure person–organization fit (P–O fit). The P–O Fit scale includes items such as "I believe my personal values are in harmony with those of the organization I work for" and "The values of my organization align with my beliefs about other people." The final section included a one-factor, four-item job performance (JP) scale created by Kirkman and Rosen (1999) and refined by Sigler and Pearson (2000). The JP scale includes items such as "I complete my tasks on time" and "I exceed my work goals." All items were rated on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). In order to ensure the validity and reliability of the scales, both Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) were conducted. During EFA, items with cross-loadings above 0.40 or factor loadings below 0.50 were removed to ensure discriminant validity and item quality (Hair et al., 2010; Kline, 2023). The final model was confirmed with CFA, and model fit was evaluated using the indices CMIN/DF, GFI, CFI, NFI, TLI, and RMSEA. Each index provides different information about model fit: GFI (Goodness-of-Fit Index) indicates the proportion of variance in the estimated covariance explained by the model, with values above 0.90 indicating good fit. CFI (Comparative Fit Index) and NFI (Normed Fit Index) compare the fit of the target model to a null model, and values above 0.90 are considered acceptable. TLI (Tucker-Lewis Index) takes model complexity into account, with values above 0.90 indicating good fit. RMSEA (Root Mean Square Error of Approximation) measures the discrepancy per degree of freedom, and values below 0.08 are considered acceptable [(19–22)]. All indices for the final models were within acceptable ranges, supporting the adequacy of the measurement models.

ETHICAL ASPECT OF RESEARCH

Following the questionnaire's development, it was reviewed by the Bayburt University Ethics Committee, which confirmed compliance with ethical standards (Date: 26.05.2023; Decision No: 207/9). Subsequently, official permission was obtained from Bayburt State Hospital after approval by the institution's Scientific Research and Evaluation Commission.

RESULTS

EVALUATION OF DATA

The collected data were analyzed using SPSS and AMOS software packages. After explanatory and confirmatory factor analysis (EFA and CFA) were conducted prior to testing the theoretical model via structural equation modeling (SEM).

DESCRIPTIVE FINDINGS

Among the participants, 67.3% were female and 50.3% were married. The age distribution was as follows: 28.9% were between 18–24 years, 41.2% between 25–31 years, 15.5% between 32–38 years, 8.2% between 39–45 years, and 6.1% were

46 years or older. Regarding educational attainment, 2% had completed primary school, 9.6% high school, 40.1% associate degree, 43.6% bachelor's degree, and 4.7% graduate education. Occupational distribution indicated that 8.8% of participants were administrative personnel, 2.6% physicians, 33.6% nurses, 23.7% health technicians, 7.3% technical service employees, and 24% belonged to other occupational groups. Concerning professional experience, 20.2% had less than 1 year, 39.8% between 1-5 years, 18.1% between 6-10 years, and 21.9% more than 10 years in their respective professions.

FACTOR AND RELIABILITY ANALYSIS

EFA was initially performed on the OCB scale. Items 8 and 13 were removed due to cross-loading on multiple factors. Additionally, item 7 was excluded as its factor loading was below 0.5 in the confirmatory factor analysis (CFA). The resulting structure comprised 17 items across four factors, which were subsequently combined into a single second-order factor via CFA. For the P-O fit and JP scales, CFA confirmed the one-factor, four-item structure for each. After making necessary modifications, all scales demonstrated acceptable goodness-of-fit indices (see Table 1).

TABLE 1: FIT INDEX VALUES OF THE SCALES

Indexes	Reference Value	OCB	P-O Fit	JP
CMIN/DF	$0 < \chi^2/sd \leq 5$	2.727	1.249	.016
GFI	>.90	.912	.998	1
CFI	>.90	.937	1	1
NFI	>.90	.904	.999	1
TLI	>.90	.922	.999	1
RMSEA	<.08	.071	.027	.000

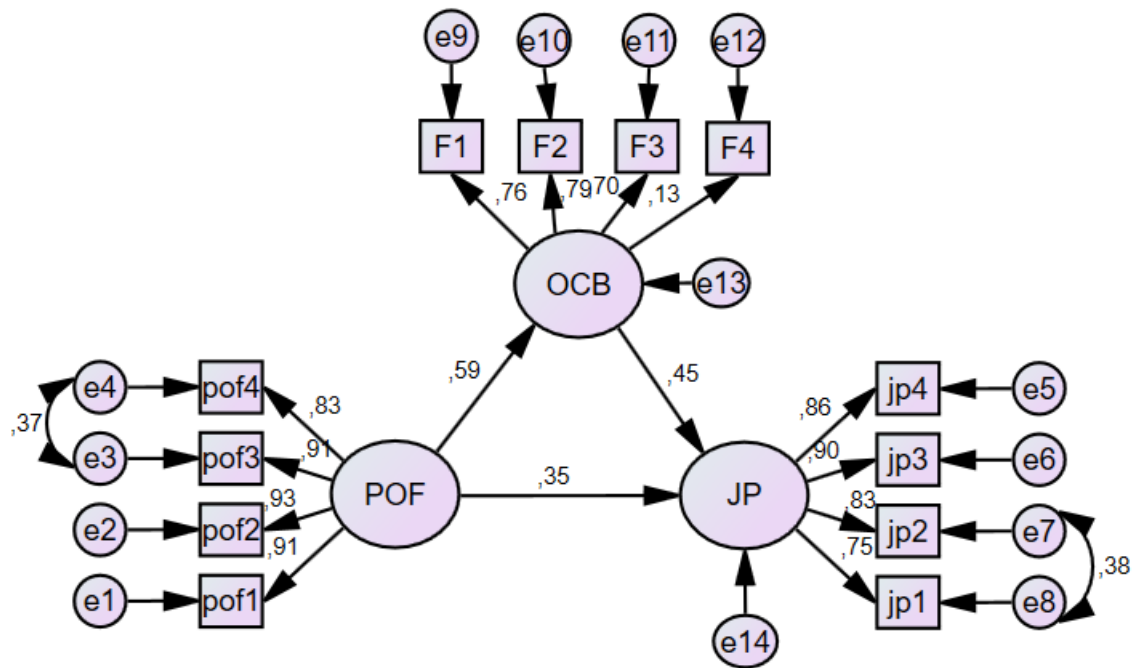
Cronbach's alpha coefficients were calculated to assess the reliability of the scales used in the study. The alpha values were found to be 0.858 for organizational citizenship behaviors (OCB), 0.945 for person-organization fit (P-O fit), and 0.910 for job performance (JP). Since Cronbach's alpha ranges from 0 to 1, with higher values indicating greater reliability (23), these results demonstrate that the scales employed in this study are reliable.

TESTING THE RESEARCH MODEL

To determine the mediating role of organizational citizenship behaviors (OCB), the direct relationship between person-organization fit (P-O fit) and job performance (JP) was first examined without including OCB. The effect of P-O fit on JP was found to be significant and positive ($\beta = 0.615$; $p < 0.001$). This indicates that P-O fit has a direct effect on JP.

The significance of the mediation effect was then assessed using the bootstrap method. The sample size was increased to 2000, and the bias-corrected bootstrap method, which provides a 95% confidence interval, was employed with a bootstrap factor of 1. The significance of the mediation effect was assessed using the bootstrap method, recommended for its robustness in testing indirect effects. A sample size of 2,000 was used to ensure stable confidence interval, and the bias-corrected percentile method was employed for accurate interval estimates. "Bootfactor 1" indicates the use of a single bootstrap factor in AMOS, testing the mediation effect with one mediator variable for precise evaluation. The prediction and mediation results of the model are illustrated in Figure 1. Furthermore, the model demonstrated acceptable goodness-of-fit indices (CMIN/DF = 2.190; GFI = 0.951; CFI = 0.980; NFI = 0.965; TLI = 0.973; RMSEA = 0.059), indicating that the model is appropriate for testing the mediation effect.

FIGURE 1: STANDARDIZED ESTIMATION RESULTS OF THE MEDIATION MODEL



During hypothesis testing, the model's prediction results are presented in Table 2. As shown, the effect of person–organization fit (P–O fit) on organizational citizenship behaviors (OCB) was significant and positive ($\beta = 0.587$, $p < 0.001$), indicating that P–O fit significantly influences OCB. Furthermore, the effect of OCB on job performance (JP) was also significant and positive ($\beta = 0.454$, $p < 0.001$), demonstrating that OCB plays a crucial role in enhancing JP.

TABLE 2: ESTIMATION RESULTS OF THE STRUCTURAL MODEL

Predicted Variable	Predictor Variable	Standardized Regression Weights	S.E.	C.R.	p
OCB	POF	.587	.037	9.560	***
JP	OCB	.454	.087	6.503	***
JP	POF	.348	.047	5.676	***

*** $p < 0.001$

The analysis results indicate that the direct effect of person–organization fit (P–O fit) on job performance (JP) decreased with the inclusion of organizational citizenship behaviors (OCB) in the model ($\beta = 0.348$, $p < 0.001$), yet it remained statistically significant. Additionally, the indirect effect of P–O fit on JP through OCB was also significant ($\beta = 0.266$, 95% confidence interval [0.159, 0.418], $p = 0.001$). These findings suggest that OCB partially mediates the relationship between P–O fit and JP. The significance of the indirect effect is further supported by the confidence interval not including zero. Overall, the results highlight OCB as a key mediating variable in the influence of P–O fit on JP.

DISCUSSION

The healthcare sector represents an exceptionally sensitive service domain that directly impacts human life. Unlike other industries, job performance (JP) within this sector is intrinsically linked not only to institutional efficiency but also to patient health outcomes and treatment efficacy. Insufficient JP may result in misdiagnoses, delayed treatments, and potentially fatal consequences. Therefore, the performance of healthcare professionals is paramount not only for organizational success but also for safeguarding public health.

The complexity of modern healthcare necessitates seamless coordination and collaboration among diverse specialties. Any decline in the job performance of a single healthcare professional can disrupt the entire continuum of care. Particularly in emergency scenarios, the capacity to make rapid and accurate decisions critically determines patient survival probabilities. Beyond enhancing patient satisfaction, high JP in healthcare settings produces tangible benefits such as reducing medical errors, shortening hospital stays, and preventing unnecessary readmissions. Hence, it is imperative for healthcare institutions to ensure that their workforce maintains elevated performance levels.

This study significantly advances the understanding of how person-organization fit (P–O fit) and organizational citizenship behaviors (OCB) interact to influence JP in healthcare contexts. The findings reveal that P–O fit exerts a direct and positive effect on job performance, underscoring the critical role of alignment between employees and organizational values, goals, and culture. Such alignment fosters greater employee commitment and motivation, which are foundational drivers of enhanced performance, as corroborated by extant literature [(24–26)].

Furthermore, organizational citizenship behaviors were found to have a significant and positive impact on JP. OCB encompasses discretionary employee actions that go beyond formal role requirements, promoting cooperation, teamwork, and proactive problem-solving—elements essential for elevating job performance in healthcare environments. This study also confirms that P–O fit positively influences OCB, indicating that individuals who perceive a strong congruence with their organization are more likely to engage in voluntary, constructive behaviors that support organizational effectiveness [(27–29)].

Crucially, the mediating role of OCB between P–O fit and JP was substantiated using bootstrap analysis. The partial mediation effect indicates that while P–O fit directly enhances job performance, it also indirectly influences performance through the fostering of OCB. The attenuation of the direct effect upon including OCB in the model—though remaining significant—highlights the pivotal function of OCB as a mechanism through which person-organization congruence translates into improved employee performance.

In sum, this study contributes important theoretical and practical insights by elucidating the pathways through which P–O fit and OCB jointly facilitate superior job performance among healthcare professionals. The mediating role of OCB clarifies that employee alignment with organizational values not only boosts individual motivation but also stimulates discretionary behaviors that collectively enhance performance outcomes. Understanding these dynamics is vital for healthcare organizations aiming to optimize workforce management and, ultimately, patient care quality.

CONCLUSION

This study examined the relationships among person-organization fit (P–O fit), organizational citizenship behaviors (OCB), and job performance (JP) within the healthcare sector. The findings indicated that P–O fit has a direct and significant effect on JP, while OCB partially mediates this relationship. These results emphasize that alignment between employees and their organization is a critical driver of job performance, an effect which is further amplified through positive organizational citizenship behaviors.

From a practical standpoint, these insights carry important implications for healthcare management aiming to enhance workforce effectiveness and patient care quality. Specifically, healthcare organizations should prioritize recruitment and selection processes that assess and ensure strong P–O fit. This can be achieved by integrating value congruence assessments and realistic job previews into hiring protocols, helping to attract candidates whose personal values, attitudes, and work styles align closely with organizational culture.

In addition, healthcare institutions should cultivate a supportive work environment that actively encourages and rewards organizational citizenship behaviors. Implementing recognition programs that highlight voluntary, cooperative actions among staff can reinforce such behaviors. Training and development initiatives focusing on teamwork, communication,

and organizational commitment can further foster OCB. Managers and leaders play a pivotal role by modeling these behaviors and reinforcing a culture where discretionary efforts are valued and supported.

Moreover, regular organizational climate assessments can be used to monitor P–O fit and OCB levels, enabling timely interventions to address misalignment and disengagement. Promoting employee involvement in decision-making and organizational development can also strengthen their sense of belonging and commitment, which positively impacts JP. By embedding these strategies into human resource practices and organizational development plans, healthcare institutions can improve employee satisfaction, reduce turnover, and ultimately enhance patient outcomes through higher quality and safer care delivery. These approaches are not only vital for operational efficiency but also essential for sustaining long-term success in the increasingly complex and demanding healthcare environment.

Finally, while this study offers valuable insights within the healthcare context, further research across different sectors and with larger, more diverse samples is recommended to expand generalizability. Longitudinal studies could also provide a deeper understanding of the causal mechanisms linking P–O fit, OCB, and JP.

AUTHOR CONTRIBUTIONS

SK collected and analyzed the data and wrote the initial manuscript draft. RND conducted the relevant literature review. All authors contributed to study design, participant recruitment, and interpretation of the study. All authors read and approved the final manuscript.

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COMPETING INTERESTS

The authors declare that they have no competing interests.

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